



AIM BASELINE SURVEY

OB HEMORRHAGE READINESS IN WEST VIRGINIA



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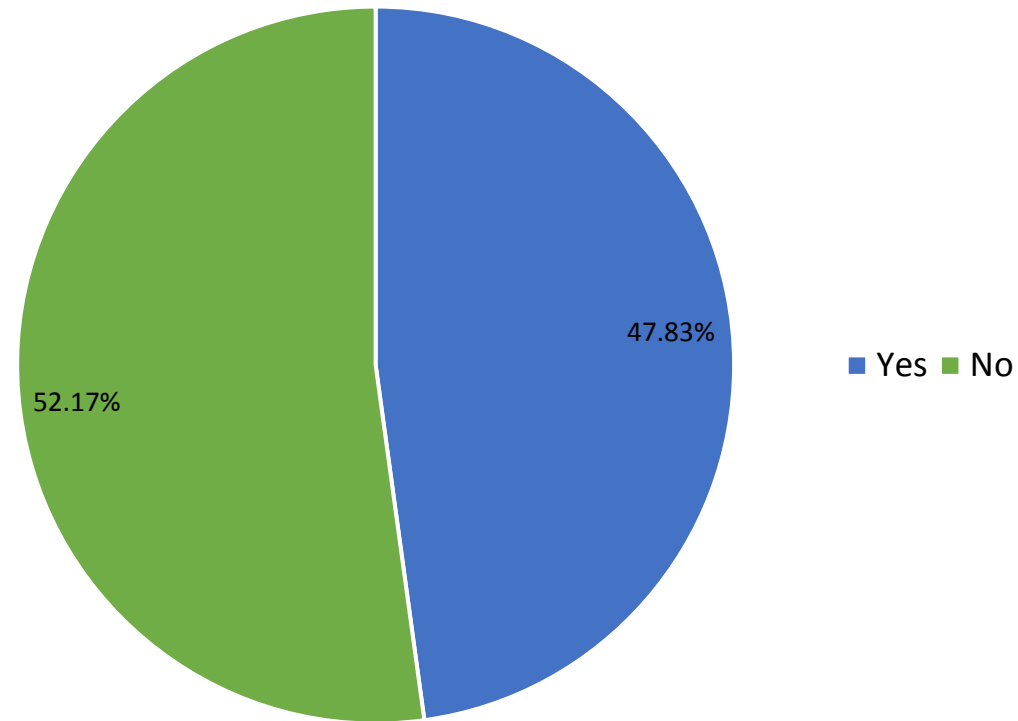


DECEMBER 15, 2017 THROUGH
JANUARY 12, 2017

- Survey template designed by ACOG, with customization for each state
- Task force members added questions on emergency department readiness
- Survey sent to all delivering hospitals in West Virginia
- 100% participation

Q5. IS YOUR BIRTH FACILITY CURRENTLY PARTICIPATING IN OR HAS IT RECENTLY PARTICIPATED IN QI EFFORTS WITH A QI ORGANIZATION (I.E. PERINATAL QUALITY COLLABORATIVE, PRIVATE OR NOT-FOR-PROFIT QI ORGANIZATION)

Currently or Recently Participated in a Perinatal QI Effort



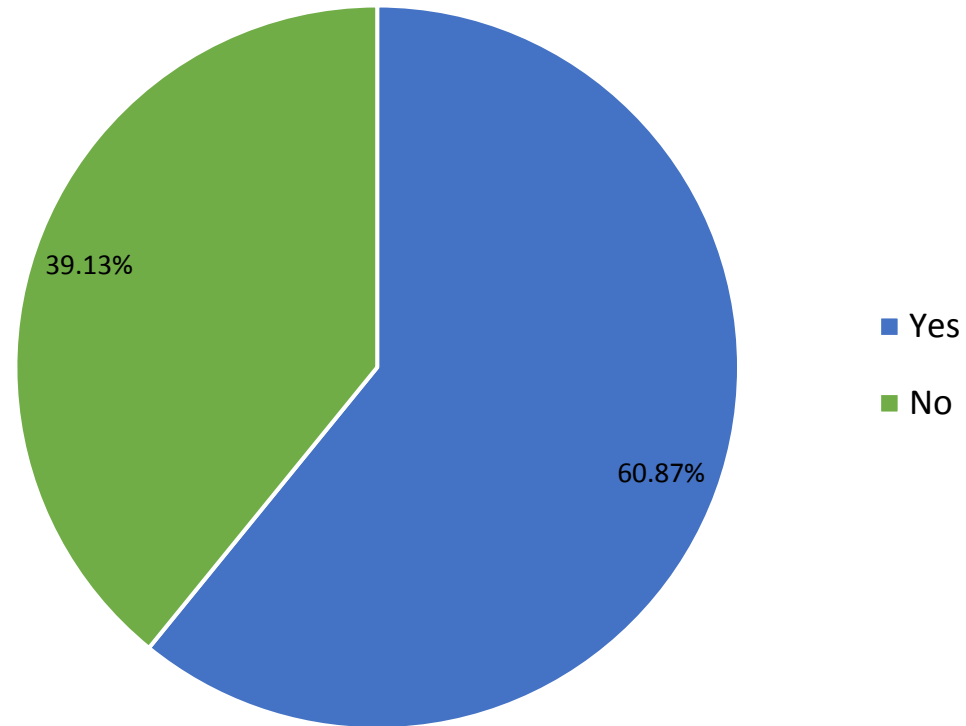


PREVIOUS QI PROJECTS

- Breastfeeding
- Surgical site infection
- NAS – identification and treatment
- TOLAC
- Reducing cesarean sections
- Hypertension in pregnancy
- Obstetrical hemorrhage

