Partnership for Patients
Safe Deliveries Roadmap
Learning Collaborative Webcast
September 18, 2014

Safe Deliveries Roadmap
Advancing Safety for Mothers and Babies
A Roadmap from Pre-pregnancy to Postpartum

Presented at Washington State Hospital Association Safe Table Webcast Sept. 18, 2014
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Washington State Hospital Association

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Today

• Hear updates on the Safe Deliveries Roadmap
• Hear from clinicians at Providence Regional Medical Center Everett on how they use simulation to improve early identification and treatment of postpartum hemorrhage
• Ask questions and discuss how to run simulations in your hospital

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Partnership for Patients

- 40 – Percent reduction in harm
- 20 – Percent reduction in readmissions
- 14 – by 2014

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10 Targeted Strategies

**Infection Reduction:**
1. Catheter-associated urinary tract infections (CAUTI)
2. Central line-associated blood stream infections (CLABSI)
3. Surgical site infections (SSI)
4. Ventilator-associated pneumonia (VAP)

**Nursing Care:**
5. Injuries from falls and immobility
6. Pressure ulcers

**High Risk:**
7. Adverse drug events
8. **Obstetrical adverse events**
9. Venous thromboembolism or blood clots (VTE)

**Continuity of Care:**
10. Prevention of readmissions

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OB Adverse Events

• Partnership for Patients: 2014
  • Early Elective Delivery Prior to 39 Weeks
  • Episiotomy
  • Pre-eclampsia
  • Hemorrhage
• Safe Deliveries Roadmap
  • Labor Management Bundle
    • Induction of labor
    • First stage labor
    • Second stage labor

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Harm and Readmissions Reduction Results

Below the Line is Better

Submission Rates for Most Recent Quarter:

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
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<tbody>
<tr>
<td>CLABSI-ICU</td>
<td>98.4%</td>
</tr>
<tr>
<td>VAP</td>
<td>88.4%</td>
</tr>
<tr>
<td>CAUTI-ICU</td>
<td>98.4%</td>
</tr>
<tr>
<td>SSI</td>
<td>94.0%</td>
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<tr>
<td>OB-EED</td>
<td>80.3%</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>88.2%</td>
</tr>
<tr>
<td>ADE</td>
<td>57.0%</td>
</tr>
<tr>
<td>VTE</td>
<td>85.2%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>100.0%</td>
</tr>
<tr>
<td>Leadership, Patient and Family</td>
<td>83.0%</td>
</tr>
</tbody>
</table>

Green – Reached Goal.
Yellow – Moving in the Right Direction.
Red – Work to be Done.

Based on submitted data through Q4 2013 OB-Episiotomy, OB-Preeclampsia, OB-Transfusions, Pressure Ulcers, Readmissions, Sepsis, VAP and VTE
Based on submitted data through Q1 2014 ADE, CAUTI, CLABSI, OB-EED, SSI and Falls

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Updates
Labor Day Rally

Seattle group rallies for safer births

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Results!

Washington State Non-Military Hospitals

C-Sections Among Nulliparous Term Singleton Vertex (NTSV) Deliveries SFY 1997-2014
Hospital Rate with 95% Confidence Limits

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Total</th>
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<tbody>
<tr>
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<tr>
<td>2013</td>
<td>25.4%</td>
</tr>
<tr>
<td>2014</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

Primary C-Sections Among Term Singleton Vertex (TSV) Deliveries SFY 1997-2014
Hospital Rate with 95% Confidence Limits

<table>
<thead>
<tr>
<th>Year</th>
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<td>2013</td>
<td>15.4%</td>
</tr>
<tr>
<td>2014</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

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Time Line

- Implementation
  - Practice change – see implementation guide and tools
    - Set up your structure and process
    - Engage clinicians
    - Collaborate
  - Collect data
    - Outcome:
      - WSHA-CMDC - August 15th
      - WSHA – September 1st
    - Process:
      - OB COAP – LEAPT/ October
      - WSHA – November

Safe Deliveries Roadmap Website
http://www.wsha.org/0513.cfm%20

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Safe Deliveries Roadmap Meeting Schedule

2014

• Roadmap Monthly (webcast) 7:00 – 8:00 a.m.

