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## **Obstetric Hemorrhage Patient Safety Bundle**

*Core Data Collection Plan*  
Version 2.0 January 2024



# Obstetric Hemorrhage Patient Safety Bundle

## Core Data Collection Plan

### Outcome Measures

Metric	Name	Description	Notes
ALL O1*	Severe Maternal Morbidity (excluding transfusion codes alone)	<p><b>Report N/D</b> <i>Disaggregate by race and ethnicity, payor</i></p> <p><b>Denominator:</b> All qualifying pregnant and postpartum people during their birth admission</p> <p><b>Numerator:</b> Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	
HEM O1	Severe Maternal Morbidity among People who Experienced an Obstetric Hemorrhage (excluding transfusion codes alone)	<p><b>Report N/D</b> <i>Disaggregate by race and ethnicity, payor</i></p> <p><b>Denominator:</b> All qualifying pregnant and postpartum people during their birth admission who experienced an obstetric hemorrhage</p> <p><b>Numerator:</b> Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	

\* This measure appears in other patient safety bundle data collection plans and are also referred to as multi-bundle measures. For the purposes of collecting data and reporting to the AIM Data Center, please collect and report this measure once per reporting period, regardless of the number of times they appear across data collection plans.

## Process Measures

Metric	Name	Description	Notes
ALL P1- Version 1*	Provider Education on Respectful and Equitable Care	<p><b>Report estimate in 10% increments (round up)</b></p> <p>At the end of this reporting period, what cumulative proportion of OB physicians and other advanced practice clinicians<sup>†</sup> at your institution has received in the last 2 years <b>an education program on respectful and equitable care?</b></p>	<p><sup>†</sup>The overarching intention of this measure is to capture all physicians and advanced practice clinicians who work in a primarily inpatient OB service line or on an L&amp;D, Antepartum, or Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, OB/GYNs and subspecialists, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution</p>
ALL P2*	Nursing Education on Respectful and Equitable Care	<p><b>Report estimate in 10% increments (round up)</b></p> <p>At the end of this reporting period, what cumulative proportion of OB nurses<sup>‡</sup> has received in the last 2 years <b>an education program on respectful and equitable care?</b></p>	<p><sup>‡</sup>The overarching intention of this measure is to capture all nurses who work in a primarily inpatient OB service line or on an L&amp;D, Antepartum, or Postpartum unit.</p>
ALL P3A*	Unit Drills-Number of Drills	<p><b>Report integer</b></p> <p>During this reporting period, <b>how many total OB drills</b> (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?</p>	

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Metric	Name	Description	Notes
ALL P3B*	Unit Drills-Topics	<p><b>Report TRUE/FALSE for the following options: Hemorrhage, Hypertension, Other</b></p> <p>During this reporting period, what <b>topics</b> were covered in the OB drills?</p>	
HEM P1	Provider Education on Obstetric Hemorrhage	<p><b>Report estimate in 10% increments (round up)</b></p> <p>At the end of this reporting period, what cumulative proportion of OB physicians and other advanced practice clinicians<sup>†</sup> at your institution has received in the last 2 years an education program on <b>Obstetric Hemorrhage that includes the unit-standard protocols and measures?</b></p>	<p><sup>†</sup>The overarching intention of this measure is to capture all physicians and advanced practice clinicians who work in a primarily inpatient OB service line or on an L&amp;D, Antepartum, or Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, OB/GYNs and subspecialists, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution</p>
HEM P2	Nursing Education on Obstetric Hemorrhage	<p><b>Report estimate in 10% increments (round up)</b></p> <p>At the end of this reporting period, what cumulative proportion of OB nurses<sup>‡</sup> has received in the last 2 years an education program on <b>Obstetric Hemorrhage that includes the unit-standard protocols and measures?</b></p>	<p><sup>‡</sup>The overarching intention of this measure is to capture all nurses who work in a primarily inpatient OB service line or on an L&amp;D, Antepartum, or Postpartum unit.</p>

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Metric	Name	Description	Notes
HEM P3	Hemorrhage Risk Assessment	<p><b>Sample patient charts or report for all patients; report N/D</b>  <b><i>Disaggregate by race and ethnicity, payor</i></b></p> <p><b>Denominator:</b> All birth admissions, whether from sample or entire population</p> <p><b>Numerator:</b> Number of birth admissions that had a hemorrhage risk assessment completed with risk level assigned, performed at least once between admission and birth</p>	<p>For sampling guidance, please refer to the <a href="#">AIM Sampling Workbook</a>.</p>
HEM P4	Patient Support After Obstetric Hemorrhage	<p><b>Report N/D</b>  <b><i>Disaggregate by race and ethnicity, payor</i></b></p> <p><b>Denominator:</b> Pregnant and postpartum people with <math>\geq 1,000</math> ml blood loss during the birth admission</p> <p><b>Numerator:</b> Among the denominator, those who received a verbal briefing on their obstetric hemorrhage by their care team before discharge.</p>	<ul style="list-style-type: none"> <li>• The denominator criteria are established for the purposes of standardized data collection and reporting and are not meant to represent all instances in which a verbal briefing with a patient may be appropriate</li> <li>• A verbal briefing for support should include elements such as those described in the CMQCC publication <a href="#">Improving Health Care Response to Obstetric Hemorrhage (version 3.0)</a> on pages 146-162</li> <li>• This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team</li> </ul>

