



April 17, 2014

Debra Bingham, DrPH, RN
Association of Women's Health, Obstetric, and Neonatal Nurses
2000 L Street NW, Suite 740
Washington, DC 20036

Dear Dr. Bingham:

SUBJECT: REGULATORY OPINION: IRB EXEMPTION
Protocol Title: Postpartum Hemorrhage Quality Improvement Learning Collaborative
PI: Debra Bingham, DrPH, RN

This letter is in response to your request for an opinion as to whether the above mentioned project would constitute human subject research requiring IRB review.

This opinion is based on federal regulation 45 CFR 46 and associated guidance.

Under 45 CFR 46.102(d), research means "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes...."

The Office of Human Research Protection has issued guidance indicating that quality improvement projects do not meet the definition of research. This guidance states:

Question 2: Do the HHS regulations for the protection of human subjects in research (45 CFR part 46) apply to quality improvement activities conducted by one or more institutions whose purposes are limited to: (a) implementing a practice to improve the quality of patient care, and (b) collecting patient or provider data regarding the implementation of the practice for clinical, practical, or administrative purposes?

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Answer: No. Such activities do not satisfy the definition of “research” under 45 CFR 46.102(d), which is “...a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge...” Therefore the HHS regulations for the protection of human subjects do not apply to such quality improvement activities, and there is no requirement under these regulations for such activities to undergo review by an IRB, or for these activities to be conducted with provider or patient informed consent.

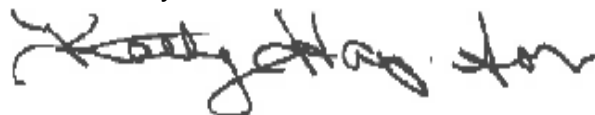
This project does not involve research. This project is a quality improvement initiative to improve early recognition of postpartum hemorrhage, the level of readiness for a postpartum hemorrhage, the readiness for a postpartum hemorrhage event, and the response to a postpartum hemorrhage event. Therefore, WIRB has determined this project is not research and does not require IRB review.

This determination that this project is not research subject to 45 CFR 46 can apply to multiple sites, but it does not apply to any institution that has an institutional policy of requiring an entity other than WIRB (such as an internal IRB) to make such determinations. WIRB cannot provide a determination that overrides the jurisdiction of a local IRB or other institutional mechanism for making such determinations. You are responsible for ensuring that each site to which this determination applies can and will accept WIRB’s determination.

Please note that any future changes to the project may affect its status as research, and you may want to contact WIRB about the effect these changes may have on the status before implementing them. WIRB does not impose an expiration date on its determinations of research.

If you have any questions, or if we can be of further assistance, please contact Lindsay A. Abraham, J.D., C.I.P., at 360-252-2862, or e-mail RegulatoryAffairs@wirb.com.

Sincerely,



Lindsay A. Abraham, J.D. C.I.P.
IRB Chair

LAA:dao

Not Research-Quality Improvement Exemption-Bingham (04-17-2014)

cc: Benjamin Scheich, MS, AWHONN

WIRB Accounting

WIRB Work Order #1-832968-1

This document electronically reviewed and approved by Harp, Kathy on 4/17/2014 4:18:05 PM PST. For more information call Client Services at 1-360-252-2500.

AWHONN's Postpartum Hemorrhage Quality Improvement Collaborative Data Collection Items and Methodology

Background:

Obstetric hemorrhage-related mortality remains the leading cause of maternal mortality in the United States and a cause of death that researchers have judged to be highly preventable (Berg et al, 2010). Likewise, obstetric hemorrhage is also a major cause of maternal morbidity. In 2006, obstetric hemorrhage affected 124,708 (2.9%) of all women who gave birth in the United States (Callaghan et al, 2010). Unfortunately, more women are suffering obstetric hemorrhage because more women have uterine atony after they give birth. Uterine contractility abnormalities are associated with the use of oxytocin during labor, uterine infections, and morbid obesity. In addition, high rates of repeat cesareans cause abnormal placentation, which leads to large amounts of blood loss. These increases in obstetric hemorrhage are significant and worrisome. In just a 10-year period, the number of women who were hospitalized during delivery and who also received blood transfusions increased annually, resulting in a 183% cumulative increase (Callaghan et al, 2012).

Since most births in the United States occur in hospitals, and there are well-known, effective, life-saving interventions for obstetric hemorrhage (Bingham, 2012), there is also a common but incorrect assumption that all women who give birth in the United States have equal access to these basic, life-saving, obstetric-hemorrhage interventions. Researchers have reported that from as many as 54% (Della Torre et al., 2011), to 70% (California Department of Public Health, 2011), or even 93% (Berg et al., 2005) of the obstetric hemorrhage-related mortality cases reviewed were judged to be preventable. Researchers determined that clinician errors were the major factor contributing to obstetric hemorrhage-related deaths (Della Torre et al.; Berg et al.). In other words, in the United States there is currently an observable gap between proven and effective treatments for obstetric hemorrhage and women's access to life-saving interventions. In addition, researchers from the Centers for Disease Control and Prevention (CDC) showed that African American women were equally as likely as white women to have an obstetric hemorrhage, but in women experiencing an obstetric hemorrhage, African American women were two to three times more likely to die than white women (Tucker, Berg, Callaghan, & Hsia, 2007). This represents a serious, long-standing racial disparity that needs to be resolved.

Human errors researchers describe three common types of errors (Reason, 1990):

- **Error Type One - Skill Based Errors:** These errors occur because of "strong but wrong" routines (Reason, 1990). Since the 1960s, researchers have reported that clinicians' estimation of blood loss are inaccurate, even after training. There are simple, relatively inexpensive methods to improve **recognition** and precise quantification of blood loss, which makes blood loss measurement accurate. There are also methods for identifying women at greater risk of an obstetric hemorrhage by performing a standardized admission risk assessment.
- **Error Type Two – Rule Based Errors:** These errors primarily relate to how an obstetric hemorrhage emergency plan is executed. Having a written policy and procedure (a plan) for both general and massive transfusions and running in situ obstetric hemorrhage emergency response simulation drills can improve the clinical team's **readiness** to respond when obstetric hemorrhage occurs.
- **Error Type Three – Knowledge Based Errors:** These errors occur based on the knowledge of the individual. Clinicians need constructive feedback related to their **responses** during an obstetric hemorrhage. Debriefing following obstetric hemorrhage emergencies is an effective way to identify gaps in clinicians' knowledge and gaps in implementing policies and procedures.