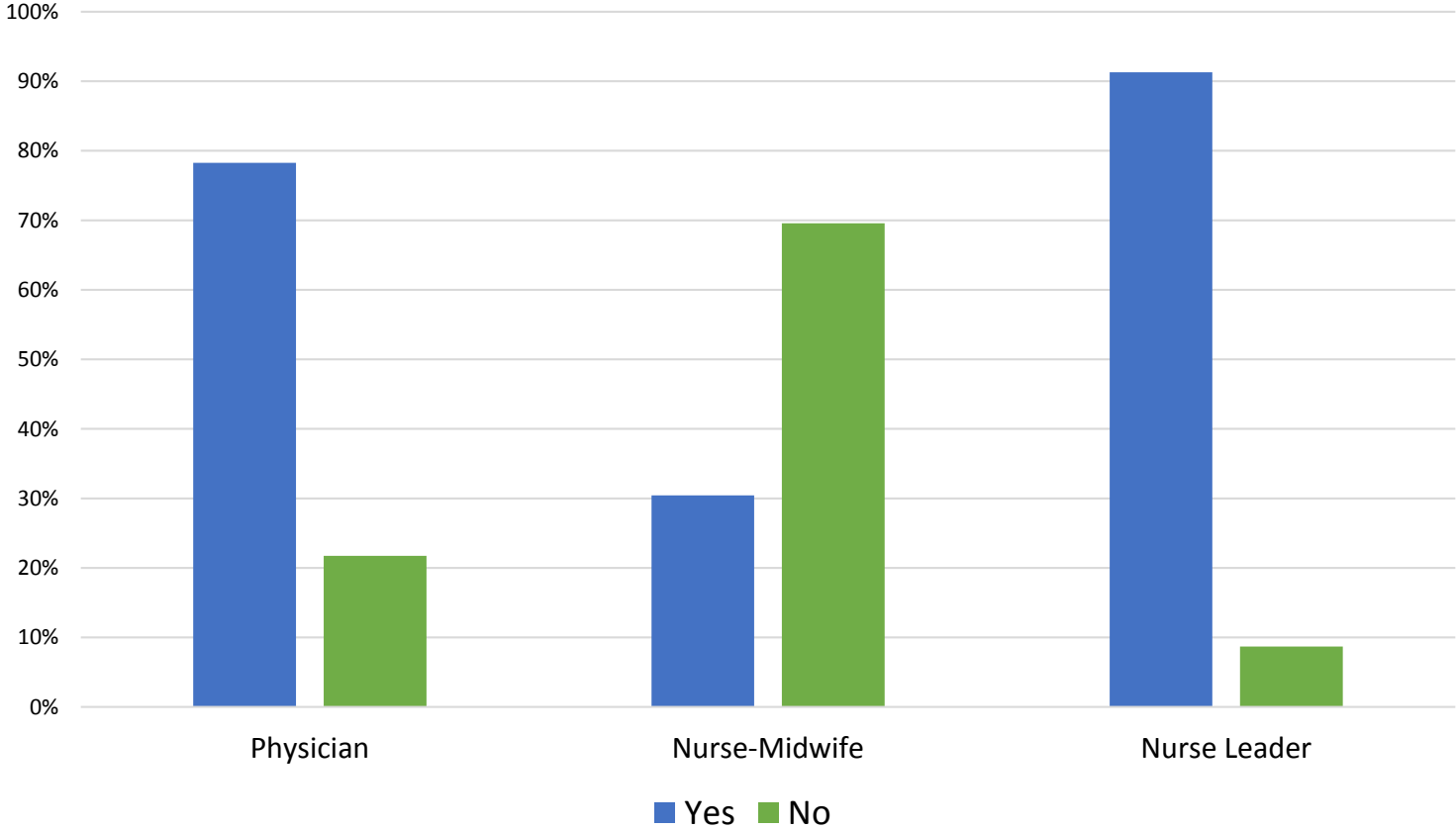
Q7. DOES YOUR BIRTH FACILITY HAVE A MULTIDISCIPLINARY PERINATAL QUALITY COMMITTEE?

Multidisciplinary Perinatal Quality Committee



Q6. DOES THE OB DEPARTMENT HAVE AN OB PROVIDER (PHYSICIAN, CNM) OR A NURSE LEADER THAT PARTICIPATES IN QI PROJECTS?

OB Leaders that Participate in QI Projects



WHO IS DOING THE WORK?

- 61% Have a multidisciplinary perinatal group
- 48% Have worked with an outside organization on performance improvement
- 78% Have an MD
- 30% Have a CNM
- 91% Have a nurse leader

WHAT WORKED WELL?

