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

GINNY WURTTEMBERG, DNP, CNM, RN

LABOR AND DELIVERY CLINICAL SPECIALIST

NORTHSIDE HOSPITAL AND HEALTHCARE SYSTEM

GAPQC COLLABORATIVE WEBINAR FEB 2019

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

UNIT HUDDLE RECOMMENDATIONS

- 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

PROVIDER COMMUNICATION

- 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 TEAM

- 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

INTERDISCIPLINARY PLANNING TEAMS

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

POST EVENT/ POST CODE DEBRIEF

- 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

SWARMING

- 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

MULTIDISCIPLINARY HEMORRHAGE REVIEWS

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
- Nursing
- Closed to committee members only

(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)

MULTIDISCIPLINARY HEMORRHAGE REVIEWS

- 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)

PERINATAL QUALITY CARE COLLABORATIVE

- 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!

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