Safer Care Victoria

Postpartum Haemorrhage Improvement project

Operational Definitions

June 2024

Contents

Overview

This document provides a measurement strategy for health services that are wishing to undertake improvement efforts regarding postpartum haemorrhage.

Improving health care processes is difficult to do without some type of feedback to help figure out where to focus, or to tell whether changes resulted in the intended improvement[1].

Data used for improvement are typically collected by those working with the healthcare system to observe process performance, obtain ideas for improvement, test changes to see if they are improvements, and to see whether improvements are maintained. The measures are designed to inform improvement, not to compare, rank or to be used for research.

We are aware that collecting data for improvement purposes can be time consuming. Therefore, we have sought to develop a measurement strategy that uses measures from data that is already available to you.

Where this has not been possible, we have given additional attention to create a process that can be incorporated as part of normal clinical documentation or through contained and simple audit processes.

The document also includes a definition table to assist healthcare services to better understand their data collection requirements, the definitions have been hyperlinked to the appropriate measure for ease of use.

Definition Table

Term(s)	Definitions
Assisted birth (instrumental birth/operative vaginal delivery)	When special instruments (forceps or ventouse) are used to help deliver the baby during the pushing part of labour.[2]
Estimated blood loss measurement.	Estimated blood loss measurement is a method where the volume of blood lost following birth is estimated by clinicians from their visual impression of the amount of blood seen on linen, drapes, pads, etc. Visual estimation is known to significantly underestimate large volumes of blood by 33-50%.[3]
Net promoter Score (NPS)	NPS score measures customer satisfaction by asking whether they would recommend a health service to others. The score is calculated using a one-question survey and is reported by a numerical value ranging from -100 to +100.
Postpartum haemorrhage	Postpartum haemorrhage (PPH) is defined as blood loss of 500ml or more during childbirth and severe PPH is defined as losing over 1500ml or more.[4]
Primary postpartum haemorrhage	Primary PPH is blood loss occurring within 24 hours of birth. Secondary PPH is where the loss of blood is greater than 24 hours after birth. [4]
Postpartum haemorrhage Protocol	Maternity services that are managing births regardless of location or complexity, must have in place a clear guideline for the management of a Postpartum Haemorrhage should it occur. This guideline should include direction on local policy for acute management and escalation pathways should the haemorrhage progress. [5]
Quantitative blood loss measurement	Various methods are used to accurately quantify the volume of blood lost following birth. Methods include the weighing of linen and other disposable products (deducting their dry weight), using gravimetric drapes or measuring blood loss captured in suction catheters. These techniques are standardised within health services for continuity and require formal training for staff.[3]
Postpartum haemorrhage risk assessment	The completion of a standard health service antenatal PPH risk assessment in line with local process. This assessment identifies risk factors and can identify whether someone is at higher risk of developing PPH. It is accompanied by internal guidelines that

	determine the appropriate planned location for birth, and suggested treatment pathways or interventions for those at higher risk of PPH.
Unassisted delivery	For the purpose of this document all unassisted deliveries are referred to as Normal Vaginal Births.[2]
Vaginal birth	Birth of the fetus from the vaginal cavity with or without the use of instruments.[2]
Victorian Perinatal Data Collection (VPDC)	The VPDC is a population-based surveillance system that collects for analysis comprehensive information on the health of mothers and babies, to contribute to improvements in their health. The VPDC contains information on more than 160 data items relating to every birth in Victoria. It contributes to the National Perinatal Data Collection managed by the Australian Institute of Health and Welfare (AIHW).

Measurement

To use data for improvement we must collect and analyse it over time. Analysing data over time makes it easier to assess change, allows us to adjust our hypothesis along the way, and to test under a wide range of conditions. Data can also be used to understand if changes are leading to improvement and to determine the next steps.
Sometimes the data set (e.g., number of patients or other volume of work) is small enough that it makes sense to obtain all the data in the set. In other cases, collecting all the data is not practical and sampling is used to understand the system in a manageable way. Efficient sampling gathers just enough data to understand the changes in the process and wider system.
Measurement for improvement aims to accelerate learning and improvement – not slow it down. When collecting data for improvement, we do so while also providing ongoing care to patients. Making use of existing processes or sources of information is key to minimising the burden of data collection and reporting.
To collect and track your measures effectively, develop a data collection plan as outlined in this document. Developing your plan will involve team planning and discussion about where and how to obtain the data required to report out against the measurement strategy.