Given the increasing rates of obstetric hemorrhage, there is a critical need to reduce these three types of obstetric hemorrhage-related clinician errors.

It is estimated that it takes approximately 17 years to integrate evidence-based care elements into clinical practice (IOM, 2001). Active, supported implementation methods are necessary to identify the targeted strategies and tactics that are most likely to decrease this lag time based on the type of intervention. This active, supported implementation, in the form of a quality improvement project, is needed to ensure effective implementation efforts and allow for more rapidly spread evidence-based care throughout our regions of focus (District of Columbia, Georgia, and New Jersey). Indeed, improvements in health care are incredibly hard to achieve because health care involves human beings interacting with other human beings as members of teams, patients, and system leaders. In addition, health care improvements involve human beings interacting with multiple technologies and therapies. In such a complex environment many things can and do go wrong, and there is a need for focused and sustained efforts to make hospitals high-reliability organizations.

AWHONN chose its implementation regions based upon the following criteria:

- Regions with high rates of maternal mortality
- Sufficient number of hospitals available to participate in respective regions
- No existing, organized statewide postpartum hemorrhage initiative
- Regional champions and grassroots support available to encourage participation

Quality Improvement Project Components:

The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) is leading a Postpartum Hemorrhage **quality improvement learning collaborative** in the District of Columbia, Georgia, and New Jersey. All hospitals in these three regions were invited to participate in the project with a maximum capacity of 66 hospitals. Currently 63 hospitals in these three regions self-selected and applied to be part of the 18-month quality improvement learning collaborative.

The purpose of the quality improvement learning collaborative is to:

- Increase clinicians' recognition of women who are at greatest risk for obstetric hemorrhage, including identifying women who have just given birth and who are actively losing or have lost excessive amounts of blood.
Practice Changes Measured: Assess and record women's risk factors for obstetric hemorrhage using a standardized approach and begin to use the reliable method of quantifying blood loss instead of the unreliable method of estimating blood loss.
- Increase the readiness [or team preparedness] of clinicians to respond effectively to an obstetric hemorrhage.
Practice Changes Measured: Implement standardized education, up-to-date general and massive transfusion protocols, and run inter-disciplinary in situ obstetric hemorrhage drills.
- Track clinicians' response to an obstetric hemorrhage emergency.
Practice Change Measured: Implement formal debriefing methods where clinicians track what went well and what could be improved during an obstetric hemorrhage emergency. Note: The lessons learned from the clinicians' lived experiences will be de-identified and shared among the collaborative participants and the membership of AWHONN and public health and physician organizations.

AWHONN will also ensure dissemination of best practices by:

- Tracing and identifying the facilitators and barriers to reducing obstetric hemorrhage-related clinical errors;
- Widely disseminating implementation best practices and lessons about how to enhance implementation efforts and reduce barriers to spreading obstetric hemorrhage-related best practices

more rapidly throughout the United States. Dissemination vehicles will include the following: other Merck for Mothers grantees, publication of the outcomes within highly cited, leading research and clinical journals, AWHONN members (Section and Chapter Newsletters, AWHONN educational offerings), leaders of other professional organizations, public health organizations, eblasts, and government agencies; and

- Identifying and disseminating the strategies that are shown to enhance implementation efforts and reduce barriers to develop recommendations for spreading obstetric hemorrhage-related best practices more rapidly throughout the United States.

In order to meet the quality improvement project goals, AWHONN will collect the following information from participating hospitals via a secure data portal that AWHONN will build specifically for this project:

a. Outcome items

Items identified as Q1-Q14 will be termed the “outcome items” that hospitals will need to collect on a monthly basis. Hospitals will collect data from July 2013-June 2014 (Baseline data), followed by monthly data collection from July 2014-December 2015.

b. Structure items

Items identified as Q15-Q21 will be termed the “structure items” that hospitals will need to collect on a quarterly basis. Hospitals will collect data from July 2014-December 2015. The quarterly data collection schedule will be as follows:

- July-September 2014 time period (collected in October 2014).
- October-December 2014 time period (collected in January 2015)
- January -March 2015 time period (collected in April 2015)
- April-June 2015 time period (collected in July 2015)
- July-Sept 2015 time period (collected in October 2015)
- October-December 2015 time period (Collect in January 2016)

c. Audit items

Items identified as Q22-Q29 will be termed the “audit items” that hospitals will need to collect on a monthly basis. Hospitals will perform monthly data collection from July 2014-December 2015.

d. Leadership Intensity items

Items identified as Q30-Q37 will be termed the “intensity items” that hospitals will need to collect on a monthly basis. Hospitals will perform monthly data collection from June 2014-December 2015.

e. Staffing items

Items identified as Q38-Q82 will be termed the “staffing items” that the hospitals will need to collect twice during the project. These collection dates will be June 2014 and December 2015.

f. Safety attitudes items

Items identified on the safety attitudes questionnaire, identified as #1-#6 on the Safety Attitude Questionnaire Short Form, will be termed the “safety attitudes items.” These items will be collected only from hospitals that are interested in understanding the changes measured by the Safety Attitude Questionnaire before and after the Quality Improvement Learning Collaborative. Only individuals who work in the Perinatal Units are eligible to complete this questionnaire. These items will be collected in April -July 2014 timeframe and the October-December 2015 timeframe.

g. Educational testing items

Educational testing items designed for nurses, physicians, nurse midwives, and other healthcare providers include post-test multiple choice items that mirror the educational content developed for the PPH Project. AWHONN may also ask these same items in a pre-test assessment.

