Creating Culture of Safety: Physician and Staff Buy In!

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Provide the WHY!!

Educate  Motivate  Empower
Standardization

- PATIENT SAFETY
- RISK REDUCTION
- SAFE CLINICAL OUTCOMES

Processes

- ORDER SETS
- PROTOCOLS
- EDUCATION, PATIENT TEACHING

Educate!
Countries with the Lowest Maternal Mortality Ratios

Maternal Death from Obstetric Hemorrhage

Debra Blingham and Reneé Jones

ABSTRACT
Obstetric hemorrhage remains the leading cause of maternal death in the United States, and 54% to 59% of these deaths may have been preventable. Leaders must honor the lives of women who die from obstetric hemorrhage by reviewing their deaths and sharing lessons learned. Shortening the current 3 to 7 year data gap will allow for timely initiation of quality improvement efforts. Designated leaders and researchers from the Association of Women’s Health, Obstetric, and Neonatal Nurses are ideally positioned to lead these quality initiatives.


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Keywords
maternal mortality
maternal morbidity
obstetric hemorrhage
quality improvement
state-wide maternal mortality reviews
Here Lies the Problem…


*Note: Number of pregnancy-related deaths per 100,000 live births per year.

Maternal mortality rates
Georgía and US, 2003-2007 Average

Footnotes available in notes section.
Revised definition of a sentinel event

Severe Maternal Morbidity: receiving greater than 4 or more units of blood products and/or ICU admission.

H.R. 4216
Maternal Health Accountability Act of 2014

Pregnancy related ratio in the US as measured by CDC and Prevention Pregnancy Mortality Surveillance System

State based maternal death reviews and maternal quality collaborative

African-American women are 3 to 4 more likely to die

Healthy People 2010, set a goal reducing maternal mortality and it was not met

Near miss or severe maternal morbidity has increased by 75% and 114% for postpartum hospitalizations
GA MMRCC 2013 cases

- The Georgia MMRC identified 32 deaths pregnancy-related. Cardiomyopathy was leading cause of pregnancy related deaths. These deaths occurred 43 to 364 days postpartum they were cardiomyopathy/cardiovascular (16%)
- Second leading cause: Hemorrhage (16%) and Embolism (16%)
  - Causes of embolism were unique to pregnancy such as: gestational diabetes, hyperemesis, liver disease of pregnancy

GA MMRC 2013 Cases

- Cardiac Disorders: Cardiomyopathy
  - Women were unaware of their risk and/or warning sings of cardiac diseases
  - Providers did not screen, educate, and or refer women at risk for cardiomyopathy
- Embolism:
  - Obese patients placed on prolonged bed rest fostering a thrombotic event
  - Lack of prophylaxis to prevent thrombosis
GA MMRC 2013 cases

- **Hemorrhage**
  - Delayed recognition and treatment of hemorrhage in postpartum women by both clinicians and patients.

- **Anxiety /Depression**
  - Inadequate screening of pregnant and postpartum women for depression and other mental health issues.
  - Possible lack of access to mental health services
  - Potential lack of awareness by patients or providers of benefits and safety of antidepressant therapy during pregnancy and postpartum.

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National Partnership for Maternal Safety Goals

1. To reduce maternal morbidity and mortality in the US by 50%
2. To reduce racial and ethnic maternal health disparities
“What every birthing facility in the U.S. should have…”

Obstetric Hemorrhage
Preeclampsia/Hypertension
Prevention of VTE in Pregnancy

Note: The bundles represent outlines of highly recommended protocols and materials important to safe care BUT the specific contents and protocols should be individualized to meet local capabilities.

These bundles are being released from the Council on Patient Safety in Women’s Health Care

Key OB Hemorrhage QI Toolkits: Full of Resources

www.CMQCC.org
v2.0 available soon

www.safehealthcareforeverywoman.org
Motivate

Data

PDAC

Celebrate

we believe
every baby deserves a grand entrance.

Plan
- Quality Priorities
- Factors Affecting Quality

Do
- Personnel
- Policies & Procedures

Act
- Review
- Revise
- Communicate
- Monitor

Check
- Sample Guidelines
- Error Categories

Project Management

Evaluate

Design

Analyze

Development

PROJECT LIFECYCLE

Initiating Process

Planning Process

Monitoring & Controlling Process

Executing Process

Closing Process

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every baby deserves a grand entrance.
4 Domains: OB Hemorrhage Patient Safety Bundle

- Improve **readiness** to hemorrhage by identifying standardized protocols (general and massive)
- Improve **recognition** of OB hemorrhage by performing on-going objective quantification of actual blood loss
- Improve **response** to hemorrhage by utilizing unit-standard, stage-based, obstetric hemorrhage emergency management plans with checklists
- Improve **reporting/systems learning** of OB hemorrhage by performing regular on-site multi-professional hemorrhage drills

Obstetric Hemorrhage Key Elements

**Readiness - Every Unit**

1. Hemorrhage cart with supplies, checklist, and instruction cards for intrauterine balloons and compressions stitches
2. Immediate access to hemorrhage medications (kit or equivalent)
3. Establish a response team - who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services)
4. Establish massive and emergency release transfusion protocols (type-O negative/uncrossmatched)
5. Unit education on protocols, unit-based drills (with post-drill debriefs)
Obstetric Hemorrhage Key Elements

**Recognition - Every Patient**

5. Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)
6. Measurement of cumulative blood loss (formal, as quantitative as possible)
7. Active management of the 3rd stage of labor (routine use of oxytocin)

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**Response - Every Hemorrhage**

9. Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists
10. Support program for patients, families, and staff for all significant hemorrhages
Empower!

Use all Avenues for Buy In!

- OB department meetings
- Staff meetings
- Hospital news letters
- Signage
- Email
- Huddles
- In-services
- Impromptu
Practice Brief Quantification of Blood Loss (QBL)

Suggested Equipment

- Calibrated under-buttocks drapes to measure blood loss
- Dry weight card, laminated and attached to all scales, for measurement of items that may become blood-soaked when a woman is in labor or after giving birth
- Scales to weigh blood-soaked items, ideally in every labor and operating room and on the postpartum unit; save costs by using the scales used to weigh newborns
- Formulas inserted into the electronic charting system that automatically deduct dry weights from wet weights of standard supplies such as chux and peri-pads

https://www.youtube.com/watch?v=F_ac-aCbEn0&list=UUPrOhL3Od7ZeFDaq27yeS09g
Celebrate Your WINS!!!!

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every baby deserves a grand entrance.