- Multidisciplinary workgroups
- Communicate expectations early in process
- Regular meetings
- Variety of education modes
- Staff and physician champions
- Involve other departments
- Getting engagement



BARRIERS

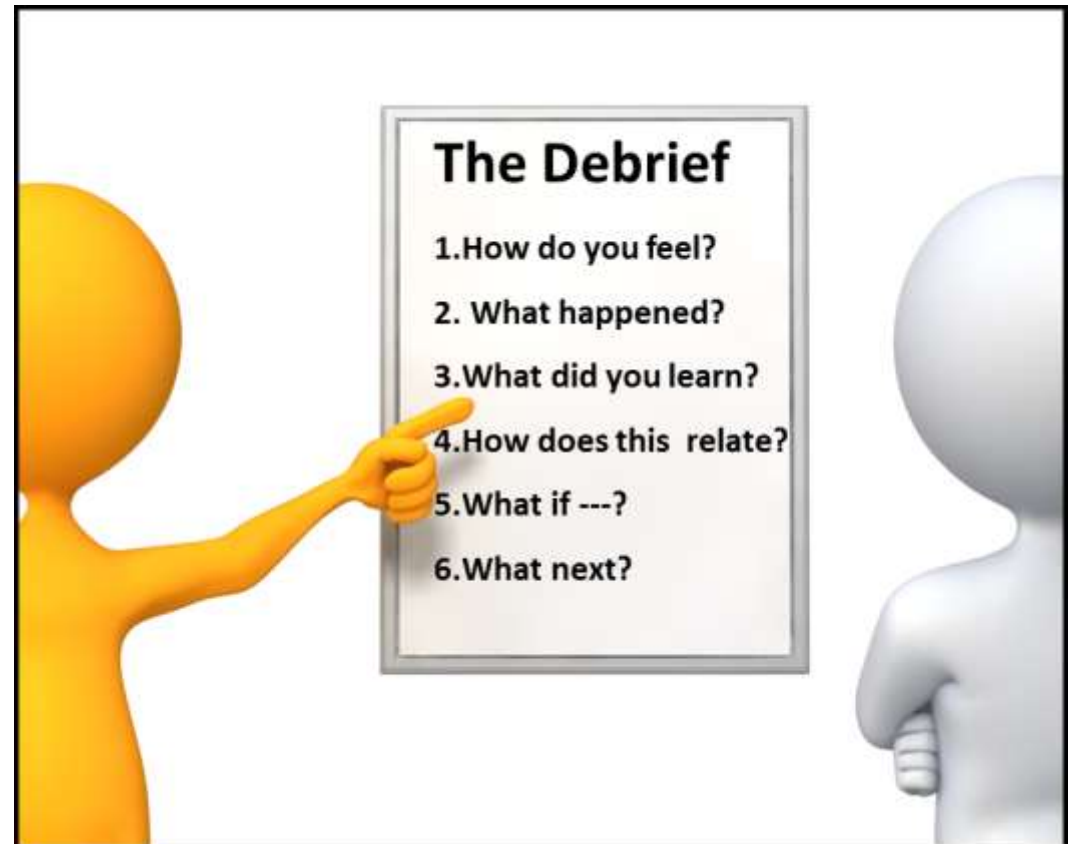
- Reluctance to change practice or process
- Lack of engagement or interest in the QI Project
- Time
- Small facility – low resources
- No integrated EMR
- Lack of physician engagement or willingness to change practice
- Staff feel overwhelmed – “one more thing”



DEBRIEFS POST EVENT?

