

*Women's  
Health*

Lynn Anita Richards McDona-  
ld, DNP, RN, Johns Hopkins  
Hospital, Baltimore, MD

**Keywords**

cervical cancer  
screening  
cervical cancer knowledge and  
awareness education  
evidence-based practice  
cervical cancer screening  
compliance  
hospital based

*Poster Presentation*

## Implementation of an Evidence-Based Practice Project to Increase Hospital-Based Compliance Related to Cervical Cancer Screening

**Objective**

To improve the knowledge of the patient service coordinators (PSCs) to increase compliance related to cervical cancer screening.

**Design**

Descriptive.

**Sample**

All patient service coordinators who conduct registration and screening when patients are admitted to the academic medical center.

**Methods**

Effectiveness of the education was measured by three assessments: a pre- and postknowledge survey of the patient service coordinator was used to measure knowledge about cervical cancer, the screening process, and the State of Maryland cervical cancer screening mandate; a calculation of screening rates was used to compare the number of women screened to the number of women admitted; and an assessment of the completeness of each screening form.

**Implementation Strategies**

Educational intervention that included cervical cancer screening, risk factors for cervical can-

cer, Maryland cervical cancer screening mandate, cervical cancer symptoms, and case studies of women screened within the program.

**Results**

A two-tailed paired samples *t* test indicated that the PSCs scored higher on the postsurvey (*m* = 7.68, *s* = 2.52) than the presurvey (*m* = 3.68, *s* = 1.77), *t* (32) = 8.949, *p* ≤ .05. A chi-squared test was used to compare categorical variables. During the 4 weeks before the educational intervention, 34% (543 of 1602) of eligible women were screened; 51% (279/543) of screening forms were completed. For the 4 weeks after the educational intervention, 54% (*n* = 735 of 1,373) of eligible women were screened; 89% (656/735) of screening forms were completed. Both tests were found to be significant *p* < .000. There was a significant improvement of the PSC's knowledge, a 20% increase in the number of women screened, and completeness of the form increased by 38%.

**Conclusion/Implications for Nursing Practice**

These findings suggest that an educational intervention for registration staff can increase cervical cancer screening compliance and positively improve the ability of staff to screen inpatient women.

*Childbearing*

Tammy J. Sincore, BSN, RN,  
RNC-OB, Baptist Hospital of  
Miami, Miami, FL

## A Retrospective Analysis on the Effectiveness of a Maternal Hemorrhage Plan

**Objective**

In 2011, a multidisciplinary team at a 728-bed nonprofit Magnet hospital developed a standardized maternal hemorrhage plan (MHP) aimed at early identification and rapid treatment of excessive bleeding, with the ultimate goal of decreasing the incidence of massive maternal hemorrhage. The purpose of this study was to correlate the effectiveness of the MHP on maternal outcomes and blood utilization.

**Design**

A pre- and postintervention retrospective data analysis to compare maternal outcomes and

blood utilization in women experiencing massive postpartum hemorrhage

**Sample**

All women at greater than 16-weeks gestation treated in the obstetrics unit requiring transfusion of ≥ three units of blood products due to postpartum hemorrhage (*n* = 99). The sample was divided into two groups: pre-implementation (January 2009 – December 2011; *n* = 62) and postimplementation (January 2012 – June 2014; *n* = 37). Exclusion criteria included transfusions due to ectopic pregnancy, miscarriage, post-surgical hemoperitoneum, blood dyscrasias, and secondary postpartum hemorrhage following discharge.

**Keywords**

maternal hemorrhage  
blood transfusion  
INR  
labor and delivery  
postpartum hemorrhage

**Poster Presentation****Method**

Retrospective chart reviews using obstetric transfusion records from transfusion services were performed. Data were extracted regarding estimated blood loss, quantitative blood transfusions, international normalized ratio (INR) results, intensive care unit (ICU) admissions, length of stay, disseminated intravascular coagulation (DIC) and hysterectomy rates. Preimplementation data from 2009 to 2011 were compared to postimplementation data from 2012 to 2014.

