Keywords
postpartum hemorrhage
severe hypertension
safety

Women’s Health Poster Program

Implementation
Over an 8-month period, a multidisciplinary task force met several times each month to discuss the implementation of two of the AIM safety bundles: postpartum hemorrhage and severe hypertension. The team developed several tools, including educational manuals, algorithms, and a quantitative blood loss calculator in the electronic medical record. They offered a safety symposium to nurses and providers in addition to the required online education. The hospital sites worked together to validate that each hospital had the same or similar equipment, supplies, and instruments. The task force designed a road map for sustainability, which included data review, drills, and debriefs.

Outcomes and Evaluation
The efforts of the team have had a positive effect on patient safety and outcomes. All of the hospitals within the system are aligned with consistent tools and resources, which has led to identifiable progress. The key to the success of this project was the multidisciplinary commitment of the stakeholders to design a standard, consistent management approach to PPH and severe hypertension. The task force worked through the challenges of implementing the AIM bundles during a pandemic, when there was a decrease in resources. They succeeded because of their dedication, commitment, and leadership support.

Implications for Nursing Practice
This project empowered nurses to positively affect patient outcomes and safety. Nurses implemented PPH and severe hypertension best practices, and the changes will save lives.

A Nurse-Driven Initiative to Educate an Interprofessional Team About Postpartum Hemorrhage Emergency Responses

Purpose for the Program
Team collaboration is crucial to optimizing patient safety. The management of emergencies requires not only technical skills but also communication, leadership, and the ability to maintain situational awareness. Simulation is a useful tool for team training and strengthening teamwork. However, because of COVID-19 social distancing guidelines, the team needed innovative strategies to facilitate staff education. This presented an opportunity to increase patient safety around postpartum hemorrhage (PPH) with a new training program designed to optimize team performance during restrictions related to the pandemic.

Proposed Change
Promote patient safety by developing and implementing an innovative educational program to support the roll-out of a new emergency code response for PPH to the interprofessional team. The initiative was designed to improve clinicians’ recognition of, readiness for, and response to PPH based on Association of Women’s Health, Obstetric and Neonatal Nurses’s (AWHONN’s) guidelines.

Implementation
During the COVID-19 pandemic, an interprofessional team convened virtually to strategize about how to disseminate information and prepare the team for changes related to a new emergency code response for PPH. Nurses partnered with interprofessional team members, including obstetricians and midwives, anesthesiologists, pharmacists and the blood bank, to create PPH emergency code scenarios. Clinical nurse education specialists engaged a core group of nurses as unit champions (UC). UCs received training to become experts in facilitating in situ simulations. A multimodal educational plan that included virtual PPH emergency code response simulation, in situ simulations, policy update (read and sign), and a posttest was developed.

Outcomes and Evaluation
All nurses were required to read and sign the PPH policy and complete a posttest. Posttest scores fell between 90% and 100%. In addition, nurses, providers, and obstetric technicians recorded a simulation video focusing on the PPH emergency code response. Approximately 300 interprofessional team members completed the education and reviewed the simulation video, and 98% of all team members participated in situ simulations.

Implications for Nursing Practice
Communication and interprofessional collaboration are crucial to provide safe patient care. The use of creative educational strategies promotes staff engagement and elevates nursing
practice. Research suggests that in situ simulations have a positive effect on nurses' confidence level in the recognition and initiation of interventions in emergencies. Timely interventions during a PPH emergency can save lives.

What to Expect When You Were Not Expecting to Have COVID-19

Purpose for the Program
COVID-19 is a new infection that has evolved over the last year. Pregnant women who unknowingly have COVID-19 but are asymptomatic arrive at the hospital expecting to give birth but not expecting to do so in isolation with additional protocols. The purpose of this program was to provide patients with up-to-date evidence-based education about COVID-19 precautions, postpartum care, and care of their newborn. The program also framed accurate expectations of the plan of care for postpartum patients who have a new diagnosis of COVID-19.

Proposed Change
A two-step education process was implemented. First, an information guide was developed for patients (and made available via QR codes) that had the most up-to-date information from the American Academy of Pediatrics and U.S. Centers for Disease Control and Prevention. Second, a scripting tool was created for postpartum nurses to communicate with patients via telephone before birth.

Implementation
In collaboration with the Obstetric and Neonatology Physicians, education was developed for COVID-19–positive patients who were giving birth. As a result of frequently asked questions compiled from previous patients, a scripting tool was established. This tool allowed for streamlined communication between nurses and patients.

Outcomes and Evaluation
From July 2020 to December 2020, 34 asymptomatic patients with COVID-19 gave birth at our facility. These patients were able to receive communication and education and be involved before birth in their postpartum plan of care. To evaluate these outcomes, follow-up telephone interviews were conducted with patients after they were discharged. Patients who reported receiving communication from a nurse before birth reported that “this was very helpful” on a Likert-type scale.

Implications for Nursing Practice
Nurses have a duty to provide patients with the most current evidence-based care. With the fluctuating data that come with an evolving new epidemic, a system to educate patients is a valuable tool for nurses. Having standardized tools for nursing staff to provide uniform dialogue when discussing care with patients allows nursing to include the patient in her plan of care. Being able to provide education to a patient before she gives birth helps establish the nurse–patient relationship.