Metric	Name	Description	Notes
HEM P5	Quantified Blood Loss	<p><b>Sample patient charts or report for all patients; report N/D</b>  <i>Disaggregate by race and ethnicity, payor</i></p> <p><b>Denominator:</b> All birth admissions, whether from sample or entire population</p> <p><b>Numerator:</b> Number of birth admissions that had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques</p>	<p>For sampling guidance, please refer to the <a href="#">AIM Sampling Workbook</a>.</p> <ul style="list-style-type: none"> <li>• Pair with HEM S3</li> </ul>

## Structure Measures

Metric	Name	Description	Notes
ALL S1*	Patient Event Debriefs	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</b></p> <p>Has your department established a <b>standardized process to conduct debriefs with patients</b> after a severe event?</p>	<ul style="list-style-type: none"> <li>• Include patient support networks during patient event debriefs, as requested.</li> <li>• Severe events may include <a href="#">The Joint Commission sentinel event definition</a>, severe maternal morbidity, or fetal death.</li> <li>• This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team.</li> </ul>

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Metric	Name	Description	Notes
ALL S2*	Clinical Team Debriefs	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</b></p> <p>Has your department established a system to perform regular <b>formal debriefs with the clinical team</b> after cases with major complications?</p>	Major complications will be defined by each facility based on volume, with a minimum being <b><u>The Joint Commission Severe Maternal Morbidity Criteria</u></b> .
ALL S3*	Multidisciplinary Case Reviews	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</b></p> <p>Has your hospital established a process to perform multidisciplinary systems-level reviews of cases of severe maternal morbidity (including, at a minimum, <b>pregnant and postpartum patients</b> admitted to the ICU or who received <math>\geq 4</math> units RBC transfusions)?</p>	For greatest impact, we suggest that in addition to the minimum instances for review defined in S3, hospital teams also implement missed opportunity reviews for key bundle process measures in both unit debriefs and multidisciplinary case reviews
ALL S4*	Patient Education Materials on Urgent Postpartum Warning Signs	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</b></p> <p>Has your department developed/curated <b>patient education materials on urgent postpartum warning signs</b> that align with culturally and linguistically appropriate standards?</p>	

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Metric	Name	Description	Notes
HEM S1	Hemorrhage Cart	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</b></p> <p>Does your hospital have obstetric hemorrhage supplies readily available in a cart or mobile box?</p>	
HEM S2	Unit Policies & Procedures	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</b></p> <p>Does your hospital have obstetric hemorrhage policies and procedures (reviewed and updated in the last 2 years) that contain the following:</p> <ul style="list-style-type: none"> <li>• An obstetric rapid response team appropriate to the facility's Maternal Level of Care</li> <li>• A standardized, stage based, obstetric hemorrhage emergency management plan with checklists and escalation policy</li> <li>• Emergency release and massive transfusions protocols</li> <li>• A protocol for patients who decline blood products but may accept alternative approaches</li> </ul>	
HEM S3	Quantitative Blood Loss	<p><b>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</b></p> <p>Does your facility have the resources and supplies readily available to quantify cumulative blood loss for both vaginal and cesarean births?</p>	

## AIM Obstetric Hemorrhage ICD10 Codes List

Variable	Definition
<b>Previa</b>	O4410, O4412, O4413, O4430, O4432, O4433, O4450, O4452, O4453
<b>Abruption</b>	O45002, O45003, O45009, O45012, O45013, O45019, O45022, O45023, O45029, O45092, O45093, O45099, O458X2, O458X3, O458X9, O4590, O4592, O4593
<b>Antepartum Hemorrhage</b>	O46002, O46003, O46009, O46012, O46013, O46019, O46022, O46023, O46029, O46092, O46093, O46099, O468X2, O468X3, O468X9, O4692, O4693, O4690
<b>Postpartum Hemorrhage</b>	O723, O43212, O43213, O43219, O43222, O43223, O43229, O43232, O43233, O43239, O720, O721, O722

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