Family of measures

Health services consist of complex systems with many interconnected elements. To understand the system we want to improve, we need to examine a variety of measures. This will help us determine if the changes made resulted in an improvement. There are three types of measures that we consider.

Outcome measures describe a result that directly affects a patient. For example, percentage of people that experience DVT after surgery.

Process measures describe how a system is performing. We choose measures where we believe that if these interventions are carried out, outcomes will improve. For example, percentage of patients that receive appropriate DVT prophylaxis after surgery.

Balancing measures describe the related consequences of a project, connected changes that may happen to the system as we make our tests. These can be positive or negative. For example, percentage of people that experience side effects of DVT prophylaxis medication after surgery.

Data Collection Plan

Part A: Data Capturing

Your first step is to consider where each measure is recorded and/or reported within your service. If it does not already exist, then you will need to design a process that works for your team.
Outcome and balancing measures are reported as 'performance indicators and your organisation's Health Information Service, Data Management Team or Quality/Redesign team should be able to help you access this information.

Reporting from Patient information Management Systems/BOS

Not all measures are recorded into BOS/ patient information management system, but for the measures that are, data leads can extract a report that will produce total numbers against each of the denominator and numerator criteria for the timeframe selected.
For those measures that are not captured in the Patient information Management Systems/BOS, local manual processes will need to be established.
Process measures reflect the clinical care process being monitored in relation to the change idea being introduced. These data are often recorded by the point-of-care clinician. Where this is not practical, practices may need to be developed so the data collector can effectively and efficiently identify and report against the process measure.
The exception is Measure 4 'Quantitative blood loss' which is collected by all Maternity Services in Victoria and reported to the VPDC. As part of this toolkit, we have provided an audit tool to input and track this data.

Important considerations

Try to balance the recording of data with the process measures. For example, how easy is it for the point-of-care clinician to capture and record data versus efficiency for the data collector/reporter?

Does the process measure reflect a direct clinical practice that needs to be recorded long term or is it short-term only?

Discuss the recording of process measures with your team. You could apply a PDSA process to help work out the most efficient ways to record process measures.

Part B: Data collection for process measures

Data collection involves two key steps and is generally delegated to the data lead, and it may be useful to bring in another team member to assist. The data lead will be accountable for data collection and reporting and works closely with the day-to-day team leader.

Step 1: Obtain your sample.

Sample size: Collect data from 20 files per week (or your total population if less than 20). This will provide the right amount of data to make sensible judgments.

Sample population: Sourced from a population that meets the denominator criteria for the measure in focus. Please note: several measures have distinct denominators, so take care.
Sampling: We recommend choosing a method of sampling that will be convenient for you to collect. As you are conducting local improvement and not research, you do not have to randomise sampling to exclude bias. Nevertheless, if there is an obvious bias e.g., clinic is structured to see complex cases first, then it will be necessary to make some adjustments to sampling. This can take many forms.
For example, you could:

- take the first 20 files each month that meet your denominator criteria.
- sample of every fifth case
- select two cases per day (e.g., one daytime and one night-time)
- audit all on Monday the first week, Wednesday the second week, Friday the third week, Sunday the fourth week etc.

Sampling considerations

- Your base sample is derived from the measure's denominator criteria. You do not select your sample from your numerator population.
- Where measures have the same denominator criteria, it is OK to use the same sample to audit for the different numerator. Consider if this could bias your learning.
- Discuss as a team how you create your sampling method. Remember, make it as easy as possible to undertake.

Step 2 Audit the sample.
This simply involves reviewing files or audit sheets (depending on method chosen in Data Capturing) and counting the numerator value. For example, you could use a tally sheet (e.g., an Excel or Word table) to calculate weekly totals – make sure you include columns for the date, marking the presence or non-presence of the numerator, and a total count for the week.