Statistical analysis

Data items identified on the Data Measures document will be displayed for all hospitals in the quality improvement learning collaborative. Descriptive statistical measures (mean, median, 25th percentile, 75th percentile) will be utilized on these graphical displays. In addition, other descriptive statistical measures will be used to analyze data collected.

Time line

We anticipate that the baseline survey implementation, data collection, data analysis and report writing will begin July 1, 2014.

Data Collection Procedures:

All participating hospitals must sign a data agreement. The data agreement outlines that AWHONN may use and disclose the data only for AWHONN's Research activities, Public Health activities, or the Health Care operations of a hospital. For this quality improvement project, the focus of the data collection is to improve clinician's usage of what are known to be efficacious treatments of obstetric hemorrhage. Hospitals will be able to view their submitted data in a graphical and tabular format via the on-line data portal. In addition, hospitals will be able to view aggregated benchmarking data from other hospitals within the collaborative.

AWHONN will not be collecting any patient names, provider names, medical record numbers, or other personal health identifiers as part of the data collection activities. With the exception of the safety attitude items, hospital leaders will be submitting their data via a secured, password-protected data portal. Data will be stored in a MySQL database on a secure AWHONN server that is protected by AWHONN's firewall. Data are entered over a password-protected SSL connection; passwords are never stored in plain text and are cryptographically hashed. The application requires that passwords be secure; after several failed sign in attempts a user is locked out; and after a period of inactivity users are also automatically logged out. The hospital project director has the ability to grant access to other hospital participants in the data entry process. Access to the database is only given by authorized AWHONN personnel and its business partners who are developing the data portal. Data will be discussed in the aggregate and hospitals will only have the ability to see their own data as well as aggregated collaborative data (not other individual hospital data). Individual hospital-level data will only be divulged with permission from that hospital. No individual patient-level data will be collected for the purposes of the quality improvement project.

Safety attitude items will be collected in an on-line survey tool (Survey Monkey), which is password protected by AWHONN and de-identified so survey responses are anonymous. Hospitals will be given the option of completing the safety attitude items questionnaire based upon their resource availability and desire to participate. Safety attitude data will only be provided to hospitals in the aggregate to ensure survey privacy for individual respondents.

Potential Benefits and Risks of Participation:

Hospitals who participate will likely view their participation as improving their reputation for providing high quality care. They also agree to keep the information learned in the collaborative confidential and confined within the scope of the collaborative, as defined in the data use agreement. However, there is

the potential that someone may break their agreement or inappropriately share information that is not positive and harm the reputation of one of the participating hospitals. The participating hospital leaders are aware of this potential risk and still self-selected and applied to participate in the collaborative.

References:

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- Tucker, M. J., Berg, C. J., Callaghan, W. M., & Hsia, J. (2007). The Black-White disparity in pregnancy-related mortality from 5 conditions: differences in prevalence and case-fatality rates. *American Journal of Public Health, 97*, 247–251. doi:10.2105/AJPH.2005.072975

AWHONN PPH Outcome Data Collection Items

Collected Monthly

Month of _____

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|---|-------|
| Q1 | Total number of women who gave birth (greater than or equal to 20 0/7 weeks gestation) for the month | Collect information from birth log or appropriate DRG codes. The typical maternity MS-DRGs (765, 766, 767, 768, 770,774,775) can be used to restrict the typical labor and delivery population (≥20 weeks of gestation). You may be able to use ICD-9-CM codes 72–75, V27, or 650–659 to identify these patients. | |
| Q2 | Total number of women who died during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥20 weeks of gestation). 2. Of this population, identify any women who died during the birth admission. 3. Total the number of women who died. <p>Note: This number is intended to capture all maternal deaths and not limited to PPH deaths.</p> | |
| Q3 | Total number of units of red blood cells transfused for women during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥20 weeks of gestation). 2. Of this population, identify any women who also received a red blood cell transfusion. 3. Total the number of units of red blood cells transfused for all women receiving red blood cell transfusions. <p>Note: Work with your blood bank colleagues to determine this number.</p> | |
| Q4 | Total number of units of fresh frozen plasma transfused for women during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥20 weeks of gestation). 2. Of this population, identify any women who also received a fresh frozen plasma transfusion. 3. Total the number of units of fresh frozen plasma transfused for all women receiving fresh frozen plasma transfusions. <p>Note: Work with your blood bank colleagues to determine this number.</p> | |
| Q5 | Total number of units of platelet packs (whole blood pool or apheresis) transfused for women during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥20 weeks of gestation). 2. Of this population, identify any women who also received a platelet packet transfusion. 3. Total the number of units of platelet packets transfused for all women receiving platelet pack transfusions. <p>Note: Work with your blood bank colleagues to determine this number.</p> | |

AWHONN PPH Outcome Data Collection Items

Collected Monthly

Month of _____

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|---|--|-------|
| Q6 | Total number of units of cryoprecipitate transfused for women during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥ 20 weeks of gestation). 2. Of this population, identify any women who also received a cryoprecipitate transfusion. 3. Total the number of units of cryoprecipitate transfused for all women receiving cryoprecipitate transfusions. <p>Note: Work with your blood bank colleagues to determine this number.</p> | |
| Q7 | Total number of women who received a blood transfusion during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥ 20 weeks of gestation). 2. Of this population, identify any woman who received a blood product transfusion. 3. Total the number of women who received a blood transfusion. <p>Note: Work with your blood bank colleagues to determine this number. You may consider using the ICD-9 code of 99.0X to identify these patients if your coding is representative of your population.</p> | |
| Q8 | Total number of women who received greater than or equal to 4 units of blood products (include red blood cells, fresh frozen plasma, platelet packs-whole blood pool or apheresis, and cryoprecipitate) during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥ 20 weeks of gestation). 2. Of this population, identify any woman who received a blood product transfusion of four or more units. 3. Total the number of women who received four or more units of blood products transfused. | |
| Q9 | The total number of women who had a peripartum hysterectomy during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥ 20 weeks of gestation). 2. Of this population, identify any woman who had a hysterectomy 3. Total the number of women who had a hysterectomy. <p>Note: You may consider using the ICD-9 codes of 68.3x-68.9 to identify these patients if your coding is representative of your population.</p> | |

