ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

AIM Obstetric Hemorrhage Data Transition Instructions & Summary of Revisions

Introduction

The purpose of this document is to aid in the data collection transition from the original Obstetric Hemorrhage (HEM) patient safety bundle (PSB) to the 2022 revised HEM PSB. It will be useful to state and jurisdiction teams who are currently implementing AIM's original HEM PSB or are planning to implement AIM's 2022 revised HEM PSB.

This document contains details regarding AIM Data Center instructions and logistics for transitioning from the original to the revised HEM PSB Data Collection Plan; frequently asked questions (FAQs) to support the data transition; as well as a summary of changes made to AIM's data collection plan as the HEM PSB to aid in decision making. State and jurisdiction teams may refer to the upcoming revised Obstetric Hemorrhage PSB Core Data Collection Plan as they review this document.

AIM Data Center Instructions and Logistics

Determine which of the scenarios below most closely reflects your state or jurisdiction team's bundle implementation and data collection progress and use the corresponding instructions to inform transition planning.

*My state or jurisdiction team **has** collected data using AIM's **original** HEM Data Collection Plan.*

1. Review the Summary of Changes table.
2. Prepare to transition to the revised metrics which will go live in the AIM Data Center on October 1, 2022. All dashboards in the AIM Data Center will be transitioned to the revised metrics at this time.
3. It is not necessary to collect data for all newly added metrics, but it is encouraged if feasible. If facility teams report data using the AIM Data Center, state and jurisdiction teams should determine which metrics their facility teams should continue to report data and communicate forthcoming AIM Data Center updates and instructions for data collection and reporting. Note that facility teams will be unable to report data on discontinued metrics for the reporting period beginning October 1, 2022.
4. Your historical data will continue to be available in the AIM Data Center.

a. No original format data for the period beginning October 1, 2022, will be accepted. All dashboards in the AIM Data Center will be transitioned to the 2022 revised HEM Data Collection Plan on October 1, 2022.
b. If you have original format data for the period prior to October 1, 2022, you will continue to be able to enter it into the AIM Data Center.

*My state or jurisdiction team **has never** collected data using the AIM's **original** HEM Data Collection Plan.*

1. If your state or jurisdiction team has never collected data using the original HEM Data Collection Plan, please use the upcoming revised HEM Data Collection Plan for project planning. If using the AIM Data Center for facility team data collection and reporting, metrics for the revised HEM Data Collection Plan will be available for the reporting period beginning October 1, 2022.
2. If your state or jurisdiction team would like to begin collecting data sooner than the reporting period beginning October 1, 2022, and you have your own data collection system (e.g., REDCap), then AIM recommends using the revised metrics.

FAQs

When can facilities report their first period of data for revised HEM metrics in the AIM Data Center?

Facilities can report their first period of data for revised HEM metrics for the reporting period beginning October 1, 2022.

My state team or jurisdiction team collected data based on AIM's original HEM Data Collection Plan but never submitted this data to the AIM Data Center. How should I follow AIM's transition instructions?

Please follow the transition instructions identified for "My state or jurisdiction team has collected data using AIM's original HEM Data Collection Plan" above.

My state or jurisdiction team wants to collect data for both the original and revised HEM Data Collection Plans. Is this possible?

Yes, but with some caveats. Only the revised measures will be available to populate with data collected for the reporting period beginning October 1, 2022, forward. You may only enter pre-October 2022 original data into the AIM Data Center. You will need to track any original measures outside of the AIM Data Center for the reporting period beginning October 1, 2022, unless they are retained in the revised plan.

Optional HEM metrics that can be added to revised HEM dashboards include a process measure for patient support after persistent severe hypertension.

Please find these cross-referenced metrics outlined in more detail in the table below.

Summary of Changes

OBSTETRIC HEMORRHAGE BUNDLE VERSION 1 (OLD)	OBSTETRIC HEMORRHAGE BUNDLE VERSION 2 (NEW)	RATIONALE
OUTCOME MEASURES		
SEVERE MATERNAL MORBIDITY (O1)	**Removed**	SMM *with transfusions* was removed from the formal SMM algorithm, as coding for transfusions has data quality issues that affect reliability and validity. AIM updated its data collection plan to align with the SMM algorithm.
N/A	**Retained** **O1: Severe Maternal Morbidity (excluding cases with only a transfusion code)** **Denominator:** All qualifying pregnant and postpartum people during their birth admission **Numerator:** Among the denominator, those who experienced a severe maternal morbidity, excluding those who experienced transfusion alone.	Originally O2
SEVERE MATERNAL MORBIDITY AMONG HEMORRHAGE CASES (O3)	**Removed**	SMM *with transfusions* was removed from the formal SMM algorithm, as coding for transfusions has data quality issues that affect reliability and validity. AIM updated its data collection plan to align with the SMM algorithm

