Welcome!
Thank you for joining us!

• Please sign in using the chat box feature

• The webinar will start on the hour

• All phones should be muted, but you may still mute yours by pressing *6 or the mute button

• Unmute your phone if you would like to speak

• Please do not place your phone line on hold!
OPQIC Updates

• Partial 2016 Severe Maternal Morbidity outcome measures now available
  – Missing ~25% of hospitals who submitted data at deadline
  – OSDH will hopefully enter before Summit
  – How often does your hospital submit HDD to OSDH?
    • ~50% of birthing hospitals submit > annually

• Q2 2017 AIM data due August 15th
  – Data must be current by August 31, 2017 for Spotlight Hospital
OPQIC Updates

• Quarterly Reports coming 2017
  – awaiting complete 2016 data
• OPQIC staff are available speak with OB providers and/or administrators
• Send feedback regarding barriers/strategies for success
• Telephone survey beginning soon!
5 Areas of Priority

- Management Plan for Postpartum Hemorrhage
- Management Plan for Severe Hypertension
- Postpartum Hemorrhage Risk Assessment
- Quantitative Blood Loss
- Timely Treatment of Severe Hypertension
Lost Mothers

An estimated 700 to 900 women in the U.S. died from pregnancy-related causes in 2016. We have identified 120 of them so far.

by Nina Martin, ProPublica, Emma Cillekens and Alessandra Freitas, special to ProPublica

May 12, 2017 - 10:28 AM ET

U.S. Has The Worst Rate of Maternal Deaths In The Developed World

by Nina Martin, ProPublica

May 12, 2017 - 10:28 AM ET

Why Is U.S. Maternal Mortality So High?

The main reason is not medical errors. It’s poverty and access to health care.

by Care Hauser and Claire Lee Karkowsky

Slate

May 22, 2017 - 12:01 PM

The Last Person You’d Expect To Die in Childbirth

The U.S. has the worst rate of maternal deaths in the developed world, and...
HTN S4: Unit Policy & Procedure

Percentage of Hospitals that Achieved the Measure

- 9.5% (4 hospitals)
- 81% (34 hospitals)

Aggregate Percentage Achieved
Structure Measures

• Add any time you have implemented the structure
• Don’t forget to update 😊
Hemorrhage Risk Assessment

- Oklahoma Hospital 50th Percentile
- Oklahoma Hospital Average
- Oklahoma Collaborative-wide Rate
- Oklahoma 50th to 75th Percentile
- Oklahoma 25th to 50th Percentile

Q4 2015: 59.6%
Q1 2016: 79%
Q2 2016: 79%
Q3 2016: 79%
Q4 2016: 79%
Q1 2017: 79%
Discussion

- Integrate into EMR
- Communicate risk category to team members
- Measure asks regarding assessment X1
  - Best to do again before birth, postpartum, prn with clinical changes
- Complete Obstetric Hemorrhage-Readiness Assessment
Discussion

- Integrate into EMR
- Start with vaginal deliveries or C/S
- QBL videos
  - [http://opqic.org/initiatives/emc/pphm/](http://opqic.org/initiatives/emc/pphm/)
  - AWHONN and YouTube from Minnesota (recently added to website)
- Complete Obstetric Hemorrhage-Recognition Assessment
- QBL Paper tool
- Audit who is compliant/noncompliant
- Getting providers on board?
Discussion

• Integrate into EMR
• Data collection?
• Medication pack
• BELIEVE IT! TREAT IT!
• RETAKE! TREAT!
• New webcast from experts – require all providers and nurses to view
  – http://opqic.org/aim/
• Complete 4 Rs Assessment
  – http://opqic.org/initiatives/emc/hypertension/
• Audit who is compliant/noncompliant
To Do List

• Establish a Work Group
  – If you already have one, set up a meeting
  – Meet weekly or monthly, depending on your needs

• Set a deadline for implementation or 90% compliance
  – Creates pressure to increase follow-through

• Complete assessment worksheets (PDSA)

• Monitor individual compliance and follow-up
Lost Mothers

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by Nina Martin, ProPublica, Emma Cillekens and Alessandra Freitas, special to ProPublica

July 17, 2017
How Can We Help?

- Discussion