Weed Out the Bleed Outs

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AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

LIBERTY REGIONAL MEDICAL CENTER

Abstract

Background: Postpartum hemorrhage affects approximately 2.9% of women who give birth each year. PPH remains a leading cause of preventable maternal mortality and morbidity.
Methods: A data-driven multi-hospital quality improvement collaborative initiative based on the Mobilize, Assess, Plan, Implement, Track (MAP-IT) quality improvement methodology. The postpartum hemorrhage project also utilized an on-line data portal to track changes in structures, processes, and outcomes.

Conclusions:.
There was a total of 500 women screened between July 2014 to December 2015.
15 women had postpartum hemorrhage.
All of which PPH Guidelines and Interventions were followed.

Introduction

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Liberty Regional Medical Center is a Critical Access Hospital that is privileged to have a Perinatal Unit. Our goal is the give excellent care to all of our patients. By participating in the project our physicians, staff and ancillary departments have gained valuable knowledge and the ability to provide interventions based off of best practices. Thus, improved the quality of care we provide our patients.

- The baseline data reflected there was a need to recognize and streamline our assessment and care of the patient at risk for postpartum hemorrhage.
- Through literature review and form discussion it was noted there was a need to change our processes of managing third stage of labor and the measurement of blood loss. We transferred our practice from a visual estimation to a quantitative measurement.

Methods & Materials

Quality Improvement:
Project Goal: Reduce the number of women who bleed to death during or after pregnancy.
Interventions:
1.Recognition of our women who are at greatest risk for obstetric hemorrhage by performing a risk assessment.

2.Readiness to be prepared to respond to an obstetric hemorrhage.

3.Response to future obstetric hemorrhage.

Analysis methods:

- Tracked the timing of availability of blood products and the number of units transfused.
- Timing calculated from the time the order was placed and the products received..
- A log tracked the units given to the patients.

Results

Goals Achieved: 1.Implementation of EMR PPH Risk Assessment.
2.Measuring blood loss quantitatively.
3.PPH toolkit available on the unit.
4.Blood products transfusion order set.
5.Uterotonic medications readily available.
6.Perform debriefings and staff education

Discussion

Summary of Findings:
Through out the project there has been a growth in recognizing the at risk population from 25% to 90%. In addition, improvements have been accomplished in the preparedness and responsiveness of staff and ancillary departments.

Facilitators:
It was multi-disciplinary team that included CEO,CNO, Perinatal Director, OR Director, Laboratory Director, Physicians, and carried through by our clinical staff.

Barriers:

- Getting perinatal staff and OR staff educated.
- Changing the process of measuring blood loss.

Implications and Insights:

- The bottom line is that it takes a team to make things happen. With the support of AWHONN and other hospitals participation and advice we were able to make this happen.

Acknowledgements

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References

AWHONN Resources. (2015). Retrieved December 31, 2015, from http://www.pphproject.org/resources.asp