

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.

Virtua provides Obstetric Services at 2 facilities, Voorhees and Memorial. Together the 2 hospitals perform over 8000 deliveries annually, and employ more than 500 nurses and have approximately 70 providers in their OB departments. Both Facilities were part of the AWHONN project and in order to standardize process and policies, decision was made early in project to combine teams.

Results:

1. 100 % Nursing and Medical Staff completion of Postpartum Hemorrhage modules
2. 85-95% of patients have Risk Assessment s completed
3. 100% of all deliveries now have QBL
4. Improvement in number of debriefs post hemorrhage

Introduction

•Background knowledge: In 2011 Virtua formed a team to review the increasing number of cases of post partum hemorrhage to determine causes and to create a policy that would standardize care of patient experiencing a PPH. The result of that effort was the creation of “Code Crimson Policy” and 4 hour education provided to all nursing and medical staff.

•During that time consensus could not be reached on requiring risk assessments or on quantifying blood loss. We chose to participate in this project in hopes of utilizing AWHONN expertise and references to revise our existing policy

Methods & Materials

Quality Improvement:

- Project goals:**
- Educate all providers on Post partum Hemorrhage
- Incorporate Risk Assessments for postpartum hemorrhage on all patients
- Transition from Estimated Blood Loss to QBL for all deliveries
- Institute debriefs for all postpartum hemorrhages

Analysis methods:

- What items were you most interested in tracking?
As previous efforts had resulted in appropriate care of patient post transfusion, our efforts were placed on assessing risks through risk assessment tool, QBL, and staff education
- Chart audits were conducted monthly and results presented staff. Opportunity for staff feedback to change SOP resulting in improved compliance.

Discussion

Summary of Findings:

•Initial efforts to require risk assessment and QBL were unsuccessful in 2011 and 2012. Utilizing the PPH project tool, position statements and evidence allowed us to re-introduce with supporting evidence, to leadership and key stakeholders, resulting in increased compliance

Facilitators:

• Evidence, resources and support of AWHONN PPH team facilitated this transformation

Barriers:

• Risk Assessment tool remains on paper as current EMR cannot be configured for online documentation. This has resulted in lower compliance as form not always accessible

•Initial resistance to QBL, related to “too much time” but process now stream lined and did not add to overall time.

•Supplies not initially available and needed to use existing stock before purchasing drapes for vaginal deliveries

Implications and Insights:

• Education and understanding of the importance of risk assessments, QBL, and debriefing was key element in achieving our goals which previously had been unsuccessful.

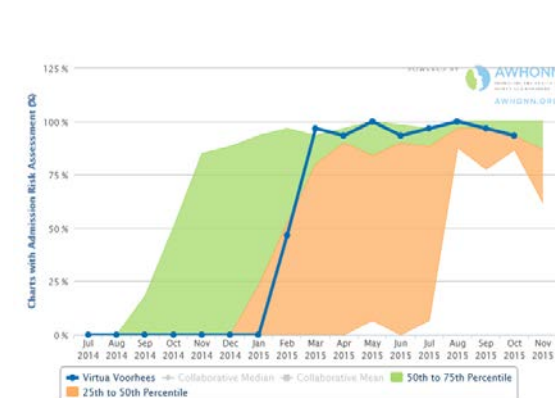
•Support and collaboration with physician leadership from Obstetrics and Anesthesia, as well as Blood Bank invaluable

•“*Having QBL allows us to monitor patients more closely, from a physician standpoint, that we may not have the potential underestimation associated with EBL*” – AZ , OB Physician

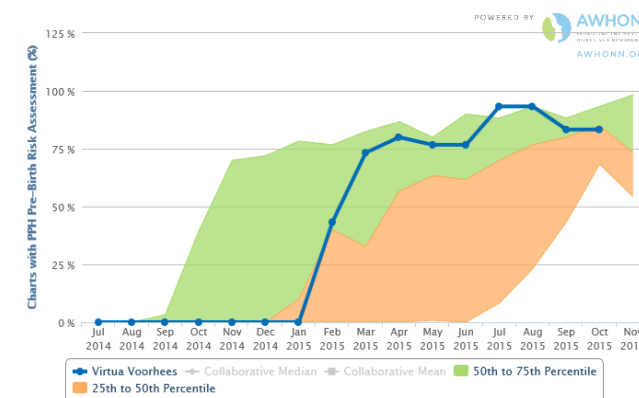
•*The PPH risk assessment has made a positive impact on my preparedness in identifying patients at higher risk than others. This has directed my interventions to be more efficient and effective following the patient through the continuum of care*” C.P – L&D RN

Results

Admission Risk Assessment



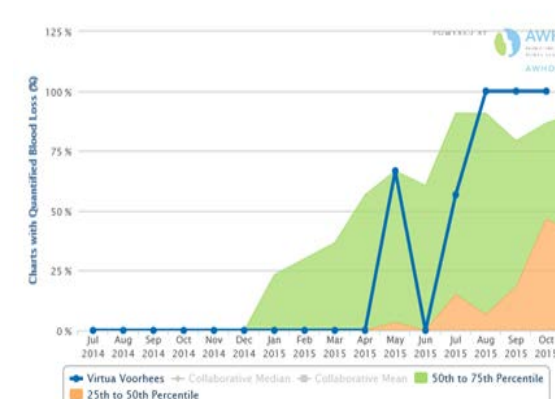
Prebirth



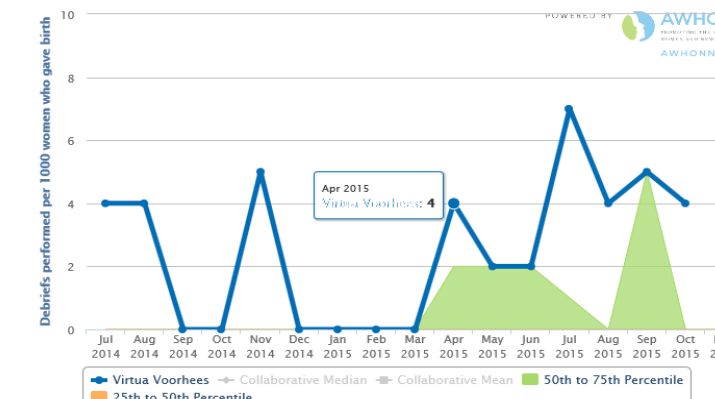
Post Delivery



Births with Quantified Blood Loss



Post Hemorrhage Debriefs



Acknowledgements

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