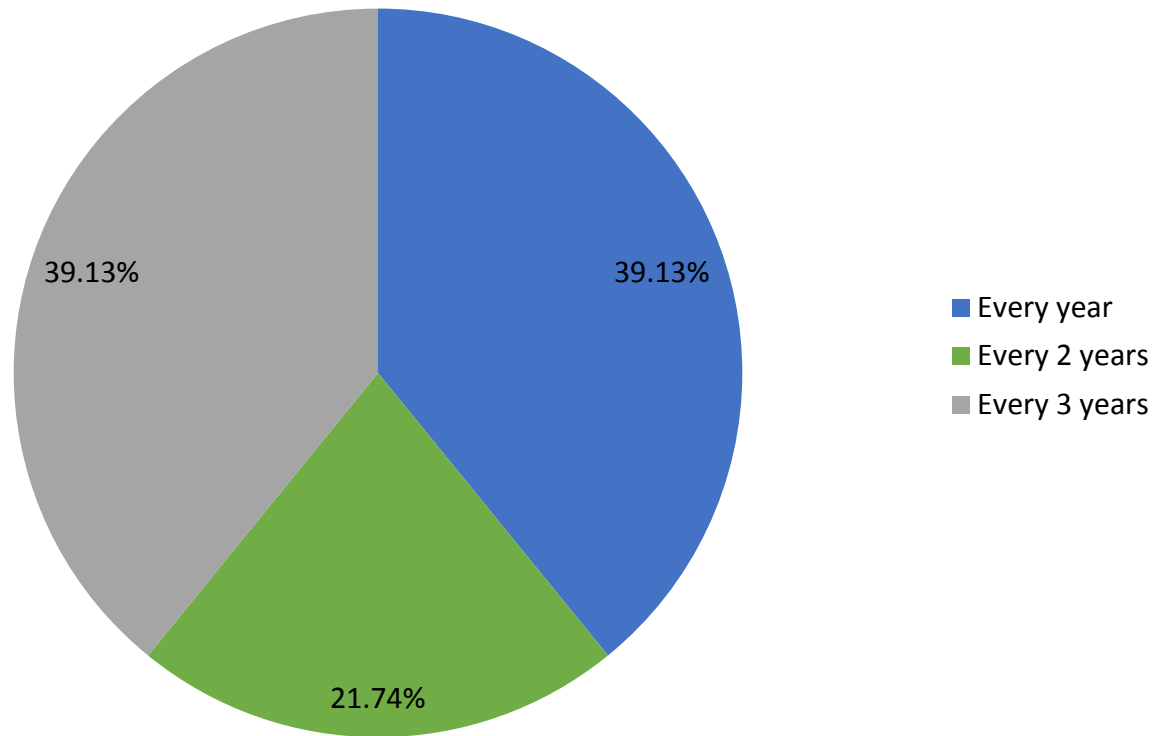
• Staff 91% yes

• Family and patient
39% yes



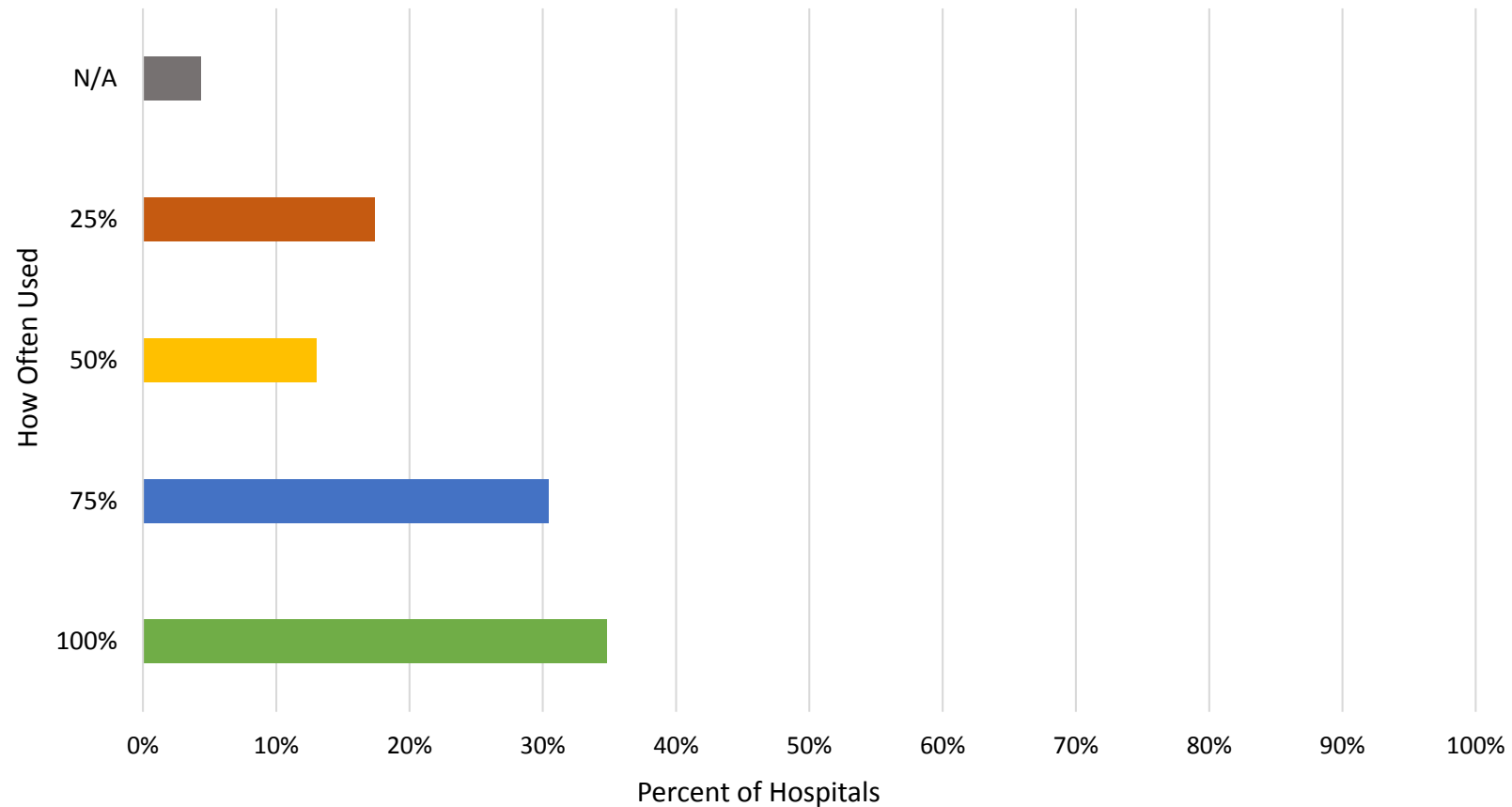
Q12. HOW OFTEN ARE THE OBSTETRIC EMERGENCY POLICIES AND PROTOCOLS REVIEWED AND UPDATED?

OB Emergency Policies and Procedures are Updated



Q13. HOW OFTEN ARE THE OBSTETRIC EMERGENCY POLICIES AND PROTOCOLS (I.E. ORDER SETS) USED IN AN OBSTETRIC EMERGENCY BY STAFF (OB, OB RESIDENT, CNM, STAFF RN)?

