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Development of a Tool to Measure Nurse Clinical Judgment During Maternal Mortality Case Review

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ABSTRACT

National task forces have been charged to reduce maternal mortality rates. To do so, they must identify the role of the nurse in accomplishing this goal, but the specific assessments and interventions for which only nurses are responsible have yet to be defined. Clinical judgment, which is the ability to notice, interpret, and respond to potential problems, is a core nurse function. Nurse clinical judgment can be evaluated during chart review with new available tools.

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Professional and public awareness about the rates of maternal morbidity and mortality are increasing (Mercer, 2012). Once thought to be rare events of the past, obstetric injury and maternal mortality are now national concerns (Centers for Disease Control and Prevention, 2015). According to the International Federation of Gynecology and Obstetrics (2013), nationally and internationally, maternal mortality reviews have been implemented to systemically examine maternal deaths to determine associated and contributory factors. In 2011, the American Public Health Association recommended that all states develop multidisciplinary maternal mortality surveillance systems to reduce rates of preventable maternal deaths. As the number of states with maternal mortality reviews has multiplied, more recommendations about specific actions to reduce maternal mortality and morbidity rates have emerged (Kilpatrick, Prentice, Jones, & Gellar, 2012). Although state committees vary in their approaches, their common goal is to track maternal health patterns and to develop action-based solutions to address the rising rates of maternal death (National Women's Law Center, 2010).

Maternal death review committees should consist of health care providers from various disciplines, such as obstetricians, pediatricians, anesthesiologists, midwives, nurses, pharmacy and laboratory personnel, maternal–child program directors, hospital administrators, and policy makers (International Federation of Gynecology and Obstetrics, 2013). These committees create their own tools for data collection or use tools from other states that have already developed instruments. For example, on the resource portal Web page of the Association for Maternal and Child Health Programs, users can find several states that have shared their maternal mortality review resources (2014a). States begin the process by the identification of maternal deaths through *International Statistical Classification of Diseases and Related Health Problems,* 10th revision, codes and death certificates. Nurse abstractors then review health care records and complete a data collection tool. The individuals involved in the cases are then de-identified to protect the confidentiality of the woman, provider, and facility before the case is presented to multidisciplinary committees, on which nursing participation is recommended (Bacak, Berg,

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Rising rates of maternal mortality and morbidity have become a national concern.

Desmarais, Hutchins, & Locke, 2003; Berg, 2012). After the cases are reviewed, issues are identified and recommendations are made for actions to improve systems of care (Berg, 2012). For the purpose of this article, *abstractors* are defined as nurses who review the medical records and enter data on their state's data collection tool, and *members of the maternal mortality committee* are defined as reviewers who review the data, identify contributory factors, and make recommendations to improve practice.

Failure of care providers to recognize and respond to a mother's deteriorating condition can have devastating consequences. Maternal mortality reviews nationally and internationally have reported that women died when clinicians failed to recognize changes in vital signs status or in the severity of the woman's presenting symptoms, commonly referred to as *failure to rescue* (Berg, 2012; California Department of Public Health, 2011; Hernandez, Burch, & Clark, 2010; Singh, McGlennan, England, & Simons, 2012). *Failure to rescue* is defined as the inability to save a hospitalized patient's life when a complication or worsening condition occurs (Simpson, 2005). In support of this concern, The Joint Commission (2010) suggested that specific triggers be developed to identify changes in a woman's vital signs and clinical condition and indicate when a higher level of care is needed. When available maternal mortality review data collection tools were reviewed, three areas were consistently included: information on the woman, information on the health care provider, and information on the health care facility (Association for Maternal and Child Health Programs, 2014b; California Department of Public Health, 2011). However, none of the data collection tools singled out the role of the nurse. Consequently, tools to determine the specific role of nurses in efforts to reduce maternal mortality are warranted.

Determination of the nurse's role in addressing maternal mortality should begin with the nurse's initial patient assessment. This assessment includes the systematic collection of physiologic and psychological data and is the foundation of the plan of care (American Nurses Association, 2015). Of the data collected, vital signs and neurological status are well-known indicators of a woman's health status. The ability to monitor vital signs, understand normal ranges, and recognize deterioration are basic nursing skills. According to Rose and Clarke (2010), during the course of a nurse's career, he or she will document thousands of vital signs. However, a nurse's inability to recognize and respond to changes in a woman's condition, such as changes in vital signs, might not be clearly evident in the health care record. The ability of the nurse to recognize abnormal signs or symptoms and to mobilize resources is an essential part of nursing practice often referred to as clinical judgment. Phaneuf (2008) defined such clinical judgment as the "fundamental knowledge and [ability] to reflect, to make decisions, to foresee required interventions according to the needs and challenges faced by the patient" (p. 4). Nurses are at the bedside around the clock and are considered the frontline providers to activate resources. The safety of patients depends on the clinical assessments and responses of nurses (Kyriacos & Jelsma, 2011). Therefore, the purpose of this article was to report on the development of a tool to evaluate the ability of nurses to provide accurate clinical assessments and respond appropriately to obstetric emergencies as shown by chart reviews.

Medical Records as Data for Maternal Mortality Review

Medical records are the single most common source of data that abstractors use to perform maternal mortality reviews. Prenatal, intrapartum, and postpartum records provide the evidence needed to examine the factors associated with maternal death. Medical records are clinical tools, provide evidence of care, and are essential to investigators (Oats, 2014). Traditionally, nurse documentation focused on subjective information and was presented in a narrative format (von Krogh & Naden, 2011). Today, however, with the advent of electronic documentation, narrative charting, which might more clearly indicate how the nurse used judgment, is not as prevalent (von Krogh & Naden, 2011).

Historically, documentation has been a fundamental aspect of nursing practice (Forrester, 2014; Koch, 2014). Accurate documentation continues to be important, is related to safe patient outcomes (Forrester, 2014), and provides evidence of the use of clinical judgment (Koch, 2014). However, regulatory agencies and individual health care organizations give very little

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