



Background

- **AIM STATEMENT:** We are committed to providing timely and consistent hemorrhage care to our obstetric patients at GMC thus reducing maternal morbidity and mortality.
- Glendive Medical Center has very few severe maternal morbidity and mortality events, however that only strengthens our need to be better prepared.
- We identified the first step to preparedness was to develop policies and standardized care guidelines. We would then use these to implement education and regular obstetrical simulation training to ensure staff have the necessary tools to provide exceptional patient care.

Meet our Team-

(pictured from left to right)

Leticia Huber RN, DON, Dr. Elizabeth Brown OB/GYN, Dr. Randy Wobser OB/GYN, and Kaytlen Crawford RN, lead OB nurse. Not pictured is MJ Marx BSN, RN, MSN-BC, CPHQ our Director of Quality



Project Design and Methods

- This project was implemented using PDSA (Plan-Do-Study-Act) Methodology and supported through the Montana Perinatal Quality Collaborative (MPQC).
- Didactic education as well as hands on simulation training were used to disperse the standards of care in regard to Obstetrical Hemorrhage.
- We developed tools for staff to use at the bedside for quick references such as checklists and medication references.
- The STOP debrief form was utilized to have a systematic approach to patient and staff debriefings after critical events.
- We are continuing to work closely with our E.H.R. to develop tools that are integrated within the system for quantitative blood loss.

Our Results

- Education was provided to the two OB/GYN physicians at GMC in addition to the obstetrical and surgical nursing staff using the Maternal Hemorrhage Care Guideline that was developed. Ancillary/support staff were also educated about their role in the rapid response of hemorrhage care.
- Quantitative blood loss (QBL) measurements were implemented as a gold standard of obstetrical hemorrhage care in Labor and Delivery as well as in the Operating Room.
- A hemorrhage cart and medication totes were refined to contain all the necessary supplies and be readily available at the patient's bedside for a timely response.
- Staff enjoyed and were really involved in our simulation trainings from all different departments.

Our OB and Infant Emergency Cart

Originally, we had a large tote containing OB Hemorrhage supplies that the OB nurse had to lug back and forth between labor rooms and to the OR. It was inefficient, hard to find what you needed, and was not being checked for outdates or re-stocking routinely.

The cart pictures has allowed us to house all of our emergency care supplies for an obstetrical hemorrhage in an organized manner.

We developed a consistent process for tracking and managing outdates and restocking.

The medication totes on top were also thoroughly reviewed with the pharmacy staff to ensure we had everything we needed in the correct doses and amounts.



PINK

- All things obstetrical hemorrhage are labeled with the color pink.
- All of our emergency medications are in a medication tote managed by pharmacy. The meds we would give in a OB hemorrhage all have bright pink labels on them.
- Our refrigerated medications, Methergine and Hemabate are both in a pink zipper pouch so any staff member can easily find it in the pharmacy fridge.
- The checklist for response in an OB hemorrhage is laminated in bright pink.
- The supply drawers in our cart pertaining to hemorrhage care are labeled bright pink as well.

Keep it Fun!



Make sure staff have time to get hands on! Let them open equipment, practice the interventions, calculate the blood loss.

Listen to staff feedback. The plan, do, study, act methodology allowed for quick changes to processes to get the most efficient process down. You may not end up with what you started.

Remember, nothing is going to be perfect and that the best thing we can do is reflect and try and do a better job next time.

Conclusions

- Prior to starting this project Glendive Medical Center did not have a standardized policy or care guideline and did not routinely hold simulation trainings or drills. We have held several simulations for staff including obstetrical hemorrhage, cord prolapse, how to set up the infant warmer, transition to the OR.
 - We included our non-OB nurse so they knew how to help in an emergency.
 - We also made sure to include ancillary departments and educated on their role in rapid response.
- The implementation of policies and standardized guidelines gave our team a jumping off point to start providing education and training to staff. It allowed our team to focus on the patient from the initial risk assessment, through the care of the hemorrhage patient, as well as how to handle staff and patient trauma after a critical event.
- Our true success came from the active involvement of the OB/GYN physicians and all nursing staff.
- One of our lead OB nurses was integral to this project's success. Involvement from front-line staff is essential to change!