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HUDDLES, DEBRIEFS, MULTIDISCIPLINARY REVIEWS:
WHAT SHOULD WE DO?

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WHY ARE HUDDLES IMPORTANT?

- A leading cause in medical errors is due to miscommunication between team members (Thompson, Krening, & Parrett, 2018)
- Huddles are imperative to improving patient safety and outcomes (Thompson, Krening, & Parrett, 2018)
- Allows for improved communication between team members (O’Rourke et al., 2018)
- Reaffirms team member awareness of each patient and risk factors identified
- Enhances consistent and correct terminology between team members
UNIT HUDDLE RECOMMENDATIONS

- Schedule it every shift
- Make it a priority
- Make it an expectation unit leadership will be there if at all possible
- Charge nurses in labor and delivery, postpartum, and antepartum should meet every shift to discuss any high risk patients
UNIT HUDDLE RECOMMENDATIONS

- Huddle every 4 hours in labor and delivery due to
  - Rapidly changing patient conditions
  - New admissions
- In the event the team anticipates a complicated delivery (i.e. shoulder dystocia, twin delivery)
  - Assign roles for team members prior to the birth
All of the team members in each nursing station should meet regularly to:

- Update team members on patients’ statuses
- Discuss nursing challenges
- Review EFM strips to reinforce correct FHR interpretation and terminology
Often, the physicians or nurse midwives are not at the hospital to participate in team huddles.

Ineffective communication between nurses and providers may lead poor outcomes for the mother or baby.

Providing objective data in a clear and concise fashion to the provider aids in communication.

Keep in regular contact with the provider to provide patient status updates, just like in regular huddles at the hospital.

Encourage the use of NICHD terminology when discussing fetal status for consistency in communication between all team members.
Interdisciplinary planning teams meet to prepare for the delivery of high-risk patients including those with

- Suspected or confirmed accretas, percretas, or incretas
- Women with critical illnesses needing additional interventions
- Fetal conditions requiring multidisciplinary teams at delivery or rapid transport after delivery
INTERDISCIPLINARY PLANNING TEAM MEMBERS

- Maternal fetal medicine
- OB
- Gyn/Onc
- Anesthesia
- Interventional radiology
- ICU
- Labor and delivery
- Antepartum
- NICU
- Blood bank
- Surgery
- Pharmacy

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Plan of care should be discussed and agreed upon by the team

- Location of delivery
- Surgeons required at delivery
- OR teams required
- Plan for blood products
- Anticipated medication requirements
- Cell saver

- Arterial blood lines
- # of IV lines desired
- Need for a second OR for the neonate
- NICU transport for rapid transfer to another hospital
- ICU awareness of potential admission
INTERDISCIPLINARY PLANNING TEAMS

Post-Procedure Debrief

- Review the procedure
- What can be improved?
- What went well?
- Any new processes needed?
- Ideally, this post-procedure debrief should occur immediately following the procedure
POST EVENT/ POST CODE DEBRIEF

- Should include all key team members who participated in the event/code
- May be difficult to have all team members participate due to patient care requirements
- Attempt to have representation from each discipline involved in the event/code if everyone cannot participate
Debriefs are how we improve our processes
Don’t have to take a long time
Needs to occur immediately following an event/code
Confirm with your risk management department what can be discussed or written and if it is considered protected information
Our hospital has weekly swarming events to review every code that was called the prior week.

Team members participating are from:
- Quality Improvement
- Rapid Response Team
- ICU
- Code Blue Team
- Leadership from each unit where the codes occurred.
MASSIVE TRANSFUSION PROTOCOL DEBRIEFING

Participants

- Blood bank
- Anesthesia
- Physicians involved
- Nursing

Items Reviewed

- MTP process implementation
- Documentation
- Team communication
- Areas for improvement
- Patient outcome

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CMQCC, the Council for Patient Safety in Women’s Health, and AWHONN all recommend multidisciplinary reviews

Multidisciplinary Peer Review Committee Members

- Anesthesia
- OB
- Maternal Fetal Medicine

(Kilpatrick et al., 2014)
MULTIDISCIPLINARY HEMORRHAGE REVIEWS

- What constitutes a hemorrhage needing review?
- OB patients who receive 4 or more units of blood
- OB patients with an ICU admission

(Kilpatrick et al., 2014)
Each case is abstracted and reviewed prior to being presented at the review committee

All cases are de-identified

This committee is sanctioned by the hospital and protected from discovery

Committee can make recommendations for peer review and practice changes

(Kilpatrick et al., 2014)
Antepartum
Labor and delivery
Postpartum

NICU
Newborn nursery
Lactation
PERINATAL QUALITY CARE COLLABORATIVE

- Presents perinatal quality improvement (PQI) data
- Improves interdepartmental collaboration and communication
- Identifies data collection needs
- Pinpoints unit improvement opportunities
- Implements PQI initiatives
WHAT ABOUT THE STAFF NURSES?

- They CAN and SHOULD be involved in PQI initiatives
- Staff RNs can and should champion PQI initiatives
- They can participate in a PQI initiative as part of their annual goals
- Many staff RNs want to be involved and leadership must communicate PQI opportunities with the staff
METHODS TO DISTRIBUTE PQI INITIATIVES TO STAFF

- Staff meetings
- Provide staff with a flyer of opportunities during annual evaluations
- Offer times on where staff can come discuss opportunities with leadership
- Place PQI information on a staff bulletin board
ANY QUESTIONS?

Thank you!