OBSTETRIC HEMORRHAGE BUNDLE VERSION 1 (OLD)	OBSTETRIC HEMORRHAGE BUNDLE VERSION 2 (NEW)	RATIONALE
N/A	**Retained** **O2: Severe Maternal Morbidity (excluding cases with only a transfusion code) among people with Hemorrhage** **Denominator:** All qualifying pregnant and postpartum people during their birth admission who experienced an obstetric hemorrhage **Numerator:** Among the denominator, those who experienced a severe maternal morbidity, excluding those who experienced transfusion alone	Originally O4
PROCESS MEASURES		
	Retained **Unit Drills (P1)** **P1A:** In this reporting period, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic? **P1B:** In this reporting period, what topics were covered in the OB drills?	

OBSTETRIC HEMORRHAGE BUNDLE VERSION 1 (OLD)	OBSTETRIC HEMORRHAGE BUNDLE VERSION 2 (NEW)	RATIONALE
PROVIDER EDUCATION (P2) At the end of this reporting period, what cumulative proportion of delivering physicians and midwives has completed within the last 2 years an education program on obstetric hemorrhage that includes the unit-standard protocols and measures?	**Revised** **P2A: OB Provider Education on Obstetric Hemorrhage** At the end of this reporting period, what cumulative proportion of OB physicians and midwives has completed within the last 2 years an education program on Obstetric Hemorrhage that includes the unit-standard protocols and procedures? **P2B: OB Provider Education on Respectful and Equitable Care** At the end of this reporting period, what cumulative proportion of OB physicians and midwives has completed within the last 2 years an education program on respectful and equitable care?	Addition of respectful and equitable care (P2B).

OBSTETRIC HEMORRHAGE BUNDLE VERSION 1 (OLD)	OBSTETRIC HEMORRHAGE BUNDLE VERSION 2 (NEW)	RATIONALE
NURSING EDUCATION (P3) At the end of this reporting period, what cumulative proportion of OB nurses (including L&D and postpartum) has completed within the last 2 years an education program on obstetric hemorrhage that includes the unit-standard protocols and measures?	**Revised** **P3A: OB Nursing Education on Obstetric Hemorrhage** At the end of this reporting period, what cumulative proportion of OB nurses (including L&D and Postpartum) has completed within the last 2 years an education program on Obstetric Hemorrhage that includes the unit-standard protocols and measures? **P3B: OB Nursing Education on Respectful and Equitable Care** At the end of this reporting period, what cumulative proportion of OB nursing staff (including L&D and Postpartum) has completed within the last 2 years an education program on respectful and equitable care?	Addition of respectful and equitable care (P3B).
RISK ASSESSMENT (P4) At the end of this quarter, what cumulative proportion of mothers had a hemorrhage risk assessment with risk level assigned, performed at least once between admission and birth, and shared among the team?	**Revised** **Risk Assessment (P4)** **Denominator:** All birth admissions, whether from sample or entire population **Numerator**: Number of birth admissions that had a hemorrhage risk assessment completed with risk level assigned, performed at least once between admission and birth	Previously reported estimate in 10% increments (round up). Sampling or reporting for all patients is expected to add consistency to the measurement of P4.

OBSTETRIC HEMORRHAGE BUNDLE VERSION 1 (OLD)	OBSTETRIC HEMORRHAGE BUNDLE VERSION 2 (NEW)	RATIONALE
QUANTIFIED BLOOD LOSS (P5) **REPORT ESTIMATE IN 10% INCREMENTS (ROUND UP)** In this quarter, what proportion of mothers had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques?	**Revised** **Quantified Blood Loss (P5)** **Denominator:** All birth admissions, whether from sample or entire population **Numerator**: Number of birth admissions that had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques	Previously reported estimate in 10% increments (round up). Sampling or reporting for all patients is expected to add consistency to the measurement of P5.
N/A	**Added** **Patient Support After Obstetric Hemorrhage (P6)** **Denominator**: Pregnant and postpartum people with ≥ 1,000 ml blood loss during the birth admission **Numerator:** Among the denominator, those who received a verbal briefing on their obstetric hemorrhage by their care team before discharge.	
N/A	**Added - Optional** **Multidisciplinary Case Review (P7)** **Denominator:** Pregnant and postpartum patients during their birth admission who received four (4) or more units of packed red blood cells and/or admission to the ICU. **Numerator:** Number of completed structured case reviews among those in the denominator.	
STRUCTURE MEASURES		