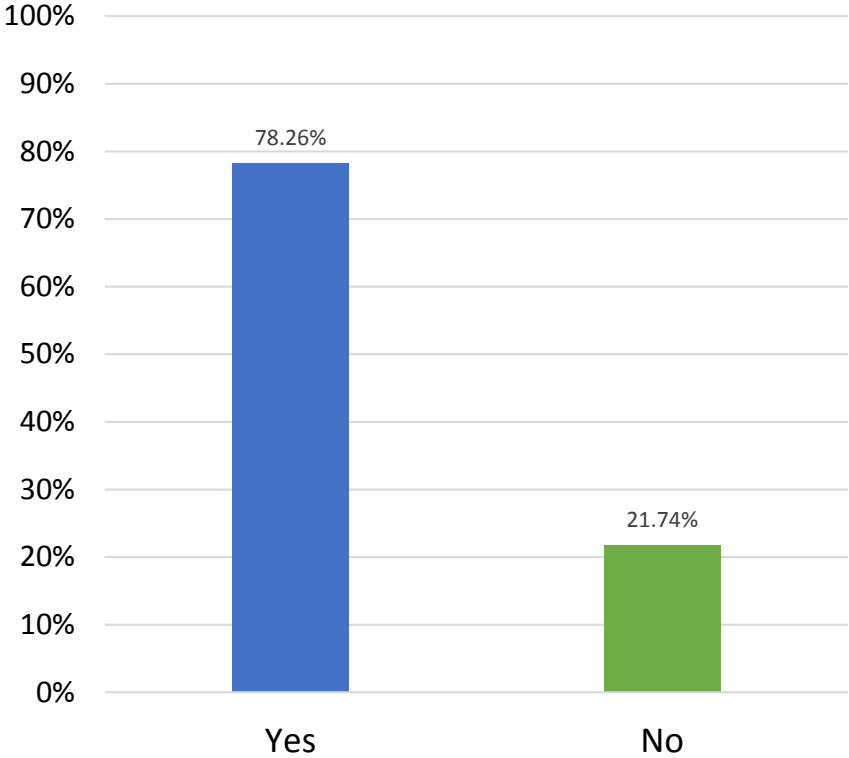
How Often Policy/Protocols are Used by Staff in an OB Emergency



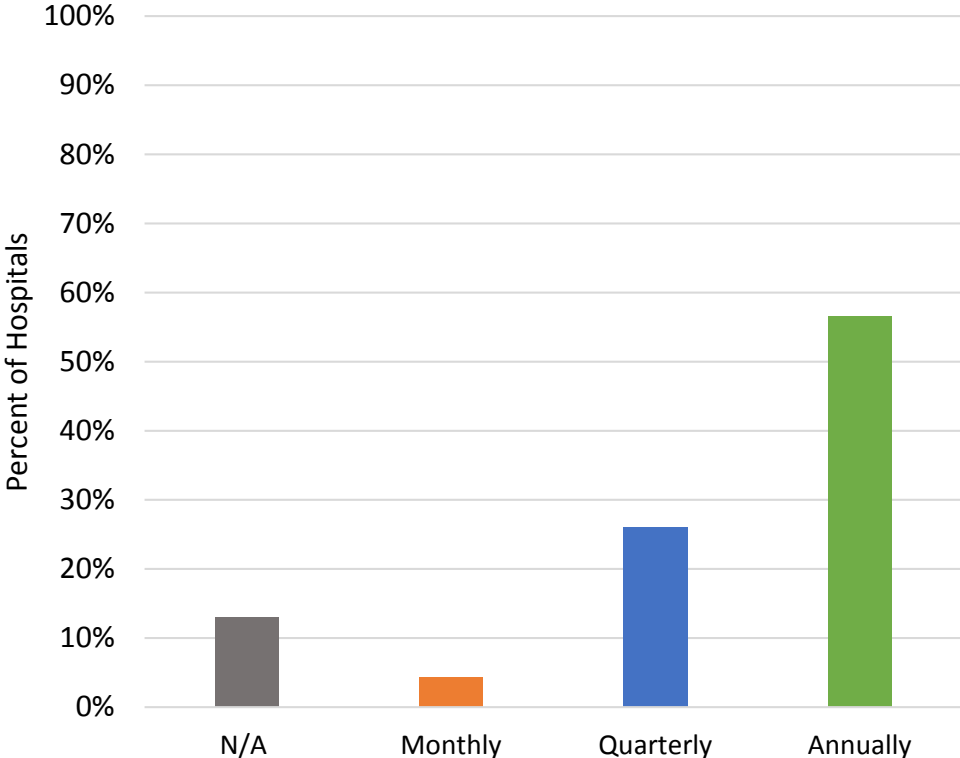
Q15. DOES YOUR BIRTH FACILITY CONDUCT REGULAR MULTIDISCIPLINARY IN SITU (ON SITE) CLINICAL SCENARIO SIMULATION DRILLS FOR OB EMERGENCIES?

Q16. HOW OFTEN DOES THE OB DEPARTMENT CONDUCT CLINICAL SCENARIO SIMULATION DRILLS?