Be aware that your numerator total is the aggerate of everyone who the auditor reports as meeting the numerator criteria. The denominator value is the total number of files audited (e.g., 20 if you use our recommendation or your total population if your population is smaller).

Part C: Data reporting

Ongoing measures should be collected for at least six months prior to the start of improvement efforts, longer if possible. These data are obtained from Patient Information Management System/BOS. This is necessary for the both the individual site and the collaborative overall to be able to demonstrate the changes that have occurred.

The collection and reporting of targeted measures should be started when a service is planning to actively test in that area. This data will need to be collected manually at the intervals indicated in this guide. You may choose how often you report your measures to your team, but keep in mind that you will need to monitor your data for how the changes you are testing affect your measures, and that the most up to date data will allow you to react faster.

Important considerations

Teams should also consider ways they can segment their data based on demographics to gain a deeper

understanding of potential inequities in care. For example, segmenting data by proportion of women, Culturally and

Linguistically Diverse and Aboriginal and Torres Strait Islander people. Our underlying question throughout this

collaborative: whose lives are getting better because of this work?

Part D: Consumer Reported Measures

Even though there is no overall consumer reported measure included in the strategy, teams within the collaborative have developed their own measures. Considering the diverse ways services engage with clients and the existing communication channels, it is recommended that teams explore methods to measure patient reported outcomes in their operations. Ways of doing this could include conducting surveys, monitoring the number of formal complaints and Net Promoter Score (NPS) scores to gather insights.

One example is the Australian Hospital Patient Experience Question Set (AHPEQS), a tool comprising 12 questions for patients to provide feedback on the quality of their experiences during a recent hospital stay or healthcare service visit. This tool could be utilised to conduct a patient experience survey.

Swan Hill Health undertook a process where they engaged with their consumers who experienced PPH in their service and built a process to follow up and feeding that information back into the system and have demonstrated improvements in these patient reported measures. You can watch a mini masterclass by Swan Hill in the PPH Toolkit available [link TBC].

Swan Hill Health implemented a process to engage with consumers who encountered PPH in their service. They established a follow-up process to listen to feedback and use this information to give information back into the system, resulting in enhancements in the patient-reported measures. For more insights, you can watch the mini masterclass by Swan Hill in the PPH Toolkit, accessible through this [link TBC].

Measurement Strategy

This measurement strategy table outlines a summary of all outcome measures, as well as their numerator and denominator. For more detail about how to collect these measures, see Measures section below.

Ongoing measures	Numerator/Denominator
OUTCOME MEASURES	
Percentage of women or birthing parents with a primary postpartum haemorrhage of 1500 ml and greater following vaginal birth	**Numerator:** Number of women or birthing parents who meet the denominator criteria and have a blood loss of 1500 ml or more at the time of birth, or within 24 hours of birth
	Denominator: Number of women with a vaginal birth
Percentage of women or birthing parents with a primary postpartum haemorrhage 1000 to 1499 ml following vaginal birth	**Numerator:** Number of women or birthing parents who meet the denominator criteria who have a blood loss of 1000 to 1499 ml at the time of birth, or in the following 24 hours
	Denominator: Number of women with a vaginal birth
Percentage of women or birthing parents with a primary postpartum haemorrhage 500 to 999 ml following vaginal birth	**Numerator:** Number of women or birthing parents who meet the denominator criteria who have a blood loss of 500 to 999 ml at the time of birth, or in the following 24 hours
	Denominator: Number of women with a vaginal birth
PROCESS MEASURE	
Percentage of women or birthing parents who have evidence in their care record of quantitative blood loss measurement following vaginal birth	**Numerator**: Number of women or birthing parents who meet the denominator criteria who have evidence in their care record of the quantitative assessment of blood loss
	Denominator: Number of women with a vaginal birth
BALANCING MEASURES	
Number of women or birthing parents requiring an ICU stay/ higher-level care following primary postpartum haemorrhage and vaginal birth	**Numerator:** Number of women or birthing parents requiring an ICU stay/ higher-level care following primary postpartum haemorrhage and vaginal birth
Percentage of women or birthing parents receiving a blood transfusion following postpartum haemorrhage and vaginal birth	**Numerator:** Number of women or birthing parents who meet the denominator criteria who receive a blood transfusion following postpartum haemorrhage
	Denominator: Number of women with a vaginal birth

