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# Barriers and Facilitators to Implementation of a Multistate Collaborative to Reduce Maternal Mortality From Postpartum Hemorrhage

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## ABSTRACT

**Objective:** To describe the barriers and facilitators to implementing the Association of Women's Health, Obstetric and Neonatal Nurses Postpartum Hemorrhage (AWHONN PPH) Project experienced by hospital leaders, project champions, and staff.

**Design:** Qualitative descriptive study with a grounded theory approach.

**Setting:** Hospital leaders, champions, and staff from hospitals in New Jersey and Georgia.

**Participants:** A total of 21 nurses and physicians who worked at six hospitals shared their experiences with regard to implementation of the AWHONN PPH Project.

**Methods:** Interviews were recorded and transcribed verbatim. Analysis included open, selective, and theoretical coding with a constant comparative method of grounded theory. Analysis was complete when a central process emerged.

**Results:** Successful implementation of most or all of the program elements was facilitated by support from administrators, positive attitudes, active nurse and physician champions, and an existing culture of safety. When these elements were in place, respondents reported that they believed they made a difference. Barriers to implementation included negative attitudes, lack of champions, poor staff buy in, lack of resources, and lack of support from administrators. When barriers were encountered, respondents felt discouraged and disappointed.

**Conclusion:** Although the road to full participation and implementation was difficult for some, lessons were learned by all. Suggestions for future projects include a step-by-step approach that begins with education, the creation and celebration of milestones, and the formation of teams to facilitate buy in and empowerment.

JOGNN, ■, ■-■; 2017. <https://doi.org/10.1016/j.jogn.2017.11.009>

Accepted November 2017

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The authors and planners for this activity report no conflict of interest or relevant financial relationships. No commercial support was received for this educational activity.



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Postpartum hemorrhage is one of the leading causes of preventable maternal morbidity and mortality in the United States (California Department of Public Health, 2011). Currently, it is estimated that 54% to 93% of obstetric hemorrhage-related maternal deaths in the United States are preventable (Della Torre et al., 2011). In an effort to reduce preventable hemorrhage-related morbidity and mortality, the National Partnership for Maternal Safety (a consensus effort including representatives from organizations in women's health care and other provider, state, federal, and regulatory bodies) released the Consensus Bundle on Obstetric Hemorrhage (Council on Patient Safety in Women's Healthcare, 2017). This bundle outlines key evidence-based practice,

structural, and contextual elements that hospital leaders should implement at every birth facility. The recommendations included in the bundle were developed on the basis of lessons learned from maternal mortality reviews and human errors research (Bingham, 2012; California Department of Public Health, 2011). The members of the bundle work group co-authored a commentary, published in four scholarly journals, to encourage implementation of the recommendations (Main et al., 2015). The recommendations for collective action were grounded in the realization that current maternity care practices could be improved, and evidence indicated that hospital systems that implemented elements of the bundle improved patient outcomes (Shields et al., 2011).

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**Keywords**

attitude  
barriers and facilitators  
grounded theory  
leadership  
maternal mortality  
nurses  
postpartum hemorrhage  
program implementation  
qualitative research  
quality improvement  
physicians

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For instance, the state of California noted a decline in the maternal mortality rate after introduction of the Postpartum Hemorrhage Toolkit during the same period that other states experienced increases in mortality rates (MacDorman, Declercq, Cabral, & Morton, 2016). Although it is difficult to know all of the reasons why maternal mortality trends in California are better than in the rest of the country, the decline has been reported since 2008, which is the same time that California hospital leaders began to actively implement hemorrhage-related improvements on the basis of the California Maternal Quality Care Collaborative (CMQCC) obstetric hemorrhage toolkit and hospital implementation guide (Bingham, Melsop, & Main, 2010; Lyndon et al., 2010). As a result of national efforts toward consensus on maternal safety, Main et al. (2015) recommended that all birthing facilities in the United States implement the elements of the obstetric hemorrhage consensus bundle.

On the basis of the work of the CMQCC and before the release of the obstetric hemorrhage consensus bundle, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) launched the Postpartum Hemorrhage (PPH) Project (AWHONN, 2017). This project was designed to reduce clinician errors associated with PPH morbidity and mortality by the improvement of readiness, recognition and prevention, response, and reporting for a PPH event. All of the recommendations from the AWHONN PPH Project on process and structure became part of the Obstetric Hemorrhage Consensus Bundle (Council on Patient Safety in Women's Health Care, 2017).

Implementation of the innovative elements of the AWHONN PPH Project often requires new processes and structures in care, which may present a challenge at some birthing facilities. For example, one recommendation is to quantify rather than estimate blood loss during birth. Unfortunately, quantification is not a common practice in many birth facilities in the United States (Bingham, Scheich, Byfield, Wilson, & Bateman, 2016), and estimation, known to be inaccurate (Yoong et al., 2010), is still used. To change ingrained practice patterns requires time,

resources, and the use of improvement science methods.

Improvement science is a relatively new field of specialization. Rogers, one of the first researchers to study the diffusion of innovations, identified five stages: knowledge, persuasion, decision, implementation, and enculturation (Rogers, 2003). Rogers (2003) showed that the rate of diffusion of an innovation varied and that the diffusion of innovations is "a kind of universal process of social change" (p. 11) in which there will be early and late adopters. Currently, multiple implementation frameworks and theories have been published and debated as the field of implementation science evolves, which leads to a lack of consensus on the frameworks and constructs clinicians should use to guide implementation efforts at the clinical level. For example, Harvey and Kitson recently updated their Promoting Action on Research Implementation in Health Services (PARIHS) framework to include innovation, context, and recipients; they renamed the framework the integrated PARIHS framework (Harvey & Kitson, 2016). Researchers have shown that tailoring implementation strategies and tactics to mitigate specific barriers is the most effective approach for the application of guidelines in obstetrics (Chaillet et al., 2006). There is a need for more research in which the different types of barriers and the specific facilitators for innovations such as the obstetric hemorrhage consensus bundle are described. This type of research is needed so that the most effective tailored strategies and tactics can be identified and used to more rapidly translate knowledge into practice. With the use of the frameworks of readiness, recognition and prevention, response, and reporting that guided the CMQCC and AWHONN PPH projects, our purpose was to describe barriers and facilitators experienced by hospital leaders and project champions during the implementation of the AWHONN PPH Project.

## Methods

### Design

The AWHONN PPH Project was a multiregion, multihospital, quality improvement (QI) collaboration designed to improve the readiness for, recognition and prevention of, response to, and reporting of PPH events. We used a qualitative, grounded theory design to elicit the experiences of hospital leaders, project champions, and staff in relation to the barriers and facilitators

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