Conduct Regular OB Emergency Drills

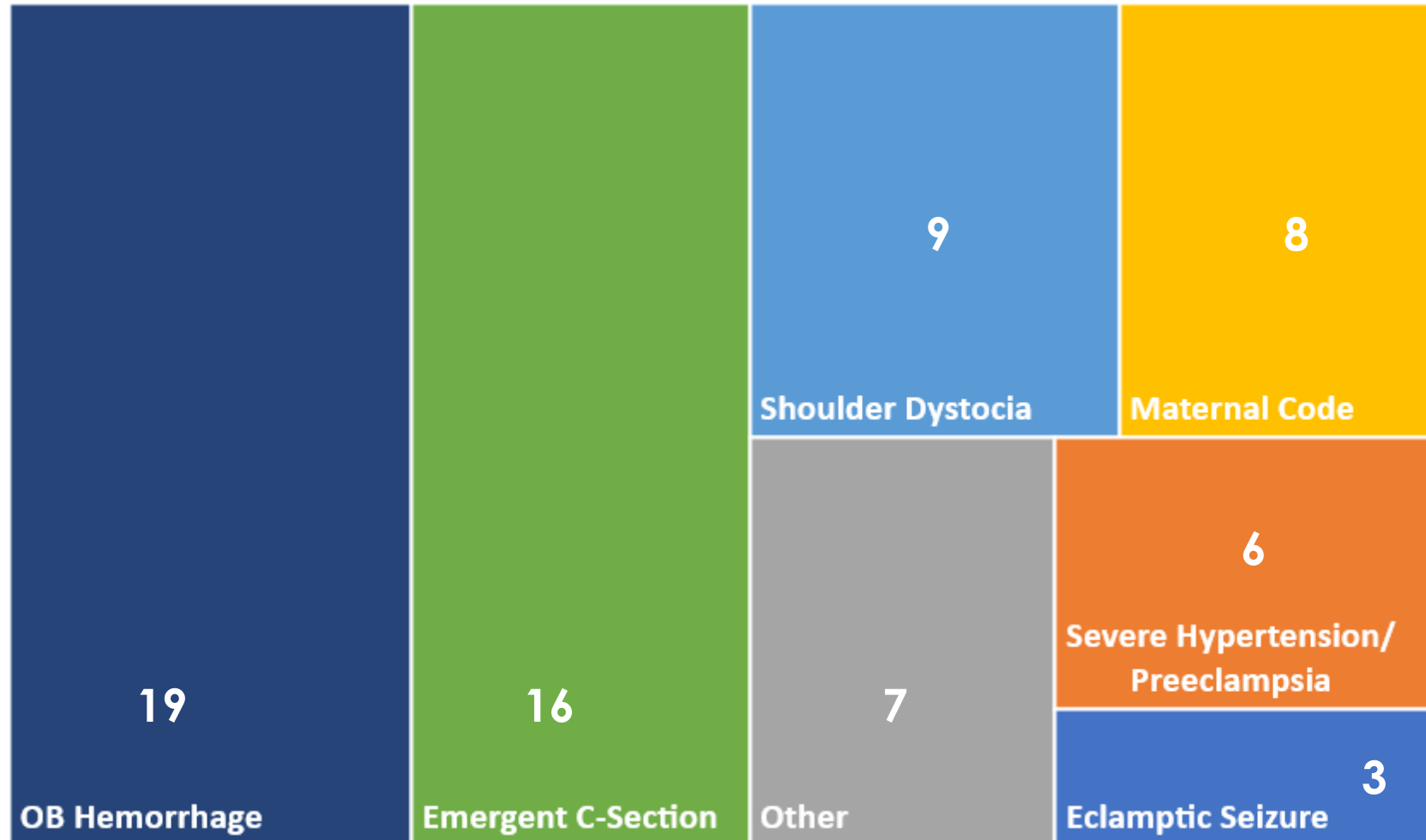


How Often OB Emergency Drills are Conducted



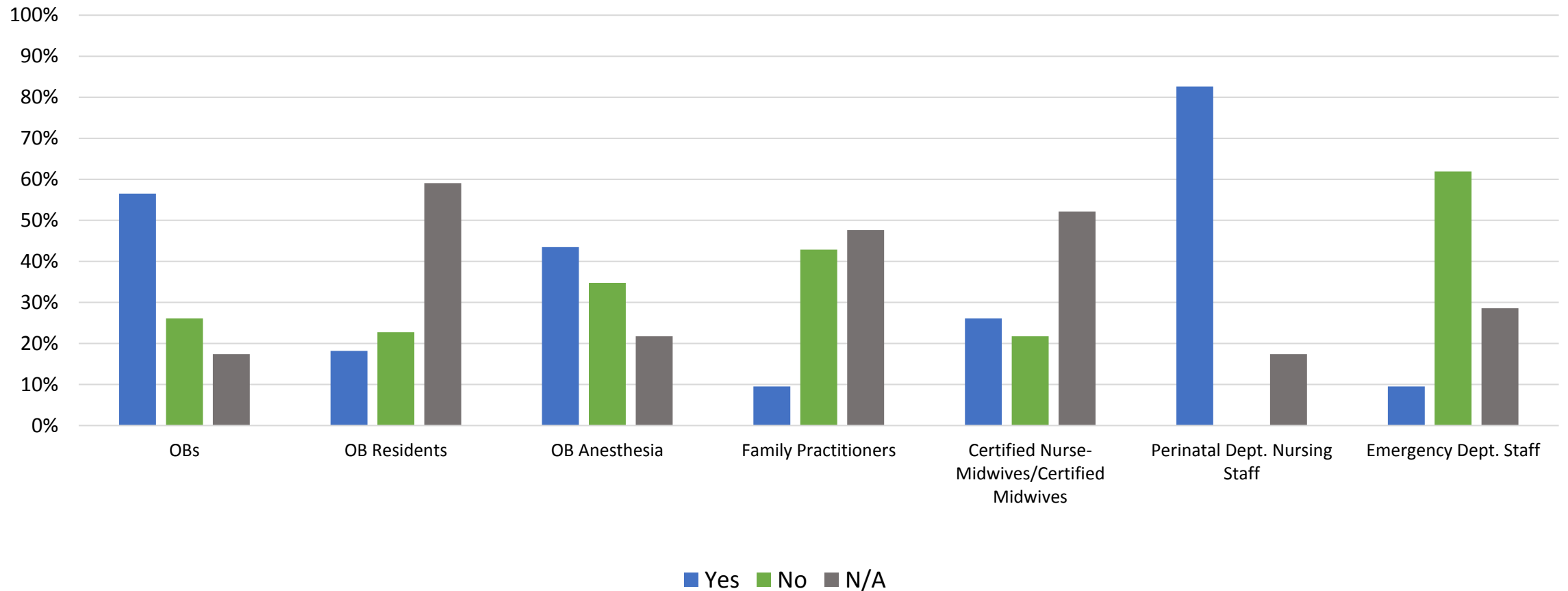
Q17. WHAT OBSTETRIC EMERGENCIES DO THESE CLINICAL SCENARIO SIMULATION DRILLS FOCUS ON?