<table>
<thead>
<tr>
<th>January 9</th>
<th>July 23</th>
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<tbody>
<tr>
<td>February 21</td>
<td>August 19</td>
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<td>March 26</td>
<td>September 18</td>
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<td>April 23</td>
<td>October 21</td>
</tr>
<tr>
<td>May 20</td>
<td>November 26</td>
</tr>
<tr>
<td>June 12</td>
<td>December 18</td>
</tr>
</tbody>
</table>

• Safe Tables (in-person) 9:00 a.m. – 2:30 p.m.
  • November 18 Rescheduling to January!

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COMMITTED TO PATIENT SAFETY

Simulation in Progress

As part of our ongoing commitment to patient safety and quality of care we are using simulation to practice our skills and team work.

This is not a real medical event and there are no real patients.

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Why do simulations?

- Has been shown to improve safety, quality, and teamwork for infrequently occurring emergencies in other industries:
  - NASA
  - Aviation
  - Nuclear Power
  - Military (aircraft carrier flight deck)
- Reduces liability
Encourages best practice

- Bundling of perinatal best practices and dissemination through Healthstream has made a dramatic difference in liability claims for Labor and Delivery.
OB HEMORRHAGE BACKGROUND

- Occurs in 1-5% of deliveries
- Leading cause of OB ICU admission
- Most preventable cause of maternal mortality

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PPH AT PRMCE (2013)

- 251 PPH (5.8%)
- 22 blood transfusions (8.7%)
- 1 Unplanned hysterectomy
- 45 D&C’s secondary to PPH (18%)
- 12 Intrauterine balloon placements (4.7%)
- 4 IR procedures (1.5%)
- 17 Readmits (6.7%)

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PRMCE PPH SIMULATION

- Macro-Simulation program
- Scenario of a patient recently delivered, begins to hemorrhage.
- Pt taken from delivery room to operating room
PRE-SIM OBJECTIVES

- Clear understanding of ordering and receiving blood at the Pavilion
- Standardization of move to OR after initial hemorrhage management.
- Clarification of roles in a postpartum hemorrhage.
SIMULATION

- Run in conjunction with Gossman Simulation Center (Swedish)
- 24 Sessions from Feb to Mar 2014
- 210 participants
  - 66 providers (MD, CNM, CRNA)

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SIMULATION

- Nursing
- HUC’s
- Surgical Techs
- OB providers
- Anesthesia providers
- Blood Bank & Lab
- IR
- ASAP team

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Evaluations

- Good/Complete confidence in how to manage PPH
  - Pre-53%
  - Post-94%

- Good/Complete knowledge of PPH protocols
  - Pre-49%
  - Post-91%

- Good/Complete team role awareness
  - Pre-39%
  - Post-88%

- Good/Complete awareness/use safety behaviors
  - Pre-29%
  - Post-87%

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RECOMMENDATIONS

- Facility/Systems
  - Hemorrhage med kit
  - PPH documentation tool
  - Protocol aids in hemorrhage carts
  - Pyxis

- OR
  - Posting of phone numbers (blood bank, ICU)
  - Intrauterine balloon kit.

- Blood Bank
  - Standardize process of release of product (who brings it over)

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RECOMMENDATIONS

Practice
- Refine standardize protocol for PPH
- Embed debrief and EBL for vaginal deliveries
- Risk stratification tool on admission

EPIC
- Change BB hold to T&S based on risk
- PPH order set

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RECOMMENDATIONS

- Ongoing Education
  - Catch the staff and providers that weren’t able to attend and share
  - Simulation for transport to Colby

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FOLLOW UP

- We continue to collect our data to see if there was any improvement in outcomes.
- Define role of IR in OB-If patient is too unstable to transport to Colby, hysterectomy is likely the best option.
- Review lab draws from IV site for hemolysis.
The end

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DISCUSSION
Thank You!

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