AWHONN PPH Outcome Data Collection Items

Collected Monthly

Month of _____

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|---|-------|
| Q10 | Total number of women who were admitted to the ICU for any reason during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥ 20 weeks of gestation). 2. Of this population, identify any woman who was admitted to the ICU for any reason. 3. Total the number of women who were admitted to the ICU. Include counts of ICU admissions for women who were transferred to other hospitals for advanced care. <p>Note:</p> <ul style="list-style-type: none"> • Charge Master (for ICU billing codes) and Discharge disposition (e.g. transfer to a higher level of care with chart review) are used in most hospitals. The rare hospital that cannot identify ICU admissions using administrative or charge data would need to review charts. | |
| Q11 | For women who were admitted to the ICU for any reason during the birth admission (greater than or equal to 20 0/7 weeks gestation), the total number of days that they spent in the ICU during the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥ 20 weeks of gestation). 2. Of this population, identify any woman who was admitted to the ICU for any reason. 3. Total the number of ICU days during the month for the women admitted to the ICU. Include only days during the month. <p>Note: Do not count days spent in other hospitals. If there were no ICU days spent in your hospital, enter 0.</p> | |

AWHONN PPH Outcome Data Collection Items

Collected Monthly

Month of _____

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|---|---|-------|
| Q12 | Total number of women who were admitted to the ICU due to a hemorrhage during the birth admission (greater than or equal to 20 0/7 weeks gestation) for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥ 20 weeks of gestation). 2. Of this population, identify any woman who was admitted to the ICU for a hemorrhage related reason. Include women who had any of the following: <ul style="list-style-type: none"> • hysterectomy • blood transfusion ≥ 4 units • uterine tamponade • B-Lynch suture procedure • DNC • Uterine artery ligation/uterine embolization 3. Total the number of women admitted to the ICU. <p>Note: Include counts of ICU admissions for women who were transferred to other hospitals for advanced care</p> | |
| Q13 | For women who were admitted to the ICU due to a hemorrhage during the birth admission (greater than or equal to 20 0/7 weeks gestation), the total number of days that they spent in the ICU for the month. | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥ 20 weeks of gestation). 2. Of this population, identify any woman who was admitted to the ICU for a hemorrhage related reason. Include women who had any of the following: <ul style="list-style-type: none"> • hysterectomy • blood transfusion ≥ 4 units • uterine tamponade • B-Lynch suture procedure • DNC • Uterine artery ligation/uterine embolization 4. Total the number of ICU days during the month for the women admitted to the ICU. Include only days during the month. <p>Note: Do not count days spent in other hospitals. If there were no ICU days, enter 0.</p> | |
| Q14 | Total number of PPH debrief forms completed in the month | <p>Count the total number of PPH debrief forms completed for the month.</p> <p>Note: The AWHONN debrief form will be provided to each hospital participating in the PPH Project.</p> | |

AWHONN PPH Project Structure Data Collection Form

Collected Quarterly

Quarter of _____

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|---|---|-------|
| Q15 | Total number of PPH simulation drills held during the quarter | Provide the total number of PPH simulation drills your hospital held for the quarter. Include both in-situ drills and drills held in simulation labs. | |
| Q16 | Total number of RNs who care for patients with a PPH | Provide the total headcount of RNs who care for patients with a PPH. Another way to think about this number is the total population of RNs who you want to be educated about PPH practices. We will use this number in the denominator when calculating the percentage of total RNs educated | |
| Q17 | Of those RNs who have contact with PPH patients, total number who have completed AWHONN's PPH on-line education in its entirety (all modules) | Provide the total number of RNs who have completed the PPH on-line education module in its entirety. This information can be found in the education module reporting. | |
| Q18 | Of those RNs who have contact with PPH patients, total number who have participated in a PPH simulation since the PPH Project began in July 2014 | Provide the total number of RNs who have participated in a PPH simulation since the PPH Project began in July 2014. Only count RNs once, even if they participated in multiple simulations. | |
| Q19 | Total number of primary care providers who care for patients with a PPH | Provide the total headcount of primary care providers who care for patients with a PPH. Another way to think about this number is the total population of primary care providers who you want to be educated about PPH practices. We will use this number in the denominator when calculating the percentage of total primary care providers educated | |
| Q20 | Of those primary care providers who have contact with PPH patients, total number who have completed AWHONN's PPH on-line education | Provide the total number of primary care providers who have completed the PPH on-line education module in its entirety. This information can be found in the education module reporting. | |
| Q21 | Of those primary care providers who have contact with PPH patients, total number who have participated in a PPH simulation/drill since the PPH Project began in July 2014 | Provide the total number of primary care providers who have participated in a PPH simulation since the PPH Project began in July 2014. Only count primary care providers once, even if they participated in multiple simulations. | |

AWHONN PPH Project Audit Data Collection Items

Collected Monthly

Month of _____

Randomly select charts

For hospitals with more than 500 births annually, please audit 30 charts per month (at minimum).

For hospitals 500 or less annual births, please audit 20 charts per month (at minimum).