Focus of OB Emergency Drills

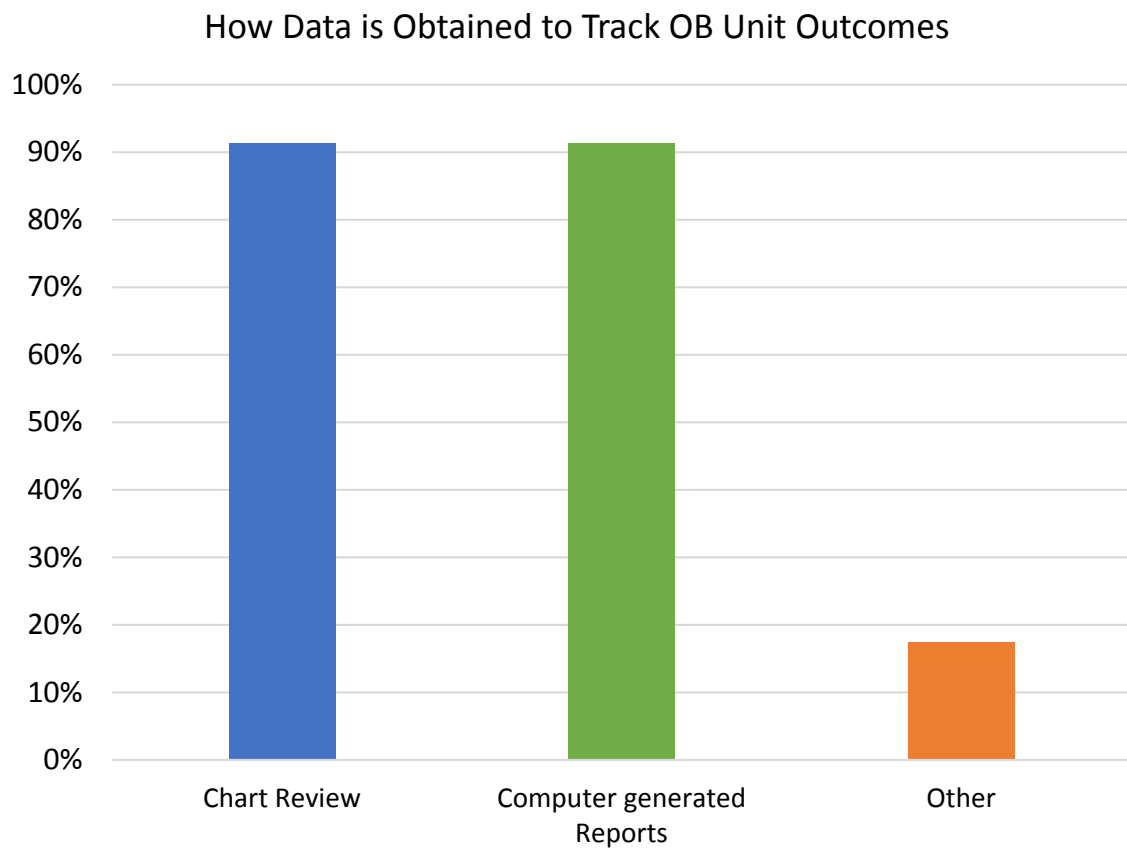


Q18. WHICH FRONTLINE PROVIDERS ARE REQUIRED TO PARTICIPATE IN THE OB CLINICAL SCENARIO SIMULATION DRILLS?

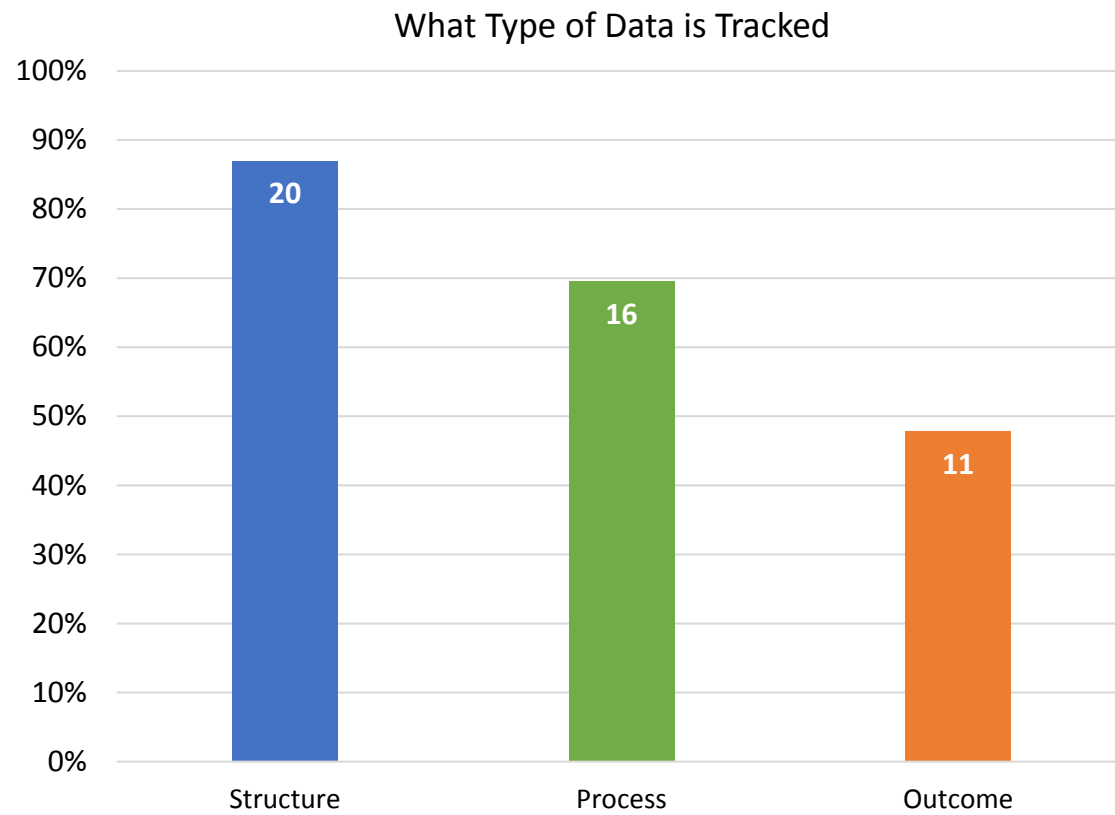
Frontline Providers that Participate in OB Simulation Drills