Targeted measures	Numerator/Denominator
PROCESS MEASURES	
Percentage of women or birthing parents who birth vaginally and have evidence in their care record of a postpartum haemorrhage risk assessment	**Numerator:** Number of women or birthing parents who meet the denominator criteria who have evidence in their care record of a completed postpartum haemorrhage risk assessment
	Denominator: Number of women or birthing parents with a vaginal birth
Percentage of women or birthing parents who birth vaginally who have evidence in their care record of planned active third stage labour management	**Numerator:** Number of women or birthing parents who meet the denominator criteria who have evidence in their care record of planned active third stage of labour management
	Denominator: Number of women with a vaginal birth
Average length of time in minutes between initiating postpartum haemorrhage protocol and administration of medication	**Numerator:** Of women or birthing parents who meet the denominator criteria, the average recorded total time between initiating postpartum haemorrhage protocol and administration of medication
	Denominator: Number of women or birthing parents with postpartum haemorrhage following vaginal birth (or records sampled from this cohort)
Percentage of women or birthing parents with postpartum haemorrhage following vaginal birth who have evidence in their pregnancy care record of a clinical debrief and provision of information on available support	**Numerator:** Number of women or birthing parents who meet the denominator criteria who have evidence in their pregnancy care record of a clinical debrief and provision of information on available support
	Denominator: Number of women or birthing parents with postpartum haemorrhage following vaginal birth (or records sampled from this cohort)

Measures

Outcome measure: Percentage of women or birthing parents with a primary postpartum haemorrhage 1500ml and greater following vaginal birth.

Goal: Reduction	
Numerator statement	Number of women or birthing parents who meet the denominator criteria who have a blood loss of 1500 ml and greater at the time of birth, or the following 24 hours
Denominator statement	Number of women or birthing parents with a vaginal birth
Data elements	Birth type: Vaginal Birth type: Assisted and un-assisted Birth parity: All Birth outcome: Postpartum haemorrhage
Sample size	All vaginal births for the time period
Clinician reporting approach	Clinician reports clinical care in Patient Information Management System/BOS as usual
Data collection approach	Print report from Patient Information Management System/BOS monthly
Data Reporting	Data is reported monthly, and teams will be prompted to input monthly data values into their team spreadsheet on the Improvement Project SharePoint Page. Data should be entered by the third Monday of the month for the preceding month. Data is reported as a total number (count) against each the numerator and denominator criteria.

Outcome measure: Percentage of women or birthing parents with a primary postpartum haemorrhage 1000 to 1499 ml following vaginal birth.

Goal: Reduction	
Numerator statement	Number of women or birthing parents who meet the denominator criteria who have a blood loss of 1000 to 1499 ml at the time of birth, or in the following 24 hours
Denominator statement	Number of women or birthing parents with a vaginal birth
Data elements	Birth type: Vaginal Birth type: Assisted and un-assisted Birth parity: All Birth outcome: Postpartum haemorrhage

Sample size	All vaginal births for the period
Clinician reporting approach	BOS: Clinician reports clinical care in Patient Information Management System/BOS as usual
Data collection approach	BOS: Print report from Patient Information Management System/BOS monthly
Data Reporting	Data is reported monthly, and teams will be prompted to input monthly data values into their team spreadsheet on the Improvement Project SharePoint Page. Data should be entered by the third Monday of the month for the preceding month. Data is reported as a total number (count) against each the numerator and denominator criteria.

Outcome measure: Percentage of women or birthing parents with a primary postpartum haemorrhage 500 to 999 ml following vaginal birth.