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|---|--|-------|
| Q22 | Total number of cesarean birth charts audited for the month | <ol style="list-style-type: none"> 1. Identify all women who gave birth during the month (≥ 20 weeks of gestation). 2. Of this population, randomly select at least 20 charts (for hospitals with less than 500 annual births) or at least 30 charts (for hospitals with 500 annual births or more). 3. Of the randomly selected charts, count the number that were cesarean births | |
| Q23 | Total number of vaginal birth charts audited for the month | From your randomly selected charts, as described in Q22, count the number that were vaginal births | |
| Q24 | Total number of audited charts where a PPH admission risk assessment was performed | From your charts that were selected randomly, as described in Q22, count the number of charts where a PPH admission risk assessment was performed. | |
| Q25 | Total number of audited charts where a PPH pre-birth risk assessment was performed | From your charts that were selected randomly, as described in Q22, count the number of charts where a PPH pre-birth risk assessment was performed. | |
| Q26 | Total number of audited charts where a PPH post-birth risk assessment was performed | From your charts that were selected randomly, as described in Q22, count the number of charts where a PPH post-birth risk assessment was performed. | |
| Q27 | Total number of audited charts where blood loss was quantified using scales or under-buttock gradient drapes | From your charts that were selected randomly, as described in Q22, count the number of charts where blood loss was quantified using scales or under-buttock gradient drapes. | |
| Q28 | For cesarean births , the total number of charts with cumulative blood loss greater than 1000 ml | <ol style="list-style-type: none"> 1. From your charts that were selected randomly, as described in Q22, review all of the charts that were cesarean births. 2. For each cesarean birth, review the chart to determine if the total blood loss was greater than 1000 ml 3. Count all charts where blood loss was greater than 1000 ml | |
| Q29 | For vaginal births , the total number of charts with cumulative blood loss greater than 500 ml | <ol style="list-style-type: none"> 1. From your charts that were selected randomly, as described in Q22, review all of the charts that were vaginal births. 2. For each vaginal birth, review the chart to determine if the total blood loss was greater than 500 ml 3. Count all charts where blood loss was greater than 500 ml | |

AWHONN PPH Project Intensity Data Collection Items

Collected Monthly

Month of _____

This section is to be completed by the project leader

Only the project leader will have access to this section in the secure data entry portal

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|--|-------|
| Q30 | How many hours did the project leader spend on this project during the month? | Estimate the number of hours that the project leader spent on the project during the month. Include any meetings, actual data collection activities, or communication activities related to the project. | |
| Q31 | Rate the monthly level of engagement for the Chief Executive of VP who supports this project | Circle one of the below: 1. Very low level of engagement 2. Low level of engagement 3. Moderate level of engagement 4. High level of engagement 5. Very high level of engagement Comments: | |
| Q32 | Rate the monthly level of engagement for the nurse leader who supports this project | Circle one of the below: 1. Very low level of engagement 2. Low level of engagement 3. Moderate level of engagement 4. High level of engagement 5. Very high level of engagement Comments: | |
| Q33 | Rate the monthly level of engagement for the OB physician leader who supports this project | Circle one of the below: 1. Very low level of engagement 2. Low level of engagement 3. Moderate level of engagement 4. High level of engagement 5. Very high level of engagement Comments: | |

AWHONN PPH Project Intensity Data Collection Items

Collected Monthly

Month of _____

This section is to be completed by the project leader

Only the project leader will have access to this section in the secure data entry portal

