GaPQC March Webinar Reporting/Systems Learning – Monitoring Outcomes

Gwinnett Women's Pavilion's High-Risk Patient Reviews

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READINESS

Every unit

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



RECOGNITION & PREVENTION

Every patient

- Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)
- Measurement of cumulative blood loss (formal, as quantitative as possible)
- Active management of the 3rd stage of labor (department-wide protocol)



RESPONSE

Every hemorrhage

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



REPORTING/SYSTEMS LEARNING

Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of serious hemorrhages for systems issues
- Monitor outcomes and process metrics in perinatal quality improvement (QI) committee

PATIENT SAFETY BUNDLE

Obstetric Hemorrhage



Graphic: Georgia Leads U.S. In Maternal Death Rates, Report Shows 000

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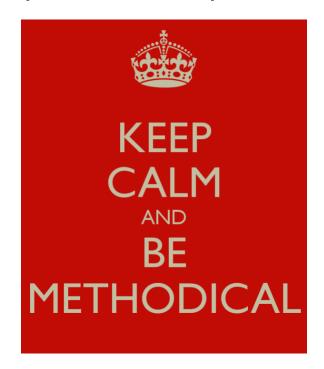
According to the Georgia Department of Public Health, 60 percent of the maternal deaths in Georgia in 2013 occurred within 42 days after the pregnancy ended.







- Readiness
 - Method to capture those patients





- Who Meets?
 - Maternal Fetal Medicine
 - MFM Sonographers
 - MFM NPs
 - Labor & Delivery
 - Manager
 - Perinatal Clinician
 - NICU
 - Manager
 - Practice Specialist
 - Neonatologist
 - Resus Team

- Social Work
- Quality Core MeasureRepresentative
- Women's PavilionDirector



- OB's all invited
- Rare attendance
- Reasons cannot attend
 - Office
 - Rounds



Opportunity for Us



- Hospital employed
 OB group sends me
 emails
- Email is their list of high-risk patients
- Agenda is created from the list of the patients based on due dates.









- Relationships
 - OB Chair
 - MFM Docs
 - Every team member



Discussion of Patient

- Diagnosis or Diagnoses
- Ultrasound picture
- Need for higher level of care
- Safe place of delivery
- Resus attendance
- Inpatient?









- Sonographers Roles
- NICU reporting









High Risk Pregnancy Review Report Sheet

| Name: | | Diagnosis: | | This patient was discussed at the | | |
|--|------------------|-------------------------------|---|-----------------------------------|---|--|
| Age | | | | following meeting: | | |
| G P | | Singleton / Multiple US Scan: | | | GWP High-Risk Obstetric & | |
| OB Provider: | | MFM Y N | FM Y N | | Neonatal Reviews Date/Time/Location: | |
| Allergies: | | | | | Date/Time/Location. | |
| EDC | / / | | | | | |
| Date considering | | EFM Plan: | Consults Needed: | | Please follow the | |
| Induction/C-Sec | / / | Continuous/Intermittent | Anesthesia/Cardiology/Neonatology Hematology/Hospitalist/PT/OT Psych/Diabetes/Social Work | | recommendations for consults and alerts | |
| | | Toco only/None | | | | |
| VTE: | BS Management | OSA+ Y N | | | | |
| Plexi Teds SCDs | 1hr 2hr PP AC HS | | Case Management | | | |
| Prenatal Meds: | | Proposed Admit Meds: | | Labs Needed: | | |
| | | Magnesium Sulfate/Celestone | | | | |
| | | Cervidil/Cytotec/Pitocin/ | | | | |
| | | Epidural/Spinal/Other | | | | |
| Notes: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Concerns for delivery in GWP? | | | | | | |
| Any unexpected transitions of care? (Main OR, ICU, for example?) | | | | | | |
| NICU to attend delivery? | | | | | | |



- Patient Process
- Triage or Admission
- Prenatal record
- Nurses have a personal write up.