Goal: Reduction	
Numerator statement	Number of women or birthing parents who meet the denominator criteria who have a blood loss of 500 to 999 ml at the time of birth, or in the following 24 hours
Denominator statement	Number of women or birthing parents with a vaginal birth
Data elements	Birth type: Vaginal Birth type: Assisted and un-assisted Birth parity: All Birth outcome: Postpartum haemorrhage
Sample size	All vaginal births for the period
Clinician reporting approach	BOS: Clinician reports clinical care in Patient Information Management System/BOS as usual
Data collection approach	BOS: Print report from Patient Information Management System/BOS monthly
Data Reporting	Data is reported monthly, and teams will be prompted to input monthly data values into their team spreadsheet on the Improvement Project SharePoint Page. Data should be entered by the third Monday of the month for the preceding month. Data is reported as a total number (count) against each the numerator and denominator criteria.

Process measure: Percentage of women or birthing parents who have evidence in their care record of quantitative blood loss measurement following vaginal birth.

Goal: 85% or above			
Numerator statement	Number of women or birthing parents who meet the denominator criteria who have evidence in their care record of quantitative assessment of blood loss.		
Denominator statement	Number of women or birthing parents with a vaginal birth		
Data elements	Birth type: Vaginal Birth type: Assisted and un-assisted Birth parity: All. Intervention: Where the recorded method of blood loss assessment is quantitative. Assume inclusion of: Inclusive of records where **both quantitative** and		
Sample size	All vaginal births for the period		
Clinician reporting approach	Option 1: BOS Clinician reports clinical care in Patient Information Management System/BOS as usual	Option 2: Manual Clinician reports clinical practice as usual	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data collection approach	Option 1: BOS Print report from Patient Information Management System/BOS monthly	Option 2: Manual Manual audit of clinical files	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data Reporting	Data is reported weekly, and teams will be prompted to input weekly data values into their team spreadsheet on the Improvement Project SharePoint Page. As a maximum – teams can enter their weekly data into the online charting program by the third Monday of the month for the preceding month. Data is reported as a total number (count) against each the numerator and denominator criteria		

Balancing measure: Number of women or birthing parents requiring an ICU stay/ higher-level care following primary postpartum haemorrhage and vaginal birth.

Observe			
Numerator statement	Number of women or birthing parents requiring an ICU stay/ higher-level care following primary postpartum haemorrhage and vaginal birth		
Denominator statement	N/A		
Data elements	Birth type: Vaginal Birth type: Assisted/un-assisted Birth parity: All Birth outcome: Postpartum haemorrhage. Intervention: Record that the mother is admitted into a high dependency unit (HDU) / intensive care unit (ICU) in this health service during the birth episode. (VPDC definition) Assume inclusion of: This includes admissions to ICU/ HDU, extended stays in birth suite and in facilities without an onsite ICU/HDU, all women or birthing parents who are transferred to the next level of care in another health service. Teams should make clear what 'requiring a higher level of care' means in their context. For example, some facilities have dedicated high dependency areas, where others may provide higher level care by keeping someone in birth suite for an extended period of time following birth with a higher staff ratio. VPDC definition: 'Depending on the facilities, and policies of the hospital, this high dependency care may take place in the labour ward, high dependency unit, intensive care unit, coronary care unit, or any other specialist unit' Facilities should know how this is reported in their facility to the VPDC.		
Sample size	All women or birthing parents requiring an ICU stay/ higher-level care following primary postpartum haemorrhage and vaginal birth		
Clinician reporting approach	Option 1: BOS Clinician reports clinical care in Patient Information Management System/BOS as usual	Option 2: Manual Clinician reports clinical practice as usual	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data collection approach	Option 1: BOS Print report from Patient Information Management System/BOS monthly	Option 2: Manual Manual audit of clinical files	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required

Data Reporting	Data is reported monthly, and teams will be prompted to input monthly data values into their team spreadsheet on the Improvement Project SharePoint Page. As a maximum, teams can enter their monthly data into the online charting program by the third Monday of the month for the preceding month. Data is reported as a total number (count) and reported monthly.

Balancing measure: Percentage of women or birthing parents receiving a blood transfusion following postpartum haemorrhage and vaginal birth.

