



Follow-up Text Messages for Patients at High Risk of Postpartum Hypertension

Women's Health

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Keywords

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Poster Presentation

Purpose for the Program

A subset of postpartum patients in whom hypertension was diagnosed was readmitted within 7 days of giving birth at the hospital because of advancing disease. Our current practice for providing care to these women was to have them return for reevaluation at a 1-week follow-up appointment at our hypertensive clinic. As a result of our readmission data, we determined that increased outreach was needed between discharge time and follow-up time when subtle signs of advancing disease may occur.

Proposed Change

To improve patient outcomes and decrease our 7-day readmission rate for this population, we piloted a nurse outreach program using text messages (TM) as a tool to bridge this time gap. We hypothesized that TM would provide the woman flexibility in response time that would better meet her and her infant's needs during this early recovery period. The implementation of TM is not time dependent, and the script can be cut and pasted from patient to patient.

Implementation, Outcomes, and Evaluation

The purpose of this TM was to provide reassurance, answers to questions and problem-solving

solutions, and to identify women who needed escalated care. We developed a standardized TM that was sent to women 3 to 4 days after discharge. During our 3-month pilot ($N = 123$ patients), we observed a 34% ($n = 41$) response rate; 27% ($n = 11$) required a follow-up phone contact to attain additional information to determine if escalation was needed. In nine instances, phone triage was adequate in addressing concerns. Two of the 11 phone contacts indicated a need for escalation in care and referral to an acute care center. In one TM the woman stated, "I'm at the baby's appointment and they checked my blood pressure and I think I need to go to the hospital but I have no way to get there." In response to this woman's needs, the nurse called the woman to obtain further assessment, determined that additional care was required, and facilitated the woman's transport to care.

Implications for Nursing Practice

Nurses and participants expressed satisfaction with TM. Because of the success of this pilot program, we plan to offer it to all postpartum women in whom hypertension is diagnosed to determine whether our 7-day readmission rate for this issue decreases.

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A Collaborative Maternal Arrest Safety Initiative

Purpose for the Program

The American Heart Association's (AHA) 2010 guidelines address cardiac arrest in pregnancy by providing a published algorithm and pregnancy specific modifications for management. A health care provider's ability to react prudently in an unexpected situation is one of the most critical factors in creating a positive outcome in an obstetric emergency. Researchers have shown that advanced cardiac life support (ACLS) certification may not necessarily translate to adequate performance of maternal resuscitation skills during an actual arrest. This maternal arrest pilot program prepares participants how to manage this rare unpredictable obstetric emergency through simulated training experiences that pose no risk to the mother or fetus.

Proposed Change

OSF Saint Francis Medical Center is a perinatal referral center with a neonatal intensive care unit

(NICU) and Level-I trauma center located in central Illinois. The management of a maternal cardiac arrest requires the collaboration of several teams (obstetric, neonatal, anesthesia, nursing, hospital code, emergency medicine, and prehospital emergency medical services [EMS]) who rarely collaborate to come together to deliver consistent, excellent patient care. The ACLS classes at OSF do not include a comprehensive review of maternal resuscitation. This obstetric-focused pilot program will bridge this knowledge gap to include a didactic module and simulation component specific to resuscitation of the pregnant woman in conjunction with the current ACLS training program. This program for maternal arrest can span the entire OSF HealthCare system north central region to improve performance during a maternal arrest.

Implementation, Outcomes, and Evaluation

An interdisciplinary team was involved in the pilot development and will serve as trainers. A

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survey to assess current ACLS knowledge on maternal arrest will be administered before participants complete the didactic maternal arrest eLearning module. Data will be collected for comparison prelearning and postlearning. The participants include obstetric and emergency residents, registered nurses, anesthesia providers, and neonatal nurse practitioners. Using an obstetric mannequin, the in situ simulation component will be used to analyze the primary and secondary responder's performance using real-life

maternal arrest scenarios, detect areas of deficiency in using the AHA-recommended algorithm, and discuss performance improvements. Presimulation and postsimulation confidence surveys will be completed.

Implications for Nursing Practice

Training, communicating, and solving problems in teams can affect maternal and fetal survival during a cardiac arrest. This collaboration will increase job satisfaction for all responders.

Simulation Training to Improve Competency and Confidence at the University of California San Diego, Women and Infants Services

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Keywords

simulation
staff nurses
training events
random drills

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Purpose for the Program

To improve nursing and health care provider staff competence and confidence in response to emergency events using simulation training events (STE). The initial data collected between 2011 and 2012 indicated that 70% of staff felt confident in participating in STEs; 62% demonstrated poor communication and slow response time in obstetric emergencies. No STEs were performed or offered, and no resident/intern/fellow and nursing staff participated in STEs.

Proposed Change

To increase physician/provider and nursing staff comprehension of simulation education and training along with demonstration of competency to improve patient safety in obstetrics (OB). Participant comprehension of simulation education and training will be demonstrated by a pretest and posttest. Participant competency will be demonstrated by improved response time and communication.

Implementation, Outcomes, and Evaluation

This program was implemented by the labor and delivery (L&D) nurse educator and the director of OB residency simulation. Physician training classes will include education and will be hands on. Nursing staff simulation training will occur through the Obstetrical Drill Committee and Competency/Education Committee during a skills

training fair and special simulation training events. Effectiveness of the simulation program will be measured by comparing a presimulation and postsimulation training self-assessment evaluation that will be presented to all participants. At the conclusion of the program, four anticipated process outcomes were met: 96% (12% increase) of the staff felt confident in participating in simulation education and training; at least an annual 5% increase was demonstrated regarding improved communication and response time in obstetric emergencies; 20 STE drills were conducted over the course of the year; and 90% of faculty and staff participated in a simulation training session within a year of evaluation.

Implications for Nursing Practice

Perinatal patient safety initiatives are of national interest. Collaboration among multidisciplinary providers and nursing staff is necessary, and improving communication and practicing emergency responses has been shown to improve outcomes. STEs have been shown to be a successful method to improve the response time, competence, confidence, and communication of teams. Because nursing staff spends the most time at the bedside and plays a major role identifying mother/infant decompensation, it is essential to maintain competence in emergency response.

Implementing a Massive Transfusion Protocol in Labor and Delivery

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Purpose for the Program

Nurses in the labor and delivery unit at Baylor University Medical Center recognized a

need to guide staff during a massive hemorrhage. Postpartum hemorrhages continue to be a leading cause of maternal death in the United States.

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