

# Postpartum Hemorrhage Project Implementation and Sustainability

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# Taking the first step: Realizing Barriers

- ▶ 2015 - Data gathered in facility on impact of MOH and steps to decrease maternal mortality and morbidity.
- ▶ QPI project completed in January 2016.
- ▶ Problem: Inaccurate reporting of blood loss could result in unnecessary treatment or delayed treatment possibly causing patient harm.
- ▶ Goal: Reduce the variation in reporting/documenting blood loss at delivery and improving appropriate utilization of blood products and uterotonic medications.
- ▶ 30 cases evaluated EBL vs. QBL to determine accuracy among providers estimations after vaginal delivery.
- ▶ Gap realized: Variations exist between Estimates and Quantitative measurements.

How do we move forward?



# First Realization: Physician Buy-In

- ❖ They are an integral part of the process
- ❖ Explain the “Why” (patient safety and better outcomes)
- ❖ Make guidelines readily available for interventions (CMQCC Stages of Hemorrhage Guidelines)
- ❖ Provide education and drills

# Second Realization: Team Engagement

- ❖ Explain the “Why”
- ❖ Giving the team the tools they will need:
  - Scales in every room & OR’s
  - CMQCC guidelines in every room & OR
  - Calibrated Drapes
  - Updated Hemorrhage Cart
  - Education on ordering blood and massive transfusion protocol
  - Practice, practice, practice
  - Drills and Simulations

# 3 years later...

- ▶ QBL on all deliveries
- ▶ Hard-wired process - it is the expectation
- ▶ Variance reporting on all hemorrhages (track and trend)
- ▶ QBL added to delivery log for data collection
- ▶ Discussion of cases at OB/GYN monthly meetings
- ▶ Debrief with staff on opportunities and wins
- ▶ Moving forward with updated technology - Triton System 07/2019
- ▶ Utilizing risk assessment tool
- ▶ Pre-Care Conference for patients with previous history of bleeding disorders or hemorrhage
- ▶ Continue yearly simulations and drills
- ▶ Assist other entities on their journey to QBL measurement

Thank You!

