



CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE

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July 8, 2009

On behalf of the California Maternal Quality of Care Collaborative (CMQCC), we invite your Obstetric Service Unit to join CMQCC's 12-month Maternal Hemorrhage Quality Improvement Collaborative aimed at *improving Readiness, Recognition, Response and Reporting of maternal hemorrhage.*

The primary aim of this collaborative is to improve California hospital capabilities and resources for responding to obstetric hemorrhage by increasing the use of protocols and drills and by improving availability of and training in standard and state-of-the-art medical, surgical and blood replacement options. Obstetric (OB) hemorrhage is a leading cause of pregnancy-related morbidity and mortality but has major opportunities for improved outcomes. CMQCC's Hemorrhage Task Force (HTF) developed an Obstetric Hemorrhage Toolkit that includes best practice articles and protocol tools—such as checklists and flowcharts—to educate and train obstetric teams to improve processes of care and outcomes surrounding maternal hemorrhage. The HTF conducted a statewide hospital and maternity services survey to assess baseline capabilities and resources for hemorrhage response. The collaborative will provide the means for making and measuring improvements in obstetrics hemorrhage care in California hospitals.

Results from the HTF's statewide survey showed that just 65% of hospitals with obstetric services have general hemorrhage protocols in place. Thirty four percent of hospitals practiced hemorrhage drills regularly. Between 40-63% of surveyed hospitals reported having standard-of-care surgical procedures for hemorrhage. Participation in this initiative will help you identify and implement strategies, training and processes of care to improve readiness for and response to hemorrhage and, ultimately, improve the quality of care delivered in your unit.

Using models based on both the Institute for Healthcare Improvement (<http://www.ihl.org>) for collaborative quality improvement and leveraging the CMQCC Obstetric Hemorrhage Toolkit (<http://www.cmqcc.org>), participating sites will focus on improving practices relative to a baseline assessment, as opposed to comparing practices across participating sites. Each obstetric service unit will examine its practices and share its observations on relevant activities. At the unit level, project teams will assess their individual needs, establish priorities, and work to achieve their own individual goals. A panel of experts in quality improvement, obstetrics, anesthesia, blood banking and simulation/drill training will provide substantial guidance and support during implementation. Improving practices collaboratively is likely to be more effective than attempting to improve individually at the unit or hospital level.

The cost to join this collaborative is \$2,000 per 500 births. By subsidizing the cost, CMQCC is able to offer this first quality improvement collaborative at a lower cost than the usual fees charged by other organizations, which can range from \$15,000-\$40,000.

We hope that you are able to join this collaborative. If you have any questions, please email Kathryn Melsop (<mailto:melsop@cmqcc.org>), the OB Hemorrhage Collaborative Program Manager.

Sincerely,

Paul Kurtin, MD
Chief Quality and Safety Officer
Rady's Children's Hospital, San Diego

David Lagrew, MD
CMQCC Hemorrhage Task Force Co-Chair
Medical Director, Women's Hospital
Saddleback Memorial Medical Center, Laguna Hills

CMQCC Obstetric Hemorrhage Collaborative Basic Facts

WHAT YOUR COLLABORATIVE FEE INCLUDES:

- Three day-long in-person educational sessions
- Coaching sessions with CMQCC QI and OB Hemorrhage expert panel
- Interactive sessions with other hospital leaders working on the same initiative
- Access to an on-line reporting and tracking tool to generate your own monthly improvement trend charts

TIMELINE

| EVENT | Date (Locations TBD) |
|--|---------------------------------------|
| Conference call to discuss basic tenets of participation | October 6, 2009 12:00 pm – 1:30 pm |
| Learning session #1 | October 20, 2009 |
| Learning session #2 | TBD: Likely February 2010 |
| Learning session #3 | TBD: Likely August 2010 |
| Collaborative End date | September 30, 2010 |

SITE PERSONNEL–REQUIRED

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|---|
| Obstetric Service Doctor Leader (for example, Obstetrics MD Chief): active participant in collaborative and in implementation of collaborative quality improvement in obstetric services at their facility |
| Obstetrical Services Nurse Leader (for example, Nurse Manager, Nurse Practitioner, Clinical Nurse Specialist): active participant in collaborative and in implementation of collaborative quality improvement in obstetric services at their facility |
| Senior administrative leader (for example, CEO or COO): participates in some elements of meetings of collaborative, reviews monthly reports, provides resource support, acts as champion of the project for their facility |

SITE PERSONNEL–OPTIONAL, BUT HIGHLY RECOMMENDED

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| Anesthesia Doctor Leader: smaller facilities may not have available Anesthesiologists for active participation in a collaborative of this nature; however, when possible, we highly recommend that an Anesthesia representative participate in the collaborative based on their critical role in administration of blood products and patient management |
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“Call to Participate” Registration

To enroll in CMQCC’s Obstetric Hemorrhage Collaborative, please complete the information below and return no later than **September 10, 2009** to the Collaborative Program Manager Kathryn Melsop, via email at melsop@cmqcc.org or by fax: 650-721-5751

SITE INFORMATION

Hospital Name: _____

Hospital City: _____

Preferred Mailing Address: _____

PARTICIPATION INFORMATION

My organization wishes to participate in this collaborative: _____ Yes _____ No
If yes, go to **CONTACT INFORMATION** section below.

If no, please explain briefly why your organization will not be participating:

For future quality improvement collaboratives, who should CMQCC contact?

Name: _____

Title: _____ E-mail: _____

Direct Phone: _____ Direct Fax: _____

CONTACT INFORMATION (Identify Key Contact)

Team Member 1 – Obstetric Service MD Leader

Name: _____

Title: _____ E-mail: _____

Direct Phone: _____ Direct Fax: _____

Contact Information, continued

Team Member 2 –Obstetric Service Nurse Leader

Name: _____

Title: _____ E-mail: _____

Direct Phone: _____ Direct Fax: _____

Team Member 3 – Senior Administrative Leader

Name: _____

Title: _____ E-mail: _____

Direct Phone: _____ Direct Fax: _____

Team Member 4 – Anesthesia MD Leader <OPTIONAL but highly recommended>

Name: _____

Title: _____ E-mail: _____

Direct Phone: _____ Direct Fax: _____

Receipt of registration notification and Instruction Manual Packet will be sent to the Obstetrics MD Leader Representative (or Key Contact) no later than September 15, 2009.