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|--|-------|
| Q34 | Rate the monthly level of engagement for the blood bank leader who supports this project | Circle one of the below: <ol style="list-style-type: none"> 1. Very low level of engagement 2. Low level of engagement 3. Moderate level of engagement 4. High level of engagement 5. Very high level of engagement Comments: | |
| Q35 | Rate the monthly level of engagement for the anesthesia leader who supports this project | Circle one of the below: <ol style="list-style-type: none"> 1. Very low level of engagement 2. Low level of engagement 3. Moderate level of engagement 4. High level of engagement 5. Very high level of engagement Comments: | |
| Q36 | Provide any barriers which may hinder a successful project implementation | <ol style="list-style-type: none"> 1. Provide any institutional barriers that you feel would be helpful for the project team to better understand the project at your hospital. For example, lack of project buy-in, lack of personnel to assist with the project, difficulty in getting personnel trained. | |
| Q37 | Provide any facilitators which may enable a successful project implementation | Provide any facilitators that are helpful for the project team to better understand the project at your hospital. For example, methods that you have communicated the project to your hospital | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|---|-------|
| Q38 | Total Number of Vaginal Births in 2013 | Count the total number of vaginal births you had in your facility in 2013 and enter that number in the text box provided. Include both live births and births where the infant/fetus was not alive. Only include births greater than 20 weeks of gestational age. | |
| Q39 | Total Number of Cesarean Births in 2013 | Count the total number of cesarean births you had in your facility in 2013 and enter that number in the text box provided. Include both live births and births where the infant/fetus was not alive. Only include births greater than 20 weeks of gestational age. | |
| | How many filled Registered Nurses (RNs) did you have working on your units (count full time, part time, PRN, on-call, traveling/agency) as of December 31, 2013 for each of the following categories: | | |
| | Perinatal units (Triage, Inpatient AP, IP, PP, Newborn Nursery): | | |
| | RN staff | RN staff definition: A Registered Professional Nurse (RN) with a current license. Does not include graduate nurses who do not yet have a license. Formal educational preparation may vary. This is the RN that manages and directs nursing care activities and coordinates care planning with other disciplines. | |
| Q40a | a. RN-staff without a Bachelor of Science in Nursing (BSN) or higher | Count the staff RN Full Time Equivalent (FTEs) without a Bachelor of Science in Nursing (BSN) or higher | |
| Q40b | b. RN-staff with a BSN or higher | Count the staff RN FTEs with a BSN or higher | |
| | RN charge | Charge nurse definition: An RN who is responsible for the moment-by-moment staffing and resource decisions on a given shift. | |
| Q41a | a. RN-charge without a BSN or higher | Count the charge nurse (RN) FTEs without a BSN or higher | |
| Q41b | b. RN-charge with a BSN or higher | Count the charge nurse (RN) FTEs with a BSN or higher | |
| | Nurse Manager | Nurse Manager definition: A Registered Professional Nurse functioning with perinatal nursing management as the sole role. Includes Head Nurse, Clinical Manager, and Director. Formal educational preparation may vary. Include the FTE amount in your budget unit associated with this category. Allocate your FTE time, as appropriate, among your Unit configuration. | |
| Q42a | a. Nurse Manager FTEs without a BSN or higher | Count the Nurse Manager FTEs without a BSN or higher. | |
| Q42b | b. Nurse Manager FTEs with a BSN or higher | Count the Nurse Manager FTEs with a BSN or higher. | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|---|---|-------|
| | Nurse Educator | Nurse Educator definition: A Registered Professional Nurse functioning with perinatal nursing education as the sole role. Does not include a role dedicated to parent education. Formal educational preparation may vary. If part of the time is spent as a nurse educator and part of the time is spent in other functions, split the FTE numbers accordingly. | |
| Q43a | a. Nurse Educator FTEs without a BSN or higher | Count of the Nurse Educator FTEs without a BSN or higher | |
| Q43b | b. Nurse Educator FTEs with a BSN or higher | Count of the Nurse Educator FTEs with a BSN or higher | |
| | Certified Lactation Consultant | Certified Lactation Consultant definition: A Registered Professional Nurse certified as a lactation consultant (IBCLC), whose sole role is patient lactation support. Formal educational preparation may vary. | |
| Q44a | a. Certified Lactation Consultant FTEs without a BSN or higher | Count of the Certified Lactation Consultants FTEs without a BSN or higher | |
| Q44b | b. Certified Lactation Consultant FTEs with a BSN or higher | Count of the Certified Lactation Consultants FTEs with a BSN or higher | |
| | Clinical Nurse Specialist | Clinical Nurse Specialist definition: A Registered Professional Nurse with Advanced Practice education (master's degree) and credentials, functioning with perinatal nursing practice as the sole role. | |
| Q45a | a. Clinical Nurse Specialist FTEs without a BSN or higher | Count of the Clinical Nurse Specialist FTEs without a BSN or higher | |
| Q45b | b. Clinical Nurse Specialist FTEs with a BSN or higher | Count of the Clinical Nurse Specialist FTEs with a BSN or higher | |
| | Advanced Practice Nurses- Nurse Practitioner (NP) (employed by the hospital) | Advanced Practice Nurse- Nurse Practitioner definition: A Registered Professional Nurse with Advanced Practice education and credentials as a Nurse Practitioner, functioning as a primary care provider in the perinatal setting. Includes any NP certification. Only include those portions of FTEs where the NPs are providing clinical care to patients. As an example, if a Clinical Nurse Leader who is also an NP is acting as a Clinical Nurse Leader, do not include this person in the NP FTE count. | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|---|-------|
| Q46a | a. NP FTEs without a BSN or higher | Count the NP FTEs without a BSN or higher employed by the hospital | |
| Q46b | b. NP FTEs with a BSN or higher | Count the NP FTEs with a BSN or higher employed by the hospital | |
| | Advanced Practice Nurses-Certified Nurse Midwives (CNMs) (employed by the hospital) | Advanced Practice Nurse- CNM: A Registered Professional Nurse credentialed as a Certified Nurse Midwife, functioning as a primary care provider in the perinatal setting. Formal educational preparation may vary. As an example, if a Clinical Nurse Leader who is also a CNM is acting as a Clinical Nurse Leader, do not include this person in the CNM FTE count. | |
| Q47a | a. CNMs without a BSN or higher employed by the hospital | Count the CNM FTEs without a BSN or higher employed by the hospital | |
| Q47b | b. CNMs with a BSN or higher employed by the hospital | Count the CNM FTEs with a BSN or higher employed by the hospital | |
| | High Risk Newborn Unit: Leave blank if it is not applicable | | |
| | RN staff | RN staff definition: A Registered Professional Nurse (RN) with a current license. Does not include graduate nurses who do not yet have a license. Formal educational preparation may vary. This is the RN that manages and directs nursing care activities and coordinates care planning with other disciplines. | |
| Q48a | a. RN-staff without a Bachelor of Science in Nursing (BSN) or higher | Count the staff RN Full Time Equivalents (FTEs) without a Bachelor of Science in Nursing (BSN) or higher | |
| Q48b | b. RN-staff with BSN or higher | Count the staff RN FTEs with a BSN or higher | |
| | RN charge | Charge nurse definition: An RN who is responsible for the moment-by-moment staffing and resource decisions on a given shift. | |
| Q49a | a. RN-charge without a BSN or higher | Count the charge nurse (RN) FTEs without a BSN or higher | |
| Q49b | b. RN-charge with a BSN or higher | Count the charge nurse (RN) FTEs with a BSN or higher | |
| | Nurse Manager | Nurse Manager definition: A Registered Professional Nurse functioning with perinatal nursing management as the sole role. Includes Head Nurse, Clinical Manager, and Director. Formal educational preparation may vary. Include the FTE amount in your budget unit associated with this category. Allocate your FTE time, as appropriate, among your Unit configuration. | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|---|--|-------|
| Q50a | a. Nurse Manager FTEs without a BSN or higher | Count the Nurse Manager FTEs without a BSN or higher. | |
| Q50b | b. Nurse Manager FTEs with a BSN or higher | Count the Nurse Manager FTEs with a BSN or higher. | |
| | Nurse Educator | Nurse Educator definition: A Registered Professional Nurse functioning with perinatal nursing education as the sole role. Does not include a role dedicated to parent education. Formal educational preparation may vary. If part of the time is spent as a nurse educator and part of the time is spent in other functions, split the FTE numbers accordingly. | |
| Q51a | a. Nurse Educator FTEs without a BSN or higher | Count of the Nurse Educator FTEs without a BSN or higher | |
| Q51b | b. Nurse Educator FTEs with a BSN or higher | Count of the Nurse Educator FTEs with a BSN or higher | |
| | Certified Lactation Consultant | Certified Lactation Consultant definition: A Registered Professional Nurse certified as a lactation consultant (IBCLC), whose sole role is patient lactation support. Formal educational preparation may vary. | |
| Q52a | a. Certified Lactation Consultant FTEs without a BSN or higher | Count of the Certified Lactation Consultants FTEs without a BSN or higher | |
| Q52b | b. Certified Lactation Consultant FTEs with a BSN or higher | Count of the Certified Lactation Consultants FTEs with a BSN or higher | |
| | Clinical Nurse Specialist | Clinical Nurse Specialist definition: A Registered Professional Nurse with Advanced Practice education (master's degree) and credentials, functioning with perinatal nursing practice as the sole role. | |
| Q53a | a. Clinical Nurse Specialist FTEs without a BSN or higher | Count of the Clinical Nurse Specialist FTEs without a BSN or higher | |