Observe	
Numerator statement	Number of women or birthing parents who meet the denominator criteria who receive a blood transfusion following postpartum
Denominator statement	Number of women or birthing parents with a vaginal birth
Data elements	Birth type: Vaginal Birth type: Assisted/un-assisted Birth parity: All Birth outcome: Postpartum haemorrhage Intervention: Where the mother was given a transfusion of whole blood, or any blood product (excluding anti-D) (VPDC definition) Assume inclusion of all vaginal births where a postpartum haemorrhage is diagnosed
Sample size	All vaginal births for the time period
Clinician reporting approach	Clinician reports clinical care as usual
Data collection approach	Print report from Patient Information Management System/BOS monthly
Data Reporting	Data is reported monthly, and teams will be prompted to input monthly data values into their team spreadsheet on the Improvement Project SharePoint Page. As a maximum – teams can enter their monthly data into the online charting program by the third Monday of the month for the preceding month. Data is reported as a total number (count) against each the numerator and denominator criteria.

Optional process measure: Percentage of women or birthing parents who birth vaginally and have evidence in their care record of a postpartum haemorrhage risk assessment.

Goal: 100%			
Numerator statement	Number of women or birthing parents who meet the denominator criteria who have evidence in their care record of a completed postpartum haemorrhage risk assessment		
Denominator statement	Number of women or birthing parents with a vaginal birth		
Data elements	Birth type: Vaginal Birth type: Assisted/un-assisted Birth parity: All Intervention: The completion of a standard health service antenatal postpartum haemorrhage risk assessment		
Sample size	Minimum of 20 files per week, filtered in line with the denominator criteria and data element Criteria. If less than 20 patients all files should be audited.		
Clinician reporting	It is recommended each service create and test a local definition for how this is undertaken and recorded. For most services, this will be the completion of a standardised risk assessment form undertaken as part of the clinical documentation process.		
Clinician reporting approach	Option 1: BOS Clinician reports clinical care, in specified areas within Patient Information Management System/BOS	Option 2: Manual Clinician reports clinical practice as usual	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data collection approach	Option 1: BOS Print report from Patient Information Management System/BOS weekly	Option 2: Manual Manual audit of clinical files	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data Reporting	Data is reported weekly, and teams will be prompted to input weekly data values into their team spreadsheet on the Improvement Project SharePoint Page.		

	As a maximum – teams can enter their weekly data into the online charting program by the third Monday of the month for the preceding month. Data is reported as a total number (count) against each the numerator and denominator criteria.

Process measure: Percentage of women or birthing parents who birth vaginally who have evidence in their care record of planned active third stage labour management.

Goal: 95% or more			
Numerator statement	Number of women or birthing parents who meet the denominator criteria who have evidence in their care record of planned active third stage of labour management.		
Denominator statement	Number of women with a vaginal birth		
Data elements	Birth type: Vaginal Birth type: Assisted/un-assisted Birth parity: All Intervention: Evidence in the care record of planned, active third stage labour management carried out in the antenatal period. Active third stage labour does not include those with a documented modified active third stage management plan.		
Sample Size	Minimum of 20 files per week, filtered in line with the denominator criteria and data element Criteria. If less than 20 patients all files should be audited.		
Clinician reporting approach	Option 1: BOS Clinician reports clinical care, in specified areas within BOS	Option 2: Manual Clinician reports clinical practice as per usual practice	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data collection approach	Option 1: BOS Print report from BOS weekly	Option 2: Manual Manual audit of clinical files	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data Reporting	Data is reported weekly, and teams will be prompted to input weekly data values into their team spreadsheet on the Improvement Project SharePoint Page.		

	As a maximum – teams can enter their weekly data into the online charting program by the third Monday of the month for the preceding month. Data is reported as a total number (count) against each the numerator and denominator criteria.

