AzHHA Arizona Hospital and Healthcare Association

AIM ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

ARIZONA DEPARTMENT OF HEALTH SERVICES

AzHHA – AIM OB monthly sample of hemorrhage risk assessment documentation

Sample patient charts:

- 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.

*Recommended Hemorrhage Risk Assessment Candence: on admission to labor and delivery, pre-birth and on transition to postpartum care. The peripartum period can include the second stage of labor and/or upon transition to cesarean delivery.

Hemorrhage Risk Assessment samples:

- ACOG Hemorrhage Risk Assessment
- AWHONN Hemorrhage Risk Assessment
- CMQCC Hemorrhage Risk Assessment

Please take a random sample of 11 charts of all women delivering at your hospital for this month. Begin by systematically selecting 11 records. First, divide the total number of live births occurring at your facility in a given month by 11 and then select every n^{th} chart where n is the result of that division.
Example 1: If your hospital has 102 births in a month, then divide 102 by 11=9.3 and you will select every 9^{th} birth for that month.
Example 2: If your hospital has 28 births in a month, then 28 divided by 11 is 2.5 and you will select every 2^{nd} birth for that month. Review this random sample of charts and record the number of charts (0-11) with the following information documented.

Month:

1	☐ Yes, hemorrhage risk assessment completed ☐ No If no, explanation as to why assessment wasn't completed ☐ Time/staffing constraints ☐ RN forgot ☐ Provider refused ☐ Other: _____	2	☐ Yes, hemorrhage risk assessment completed ☐ No If no, explanation as to why assessment wasn't completed ☐ Time/staffing constraints ☐ RN forgot ☐ Provider refused ☐ Other: _____
3	☐ Yes, hemorrhage risk assessment completed ☐ No If no, explanation as to why assessment wasn't completed ☐ Time/staffing constraints ☐ RN forgot ☐ Provider refused ☐ Other: _____	4	☐ Yes, hemorrhage risk assessment completed ☐ No If no, explanation as to why assessment wasn't completed ☐ Time/staffing constraints ☐ RN forgot ☐ Provider refused ☐ Other: _____
5	☐ Yes, hemorrhage risk assessment completed ☐ No If no, explanation as to why assessment wasn't completed ☐ Time/staffing constraints ☐ RN forgot ☐ Provider refused ☐ Other: _____	6	☐ Yes, hemorrhage risk assessment completed ☐ No If no, explanation as to why assessment wasn't completed ☐ Time/staffing constraints ☐ RN forgot ☐ Provider refused ☐ Other: _____

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11	☐ Yes, hemorrhage risk assessment completed ☐ No If no, explanation as to why assessment wasn't completed ☐ Time/staffing constraints ☐ RN forgot ☐ Provider refused ☐ Other: _____		