| Q53b | b. Clinical Nurse Specialist FTEs with a BSN or higher | Count of the Clinical Nurse Specialist FTEs with a BSN or higher | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|---|--|-------|
| | Advanced Practice Nurses (employed by the hospital) | Advanced Practice Nurse: A Registered Professional Nurse with Advanced Practice education and credentials, functioning as a primary care provider in the perinatal setting. Includes any NP certification. Only include those portions of FTEs where the NPs are providing clinical care to patients. As an example, if a Clinical Nurse Leader who is also an NP is acting as a Clinical Nurse Leader, do not include this person in the NP FTE count. | |
| Q54a | a. NP FTEs without a BSN or higher employed by the hospital | Count the NP FTEs without a BSN or higher employed by the hospital | |
| Q54b | b. NP FTEs with a BSN or higher employed by the hospital | Count the NP FTEs with a BSN or higher employed by the hospital | |
| Q55 | How many additional RN FTEs are budgeted but not filled as of December 31, 2013 | Provide the number of additional FTEs in the perinatal unit and high risk newborn unit that you have budgeted but not filled. | |
| Q56 | How many traveling nurses worked in Labor and Delivery in 2013? | Provide a headcount of the total number of traveling nurses that worked in Labor and Delivery in 2013 | |
| | Typical Nurse Orientation Hours for your Perinatal Unit in 2013: Calculate the typical (most prevalent) number of orientation hours for each level of experience. Provide clinical and didactic education numbers separately | | |
| | New graduate | New graduate definition: Someone who has never worked as an RN before | |
| Q57a | a. Clinical orientation hours | Calculate the typical clinical orientation hours for a new graduate | |
| Q57b | b. Didactic orientation hours | Calculate the typical didactic orientation hours for a new graduate | |
| | Experienced Nurse/New to OB | Experienced Nurse/New to OB definition: Someone who has worked as an RN but never in OB | |
| Q58a | a. Clinical orientation hours | Calculate the typical clinical orientation hours for an experienced nurse who is new to OB. | |
| Q58b | b. Didactic orientation hours | Calculate the typical didactic orientation hours for an experienced nurse who is new to OB | |
| | Experienced Nurse/Experienced to OB | Experienced Nurse/Experienced to OB definition: Someone who has worked as an RN in OB before | |
| Q59a | a. Clinical orientation hours | Calculate the typical clinical orientation hours for an experienced nurse who is experienced to OB | |
| Q59b | b. Didactic orientation hours | Calculate the typical didactic orientation hours for an experienced nurse who is experienced to OB | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|---|-------|
| | Traveling Nurse | Traveling Nurse definition: Someone who is not a permanent employee at the hospital but is hired through an employment agency. | |
| Q60a | a. Clinical orientation hours | Calculate the typical clinical orientation hours for an experienced nurse who is experienced to OB | |
| Q60b | b. Didactic orientation hours | Calculate the typical didactic orientation hours for an experienced nurse who is experienced to OB | |
| | Total number of physicians who see patients on the Perinatal Units (Triage, Inpatient AP, IP, PP, Newborn Nursery) as of December 31, 2013: | | |
| Q61a | OB physicians employed by the hospital who are board certified | Count the total number of OB physicians employed by the hospital who are board certified in their sub-specialty | |
| Q61b | OB physicians employed by the hospital who are not board certified | Count the total number of OB physicians employed by the hospital who are not board certified in the sub-specialty | |
| Q62a | OB physicians in private practice who are board certified | Count the total number of OB physicians employed in private practice who are board certified in their sub-specialty | |
| Q62b | OB physicians in private practice who are not board certified | Count the total number of OB physicians employed in private practice who are not board certified in the sub-specialty | |
| Q63a | Family practice physicians employed by the hospital who are board certified | Count the total number of family practice physicians employed by the hospital who are board certified in their sub-specialty. | |
| Q63b | Family practice physicians employed by the hospital who are not board certified | Count the total number of family practice physicians employed by the hospital who are not board certified in the sub-specialty | |
| Q64a | Family practice physicians in private practice who are board certified | Count the total number of family practice physicians employed in private practice who are board certified in their sub-specialty | |
| Q64b | Family practice physicians in private practice who are not board certified | Count the total number of family practice physicians employed in private practice who are not board certified in the sub-specialty | |
| Q65 | Total number of nurse-midwives who see patients on the Perinatal Units (Triage, Inpatient AP, IP, PP, Newborn Nursery) as of December 31, 2013 who are employed by the hospital: | Count the total number of nurse-midwives who see patients on the perinatal units (Triage, Inpatient antepartum, inpatient, postpartum, and newborn nursery) as of December 31, 2013 who are employed by the hospital. | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|---|-------|
| Q66 | Total number of nurse-midwives who see patients on the Perinatal Units (Triage, Inpatient AP, IP, PP, Newborn Nursery) as of December 31, 2013 who are in private practice : | Count the total number of nurse-midwives who see patients on the perinatal units (Triage, Inpatient antepartum, inpatient, postpartum, and newborn nursery) as of December 31, 2013 who are in private practice | |
| Q67 | Does your hospital have in-house OB coverage ? | Answer Yes if your hospital has in-house obstetric physician coverage at all times. Answer No if your hospital does not have in-house obstetric physician coverage at all times. | |
| Q68 | Does your hospital have in-house OB anesthesia coverage ? | Answer Yes if your hospital has in-house obstetric anesthesia coverage at all times. Answer No if your hospital does not have in-house obstetric anesthesia coverage at all times. Note: anesthesia coverage can be performed by either a physician or a Certified Registered Nurse Anesthetist | |
| Q69 | Does your hospital have residents ? | Answer Yes if your hospital has a residency program for physicians. Answer No if your hospital does not have a residency program for physicians. | |
| Q70 | How often do you formally track and trend intrapartum census in order to determine appropriate RN staffing ? | Provide the typical number of hourly intervals you formally track and trend intrapartum census in order to determine appropriate RN Staffing. For example, every 2 hours, every 4 hours, every 8 hours, etc. | |
| Q71 | Which method best describes how you flex-up staffing ? | <ul style="list-style-type: none"> • Nurse On-call system: On-call nurses can be called on if needed. • Obtain a nurse from another area/unit: Nurses are trained and available from other areas of the hospital • Unencumbered charge nurse: Charge nurse is available to see patients as necessary • Other (open ended) | |
| Q72 | Do you have availability of ICU beds for L&D women at your facility? | Answer Yes if your hospital has availability of ICU beds for L&D women Answer No if you hospital does not have availability of ICU beds for L&D women | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|--|-------|
| Q73 | Which ratio most closely describes your typical RN-to-woman ratio during the current fiscal year for women with medical or obstetrical complications during labor? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1 RN : 1,2,3,4, 5, 6,7,8,9, 10 women or Not Applicable Answer Not Applicable if the ratio does not apply to your facility | |
| Q74 | Which ratio most closely describes your typical RN-to-woman ratio during the current fiscal year for women receiving oxytocin during labor? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1 RN : 1,2,3,4, 5, 6,7,8,9, 10 women or Not Applicable Answer Not Applicable if the ratio does not apply to your facility | |
| Q75 | Which ratio most closely describes your typical RN-to-woman ratio during the current fiscal year for women laboring with minimal to no pain relief or medical interventions? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1 RN : 1,2,3,4, 5, 6,7,8,9, 10 women or Not Applicable Answer Not Applicable if the ratio does not apply to your facility | |
| Q76 | Which ratio most closely describes your typical RN-to-woman ratio during the current fiscal year for a woman whose fetus is being monitored via an intermittent auscultation protocol? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1 RN : 1,2,3,4, 5, 6,7,8,9, 10 women or Not Applicable Answer Not Applicable if the ratio does not apply to your facility | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|--|-------|
| Q77 | Which ratio most closely describes your typical RN-to-woman ratio during the current fiscal year for a woman receiving IV magnesium sulfate in labor (initial and maintenance dose) and for first 2 hours postpartum? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1 RN : 1,2,3,4, 5, 6,7,8,9, 10 women or Not Applicable Answer Not Applicable if the ratio does not apply to your facility | |
| Q78 | Which ratio most closely describes your typical RN-to-woman ratio during the current fiscal year for a woman during initiation of regional anesthesia until condition is stable (at least for the first 30 minutes post initial dose)? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1 RN : 1,2,3,4, 5, 6,7,8,9, 10 women or Not Applicable Answer Not Applicable if the ratio does not apply to your facility | |
| Q79 | Which ratio most closely describes your typical RN-to-woman ratio during the current fiscal year for a woman during the active pushing phase of second stage labor? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1 RN : 1,2,3,4, 5, 6,7,8,9, 10 women or Not Applicable Answer Not Applicable if the ratio does not apply to your facility | |
| Q80 | Which ratio most closely describes your typical RN-to-woman ratio during the current fiscal year for women in labor without complications? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1 RN : 1,2,3,4, 5, 6,7,8,9, 10 women or Not Applicable Answer Not Applicable if the ratio does not apply to your facility | |