OBSTETRIC HEMORRHAGE BUNDLE VERSION 1 (OLD)	OBSTETRIC HEMORRHAGE BUNDLE VERSION 2 (NEW)	RATIONALE
PATIENT, FAMILY & STAFF SUPPORT (S1) **REPORT COMPLETION DATE** Has your hospital developed OB specific resources and protocols to support patients, family, and staff through major OB complications?	**Revised** **Patient Event Debriefs (S1)** Has your department established a standardized process to conduct debriefs with patients after a severe event?	Now specific to patients only. This will use the new Structure Measure Likert-type scale ranging from *1: Not started* to *5: Fully in place*. Details on this new measurement scale will be communicated separately.
DEBRIEFS (S2) **REPORT START DATE** Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?	**Revised** **Clinical Team Debriefs (S2)** Has your department established a system to perform regular formal debriefs with the clinical team after cases with major complications?	Reworded for clarity, intent remains unchanged. This will use the new Structure Measure Likert-type scale ranging from *1: Not started* to *5: Fully in place*. Details on this new measurement scale will be communicated separately.
MULTIDISCIPLINARY CASE REVIEWS (S3) **REPORT START DATE** Has your hospital established a process to perform multidisciplinary systems-level reviews on cases of severe maternal morbidity (including, at a minimum, birthing patients admitted to the ICU or receiving ≥ 4 units RBC transfusions?	**Revised** **Multidisciplinary Case Reviews (S3)** Has your hospital established a process to perform multidisciplinary systems-level reviews on cases of severe maternal morbidity (including, at a minimum, birthing patients admitted to the ICU or receiving ≥ 4 units RBC transfusions)?	This will use the new Structure Measure Likert-type scale ranging from *1: Not started* to *5: Fully in place*. Details on this new measurement scale will be communicated separately.

OBSTETRIC HEMORRHAGE BUNDLE VERSION 1 (OLD)	OBSTETRIC HEMORRHAGE BUNDLE VERSION 2 (NEW)	RATIONALE
HEMORRHAGE CART (S4) **REPORT COMPLETION DATE** Does your hospital have ob hemorrhage supplies readily available, typically in a cart or mobile box?	**Revised** **Hemorrhage Cart (S4)** Does your hospital have obstetric hemorrhage supplies readily available in a cart or mobile box?	Reworded for clarity, intent remains unchanged. This will use the new Structure Measure Likert-type scale ranging from *1: Not started* to *5: Fully in place*. Details on this new measurement scale will be communicated separately.
UNIT POLICY AND PROCEDURE (S5) **REPORT COMPLETION DATE** Does your hospital have an obstetric hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach using a stage-based management plan with checklists?	**Revised** **Unit Policies and Procedures (S5)** Does your hospital have obstetric hemorrhage policies and procedures (reviewed and updated in the last 2 years) that contain the following: • **S5A:** An obstetric rapid response team appropriate to the facility's Maternal Level of Care • **S5B:** A standardized, stage based, obstetric hemorrhage emergency management plan with checklists and escalation policy • **S5C:** Emergency release and massive transfusions protocols • **S5D:** A protocol for patients who decline blood products but may accept alternative approaches	This will use the new Structure Measure Likert-type scale ranging from *1: Not started* to *5: Fully in place*. Details on this new measurement scale will be communicated separately.

OBSTETRIC HEMORRHAGE BUNDLE VERSION 1 (OLD)	OBSTETRIC HEMORRHAGE BUNDLE VERSION 2 (NEW)	RATIONALE
EHR INTEGRATION (S6)	**Removed**	No specific mention of EHR in bundle language. Also, non-specific, and difficult to assess on the aggregate level in a meaningful way.
	Added **Patient Education Materials on Urgent Postpartum Warning Signs (S6)** Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?	This will use the new Structure Measure Likert-type scale ranging from *1: Not started* to *5: Fully in place*. Details on this new measurement scale will be communicated separately.
	Added **Quantitative Blood Loss (S7)** Does your facility have the resources and supplies readily available to quantify cumulative blood loss in your hospital for both vaginal and cesarean deliveries?	This will use the new Structure Measure Likert-type scale ranging from *1: Not started* to *5: Fully in place*. Details on this new measurement scale will be communicated separately.

Additional questions? Contact the AIM Data Team at aimdatasupport@acog.org.