Implementation of a Standardized, Multidisciplinary Bereavement Program for an Integrated Health Care System

**Purpose for the Program**
Care rendered to women experiencing perinatal loss happens anytime day or night and in various departments across the integrated health care system. Opportunities were identified to provide staff a standardized process for perinatal bereavement care that would reduce variation and improve outcomes.

**Proposed Change**
It was identified that individualized, ongoing education and training were needed for staff from the following: clinics, obstetrics, emergency department, surgery, neonatal intensive care unit, laboratory and pastoral care. In addition, comprehensive policies, procedures, and checklists were needed that would include all pertinent departments where patients experiencing perinatal loss would seek care.

**Implementation, Outcomes and Evaluation**
As a result of the education, training, and revised policies, we are seeing an increase in women served in areas where bereavement care was previously not provided. Other enhancements have been an active multidisciplinary bereavement committee, increased commitment through the employee giving campaign, growth in attendance at our infant loss support group, and improved collaboration with local funeral homes for family assistance, and the development of a perinatal hospice program.

**Implications for Nursing Practice**
In an integrated health care system where perinatal loss happens in various departments across the organization, standardization reduces variance and ultimately improves outcomes. Additionally, it enhances the comfort level and ability for nurses and other disciplines to consistently provide the right care at the right time.

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Implementing an Obstetric Emergency Department Service Line Using the Maternal Fetal Triage Index

**Purpose for the Program**
To establish a five-level priority triage system using the maternal fetal triage index (MFTI) while launching an obstetric emergency department (OBED) service line to ensure that every obstetric patient receives prompt evaluation and treatment after a standardized approach to quality care.

**Proposed Change**
To implement a practice change to meet criteria for emergency services established by the Center for Medicare and Medicaid Services and follow the triage recommendations of the Association of Women's Health, Obstetric and Neonatal Nurses.

**Implementation, Outcomes and Evaluation**
Implementation began with a multidisciplinary group of key stakeholders from senior leadership, the obstetric hospitalist group, nursing, education, admissions, health information management, quality/risk department, and the information services departments. Our comprehensive education plan included participation in the MFTI pilot community, use of the MFTI algorithm, and online education modules. Outcomes, evaluation, and monitoring were instituted to ensure the OBED requirements meet targets for timeliness of triage and accuracy of MFTI documentation. Success also will be measured with increased patient, physician, and nursing satisfaction.

**Implications for Nursing Practice**
Systematically establishing a triage priority level using the MFTI while offering an OBED service line, which provides 24/7 coverage from an obstetric board certified physician, has positive implications for nursing practice. This process ensures that every obstetric patient receives evaluation and treatment in a timely manner after a standardized approach for high-quality patient outcomes and satisfaction.