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Interdisciplinary Skills Review Program to Improve Team Responses During Postpartum Hemorrhage

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ABSTRACT

Objective: To develop an interdisciplinary, interactive, skills review program to improve team responses during a postpartum hemorrhage (PPH).

Design: Online didactic modules in combination with an interdisciplinary skills program consisting of seven hemorrhage-related stations.

Setting/Local Problem: The project was conducted in the Women's Health Department in a quaternary-care Magnet- and Baby Friendly–designated academic medical center in Philadelphia, Pennsylvania. Women cared for at this center have comorbidities that place them at greater risk for PPH. A need was identified to implement a multidisciplinary and comprehensive program to assess hemorrhage risk and appropriately recognize and intervene with all PPHs in this setting.

Participants: The 276 participants, including registered nurses, obstetric and family medicine attending physicians and residents, advanced practice nurses, and ancillary staff in the hospital's Women's Health Department, completed the initial obstetric hemorrhage program.

Intervention/Measurements: The program included online didactic modules, seven interdisciplinary skills stations led by trained nurses and providers, and an in situ simulation. Successful completion of the online modules was a prerequisite for participation in the skills stations. All participants completed a written program evaluation at the conclusion of the program.

Results: Results of the postassessment survey indicated that participants rated the program 3.94 of 4.00 for overall effectiveness to improve interdisciplinary team responses to PPH. Comments were overwhelmingly positive, and participants expressed increased confidence and knowledge related to PPH after completion of the program.

Conclusion: An interdisciplinary program that included online didactic modules, interactive skills stations, and simulation improved team confidence and responses to PPH.

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Problem Description

Postpartum hemorrhage (PPH) is a significant obstetric emergency and a leading cause of maternal morbidity and mortality worldwide despite the fact that it is often preventable and treatable (Goffman, Nathan, & Chazotte, 2016). In Africa and Asia, approximately one third of all pregnancy-related deaths are caused by PPH (Sheldon et al., 2014, World Health Organization, 2004); in the United States, approximately 11% to 12% of maternal deaths are caused by PPH (Creanga et al., 2015, Goffman et al., 2016). From analysis of a large, comparative data set from the United States, one group of researchers reported that during the time period studied (1999 to

2008), the rate of PPH increased from 1.9 to 4.2 per 1,000 births (D'Alton et al., 2014). Creanga (2017) reviewed population-based data published from 2011 to 2013 and found that 11.4% of pregnancy-related deaths were the result of hemorrhage.

Available Knowledge

Recognition of the need to reduce maternal mortality and morbidity rates in the United States led to the creation of the National Partnership for Maternal Safety under the guidance of the Council on Patient Safety in Women's Health Care (D'Alton et al., 2014). From this national partnership, numerous maternal safety bundles have

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Maternity care providers need knowledge and skills to respond immediately and effectively to postpartum hemorrhage.

been developed to address issues including venous thromboembolism, mental health, severe hypertension in pregnancy, and obstetric hemorrhage ([Council on Patient Safety in Women's Health Care, 2014](#)). The implementation of an obstetric hemorrhage safety bundle is necessary to prevent PPH and to help staff to proactively respond in the event that PPH does occur. The four key components of the obstetric hemorrhage safety bundle are *Readiness, Recognition and Prevention, Response, and Reporting and Systems Learning* ([Main et al., 2015](#)).

Nurses and physicians who care for women during the intrapartum and postpartum periods need the knowledge and skills to respond to clinical emergencies such as PPH. Prevention of adverse outcomes as a result of PPH is dependent on the ability of health care providers to recognize risk factors, identify abnormal bleeding, and initiate appropriate clinical interventions ([Troiano, Harvey, & Chez, 2013](#)). All health care providers who care for women in the obstetric setting should be prepared to identify and respond appropriately to this complication of pregnancy because PPH is a potentially life-threatening emergency ([Troiano et al., 2013](#)).

Local Problem

As a quaternary-care, 789-bed, Magnet-designated academic medical center, the Hospital of the University of Pennsylvania has more than 4,100 births per year. Baby Friendly-designated patient care areas within the Women's Health Department include the labor and delivery unit, Perinatal Evaluation Center for obstetric triage, mother-baby unit, NICU, and a gynecology/oncology unit. The labor and delivery unit has 13 labor and delivery rooms, 3 perinatal operating rooms, and a 2-bed postanesthesia care unit. In the Perinatal Evaluation Center, an average of 800 pregnant women are triaged each month. Couplet nursing care is provided in the 33-bed mother-baby unit, and frail newborns are cared for in the 36-bed Level III NICU. Additionally, in the 27-bed gynecology/oncology women's health unit, comprehensive care is provided for newborns and women across the health continuum, including the antepartum and postpartum periods. The Hospital of the University of

Pennsylvania serves a disadvantaged urban community and is used regionally as a referral center for pregnant women at high risk for adverse outcomes; these women have comorbidities that place them at higher risk for PPH, such as multiparity, chronic anemia, prior caesarean birth, and uterine surgery. Rates of PPH in fiscal years 2014, 2015, and 2016 were 3.0%, 4.6%, and 6.0%, respectively. In response to the National Partnership for Maternal Safety's Call to Action ([D'Alton et al., 2014](#)), a review of local hemorrhage cases, and the need for systems-based improvements, we undertook a quality improvement (QI) project to develop a standard hemorrhage protocol for women in the antepartum and postpartum periods and implemented a multidisciplinary comprehensive program to assess hemorrhage risk and appropriately recognize and intervene for all PPHs that occur in our facilities.

Rationale for Intended Improvement

The ability to recognize, intervene appropriately, and respond in a timely manner during PPH was identified as a critical learning need during shift huddles, staff meetings, and open forums with nurse leaders in the Women's Health Department. We learned that members of the nursing staff had feelings of fear and lacked confidence in responding to PPH, especially those who had no prior experience. The current practice of discussion and verbal review of the PPH protocol was insufficient to adequately prepare staff and lacked any didactic or skills training. Staff learned through "trial by fire" at the bedside, which could be traumatic for practitioners and carried a potential risk of increased morbidity for the woman.

A number of studies and QI projects show the benefit of interdisciplinary education about PPH ([Burke, Grobman, & Miller, 2013](#); [Einerson, Miller, & Grobman, 2015](#); [The Joint Commission, 2004](#)). Interdisciplinary team training is a common strategy to improve team processes and is associated with improvements in patient safety outcomes ([Weaver, Dy, & Rosen, 2014](#)). [The Joint Commission \(2004\)](#) recommended the use of team training and clinical drills for serious clinical events such as PPH. Team training is periodically paired with simulation training, such as task-level training, which is focused on performance of particular skills, or clinical context simulation, in which participants make decisions that are based on clinical assessments ([Utz, Kana, & Van der Broek, 2015](#)). Overall, the use of obstetric skills training and simulation drills can increase the

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