AWHONN PPH Project Staffing Data Collection Items

Collected twice during the project

| Question # | Description | Definition or Data Collection Pointers | Value |
|------------|--|--|-------|
| Q81 | Which ratio most closely describes your typical RN-to-mother/baby couplet ratio during the current fiscal year for mother/baby couplets during vaginal birth? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1, 2, 3 RNs : 1 mother/baby couplets or not applicable Answer Not Applicable if the ratio does not apply to your facility | |
| Q82 | Which ratio most closely describes your typical RN-to-mother/baby couplet ratio during the current fiscal year for mother/baby couplets during cesarean birth? (i.e. what ratio do you see most often on your unit for the situation described). | Select the ratio that you see most frequently on your unit. Possible selections: 1,2,3 RN : 1 mother/baby couplets or not applicable Answer Not Applicable if the ratio does not apply to your facility | |

Safety Attitudes Questionnaire Short Form

Answer each question below to the best of your ability. Your responses are anonymous, but the aggregated results of this survey will be shared with AWHONN's Postpartum Hemorrhage (PPH) Project leaders identified at your hospital. This survey is voluntary and can be stopped at any time.

Contact hemorrhage@awhonn.org if you have questions about this survey.

This questionnaire was developed by the University of Texas at Austin, copyright 2004. Permission was received to use this form.

***1. Please select your position. Select only one.**

- Registered Nurse
- Physician
- Nurse Midwife
- Other Advanced Practice Nurse
- Manager/Administrator
- Clinical Support Team (Nurses Aide, Tech, etc)
- Other

***2. Please select your collaborative region**

- New Jersey
- District of Columbia/Georgia

Safety Attitudes Questionnaire Short Form

***3. Please select your New Jersey hospital**

Safety Attitudes Questionnaire Short Form

***4. Please select your District of Columbia/Georgia hospital**

14. My suggestions about safety would be acted upon if I expressed them to management.

15. I like my job.

16. Working here is like being part of a large family.

17. This is a good place to work.

18. I am proud to work in this clinical area.

19. Morale in this clinical area is high.

Safety Attitudes Questionnaire Short Form

We appreciate you taking the time to complete this survey. If you have other questions, please contact hemorrhage@awhonn.org.