Measure 9: Average length of time in minutes between initiating postpartum haemorrhage protocol and administration of medication

Goal: To be determined locally	
Numerator statement	Of women or birthing parents who meet the denominator criteria, the recorded total time in minutes between initiating postpartum haemorrhage protocol and the administration of medication.
Denominator statement	Number of women or birthing parents with postpartum haemorrhage following vaginal birth (or records sampled from this cohort)
Operational definition	Administration of medication refers to the time of administration of the first drug given as part of the PPH response. For example, if Oxytocin has been given for third stage management, this may be Ergometrine (if not contraindicated) The aim of this measure is to record the average time between the decision to enact the PPH management protocol, and treatment. Documenting the time that PPH protocol is initiated is an essential legal requirement but is also important as a baseline for improvement. Teams may want to consider if this is reliably documented in practice and test a strategy if not.
Data elements	Birth type: Vaginal Birth type: Assisted/un-assisted Birth parity: All Birth outcome: Postpartum haemorrhage Intervention: Record the average length of time in minutes between initiating postpartum haemorrhage protocol and administration of medication
Sample size	Minimum of 20 files per week, filtered in line with the denominator criteria and data element Criteria. If less than 20 patients all files should be audited.
Reporting notes	For ease of collection, services may choose to use 'time of MET/code' called. However, this should only be used if standard practice is to call a MET/code every time postpartum haemorrhage is diagnosed in the service.

	This data can be captured on a dedicated postpartum haemorrhage proforma/checklist or a field on the Patient Information Management System/BOS.		
Clinician reporting approach	Option 1: BOS Clinician reports clinical care in specified areas within the Patient Information Management System/BOS as usual	Option 2: Manual Clinician reports clinical practice as per usual	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data collection approach	Option 1: BOS Print report from BOS weekly	Option 2: Manual Manual audit of clinical files	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data Reporting	Data is reported weekly, and teams will be prompted to input weekly data values into their team spreadsheet on the Improvement Project SharePoint Page. As a maximum – teams can enter their weekly data into the online charting program by the third Monday of the month for the preceding month. Data is reported as a total number (count) against each the numerator and denominator criteria		

Process Measure: Percentage of women or birthing parents with postpartum haemorrhage following vaginal birth who have evidence in their pregnancy care record of a clinical debrief and provision of information on available support.

Goal: N/A	
Numerator statement	Of the denominator, the number of women or birthing parents for whom there is evidence in their pregnancy care record of a clinical debrief and provision of information on available support.
Denominator statement	Number of women or birthing parents who birth vaginally (or records sampled from this cohort) and have a postpartum haemorrhage. *This will be different depending on local policy and service requirements. For example, Level 1-4 maternity services may wish to include the number of women or birthing parents who have a postpartum haemorrhage over 500 or 1000 ml, however larger Metro services may wish to focus attention on postpartum haemorrhage over 1500 ml when testing changes.
Data elements	Birth type: Vaginal Birth type: Assisted/un-assisted Birth parity: All Birth outcome: Postpartum haemorrhage Intervention: Evidence in the pregnancy care record of a clinical debrief and provision of information on available support Women or birthing parents were provided with the opportunity for a clinical debrief where they were informed of the clinical aspects of their birth (may be provided following discharge at the woman or birthing parents request) were provided information on available support services, what they are and how to contact them. To meet the criteria both points need to be met.
Sample size	Minimum of 20 files per week, filtered in line with the denominator criteria. and data element Criteria. If less than 20 patients all files should be audited.
Note	The intention of a clinical debrief is to share information regarding the clinical aspects of birth and how that may affect them physiologically. It is also an opportunity for the consumer to express their response/possible distress and trauma/ and ask questions. It is not intended as a psychological assessment or intervention. It is recommended each service create and test a local definition/minimum threshold of what each element will include, and

	how this would be recorded. A locally designed audit tool can be introduced and completed as part of the clinician's clinical documentation process. Some services have a dedicated field on BOS to capture this data.		
Clinician reporting approach	Option 1: BOS Clinician reports care in specified areas within BOS as per usual practice	Option 2: Manual Clinician reports care as per usual practice	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data collection approach	Option 1: BOS Print report from BOS weekly	Option 2: Manual Manual audit of clinical files	Option 3: Audit tool A local process to be devised to collate or identify audits to pull data required
Data Reporting	Data is reported weekly, and teams will be prompted to input weekly data values into their team spreadsheet on the Improvement Project SharePoint Page. As a maximum – teams can enter their weekly data into the online charting program by the third Monday of the month for the preceding month. Data is reported as a total number (count) against each the numerator and denominator criteria.		

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