Using PPH Simulation to Increase Staff Awareness & Patient Outcomes

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AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

BARNABAS HEALTH
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Background

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.

US maternal Mortality rates have been increasing from 1999-2010

- 1999: 9.9 maternal deaths/100,000 live births
- 2002 8.9 maternal deaths/100,000 live births
- 2010 16.8 maternal deaths/100,000 live births

Aim; **By 2020 Decrease**

- 11.4 maternal deaths/100,000 live births

Results:
100% team members have gone though PPH simulation training
Unannounced In-Situ drills where also performed on unit

Conclusions:. Increased Staff awareness has led to earlier recognition of potential PPH

Objective

•Our goal is early recognition and treatment of patients with PPH, decreasing the need to transfer to a higher level of care.

•All women who deliver at Newark Beth Israel Medical Center/Children's Hospital of NJ receive a PPH risk assessment upon admission and pre birth and post delivery

• We recognized that over 50% of PPH are preventable and prompt alertness from the interdisciplinary team leads to better outcomes

Methodology

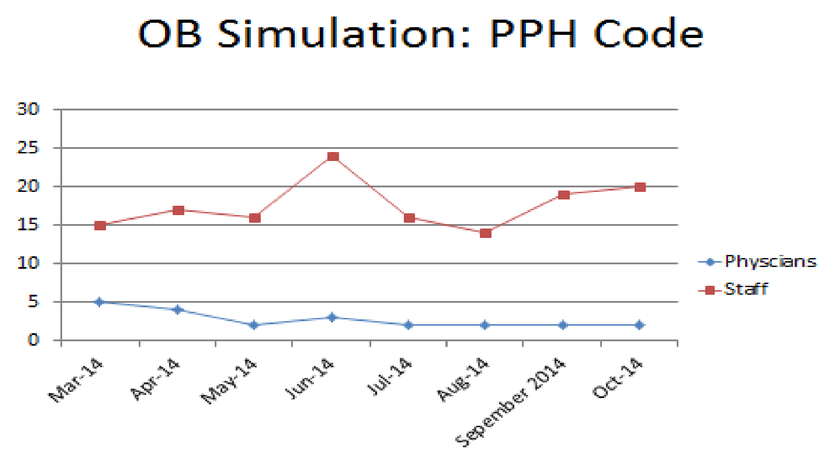
Quality Improvement:
•All team members of L&D and Women's Health Unit have gone through PPH simulation and In-situ training.

•All women are assessed for their PPH Risk based on AWHONN guidelines upon admission and prior to delivery and post birth. Women who are identified as being Medium or High risk upon admission will have a type and cross done in anticipation for a possible transfusion. Pre-birth and post delivery women who are identified as Medium or High risk will have more interventions implemented.

Analysis methods:

1. Identify, schedule and ensure compliance of all team members in the PPH Simulation Center
2. Develop the Risk Assessment in our Electronic Medical Record (per AWHONN guidelines)
3. Perform unscheduled In-situ training sessions on L&D which include members of the interdisciplinary team
4. Perform chart audits on Risk Assessment documentation for admission , Pre-birth and post delivery patients.
5. Implementation of a second nurse at time of delivery (nursery nurse)

Results



Conclusion

Summary of Findings:
• 80% of all patients admitted received an admission risk assessment
•65% of all patients received a pre-birth assessment
•Introducing a second Baby Nurse at time of delivery has allowed for improvement in post-birth assessment (December, 2015)

Barriers:
• Staff quantifying blood loss
•Post-birth assessment
•L&D and Women's Health Unit using different Electronic Medical Records; no communication between the two systems

Implications and Insights:
• Having a nurse in the delivery for the baby has allowed the staff to focus more on the status of the mother and identification of post-birth risk assessment.
•Early introduction of second nurse during delivery may increase compliance with accurate QBL

References

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Acknowledgements

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