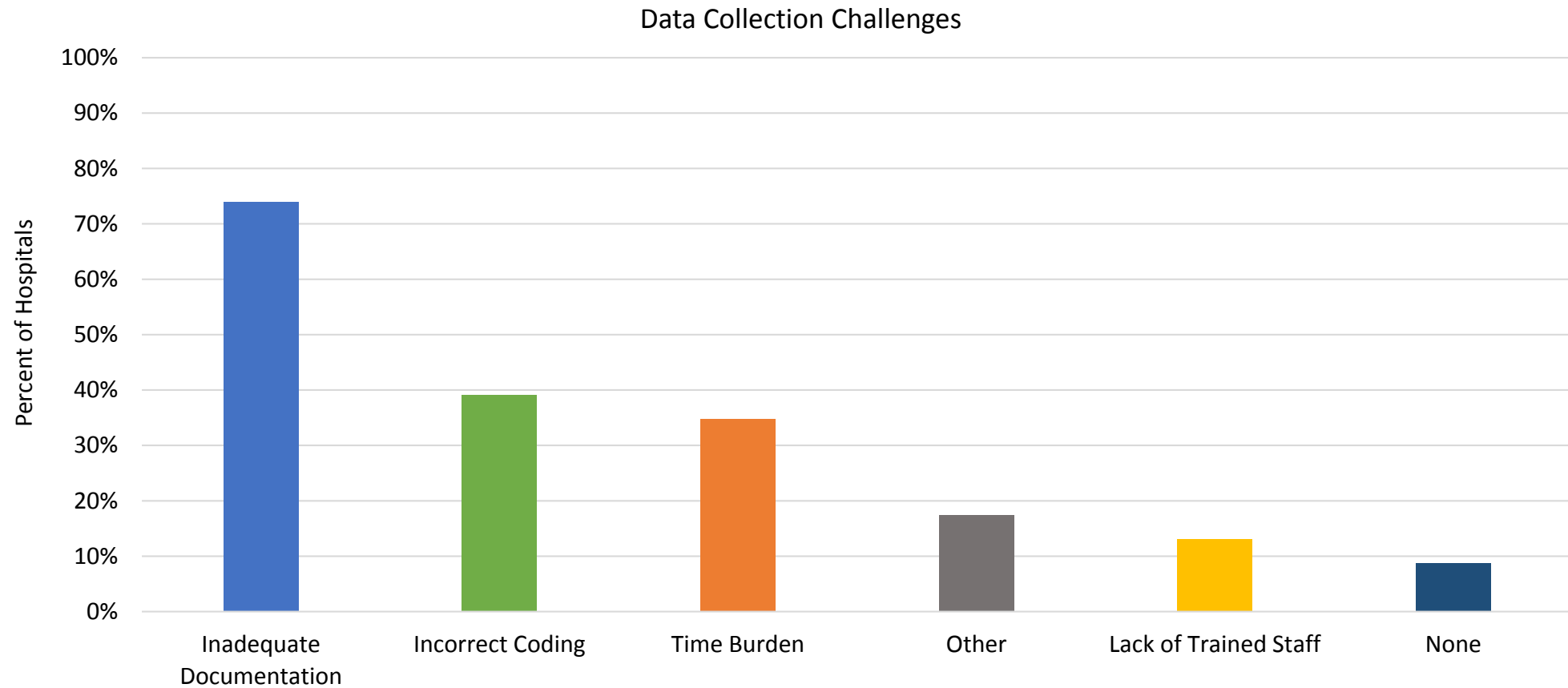
Q19. HOW DOES THE OB DEPARTMENT OBTAIN DATA TO TRACK UNIT-BASED OUTCOMES?



Q20. WHAT TYPE OF DATA MEASURES DOES THE OB DEPARTMENT TRACK?



Q21. WHAT DATA COLLECTION CHALLENGES EXIST IN YOUR BIRTH FACILITY?



WHAT ARE THE CURRENT GAPS IN READINESS?

- Supply availability – recent poll of delivery facilities indicate that about 50% have a hemorrhage cart and/or graduated drapes for blood quantification
- Policies and procedures – survey indicates many have policies and protocols in place, but use of them less than 100%
- Engagement – physician involvement in practice change, simulation drills and protocol development can lead to better success
- Resources – limited time, supplies, staff availability all contribute to inconsistent training and performance