**Implementation Strategies**

Using an interdisciplinary approach, formal education on the unit inservices were conducted, followed by video recorded simulations, debriefings, and ongoing education.

**Results**

Since implementation of the MHP in 2011, there has been a notable decline in all outcomes. Sixty-

two women were transfused for massive hemorrhage prior to implementation, compared to 37 since implementation. There has been a steady decline in total obstetric transfusion rates from 1.5% in 2010 to 0.8% in 2014. Additionally, preimplementation blood product usage for massive hemorrhages totaled 561 units, compared to only 298 units postimplementation. Early identification and treatment of maternal hemorrhage has resulted in decreased instances of DIC (14 vs. 9), fewer hysterectomies (12 vs. 7), a reduction in hemorrhage related ICU admissions (26 vs. 16), and decrease in average length of stay (4.56 vs. 4.0 days).

**Conclusion/Implications for Nursing Practice**

Early identification and treatment of hemorrhage with implementation of a MHP protocol resulted in improved maternal outcomes.

## Quantifying Blood Loss at Birth Saves Lives

Patricia Alvarez-Ramirez,  
MSN, CNS, Long Beach  
Memorial Medical  
Center/Miller's Children's  
Hospital, Long Beach, CA

Janet L. Trial, EdD, CNM,  
MSN, Miller's Children's &  
Women's Hospital, Long  
Beach, CA

Brenna Hoff, BSN, Miller's  
Children's and Women's  
Hospital, Long Beach, CA

Amy Scott, MSN, WHNP-BC,  
RNC-OB, Miller's Children's  
& Women's Hospital, Long  
Beach, CA

**Keywords**

quantification of blood loss  
staff training

**Childbearing****Poster Presentation****Objective**

To assess the effectiveness of a brief workshop designed to reinforce the clinical skills of labor and delivery staff and increase accurate documentation of quantification of blood loss (QBL) to enable staff to recognize significant hemorrhage and implement timely interventions.

**Design**

Postpartum hemorrhage is an obstetric emergency and is estimated to cause 25% of all maternal deaths in the United States. The accepted practice of estimating blood loss (EBL) has been demonstrated to be grossly inaccurate, and QBL has been determined to be the most accurate clinical assessment in the management of postpartum hemorrhage. Incorporating QBL into clinical management ensures that women receive appropriate care and helps prevent maternal mortality.

**Sample**

All 120 labor and delivery (L&D) registered nurses (RNs) in a tertiary care center with 6000 births annually.

**Methods**

Nurses participated in a 30-minute clinical skills QBL workshop. Sessions incorporated brief didactic instruction, clinical skill practice, including electronic medical record (EMR) documentation. A retrospective analysis of individual patient records (three before and three after workshop

participation) was performed for all participating staff to assess workshop effectiveness.

**Implementation Strategies**

Workshops were held on the physical L&D unit during periods of low census. Standardized teaching tools were created and all assistant unit managers were oriented to teaching roles. These instructors were responsible for teaching workshops during a 6-month period.

**Results**

Nurses attending the workshops learned that their estimations of blood loss deviated significantly from actual QBL (range -2165 ml to +1597 ml). Efficacy in performing QBL was established (100%) for all learners. Retrospective chart analysis revealed a significant increase in EMR documentation from 77% to 87.6% for workshop participants. Compliance for QBL documentation in L&D as a whole increased from 67% to 88% during the course of the workshops.

**Conclusion/Implications for Nursing Practice**

The workshop was effective in teaching clinical skills and EMR documentation of QBL. The workshop allowed for an integrated learning experience that was well received by staff and could be implemented in an extended huddle format. This on-the-unit approach may have contributed to the overall increase in QBL documentation even for staff who did not attend the workshops.

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