

LABORING TO IMPROVE OUTCOMES: It Takes a Village!



PURPOSE

- To improve outcomes and decrease adverse events in our Labor & Delivery Unit, including:
 - brachial plexus injury,
 - ischemic cephalic encephalopathy,
 - low Apgar scores,
 - morbidity related to obstetrical hemorrhage,
 - preeclampsia,
 - anesthetic emergencies ,
 - and sepsis.
- Improve communication among the Nursing Staff and between Nurses and Doctors
- To expose the staff to low-frequency, high-risk events that require immediate action.



BACKGROUND

Our not-for profit hospital delivers between 7000-8000 babies each year. We saw a great opportunity to make an impact.

We have a large number of staff in the L&D Department:

- 120 Labor Nurses
- 115 Post Partum Nurses
- 31 OBGY Providers
- 18 Anesthesiologists



We saw multi-disciplinary training as the best approach since there is a major emphasis on communication and teamwork.

METHODS

We adopted the Practical Obstetric Multi-Professional Training course and made it mandatory for all our Labor Nurses and Obstetricians.

It is an evidence-based program that originated in the U.K.

Each session is 8 hours in duration and consists of:

- 8 RNs
- 2 Obstetricians
- 1 Anesthesiologist

Didactic and in-situ simulation training are used in conjunction.

Participants engage in 10 scenarios including:

- Maternal arrest
- Sepsis
- High Spinal
- Shoulder dystocia
- Magnesium toxicity
- Eclampsia
- Postpartum Hemorrhage
- Uterine Inversion

The program is facilitated by our Maternal Fetal Director (Dr. M. Hellen Rodriguez), and 2 RNs.

RESULTS

- Data was collected prior to launching this program
- We will compare these findings with data collected at 1 year post initiation and 2 years post

We expect to see a decrease in:

- Brachial plexus injuries and Erb's Palsy
- Delays in transfer to the O.R in post-partum hemorrhage (when appropriate)



DISCUSSION

- Based on post-simulation evaluations and debriefing sessions, staff feel more confident in dealing with maternal emergencies
- Because the simulations are in-situ we are able to continually assess our systems and environment.
- Our crash carts and delivery carts have been modified as a direct result.
- The hemorrhage cart was developed subsequent to the simulation training
- We have collaborated with the Pharmacy department to streamline the process for accessing multiple medications during maternal emergencies.



CONCLUSIONS

Feedback has been very positive.

We look forward to comparing the pre/post data.

Teamwork and communication remain our primary focus.

The assessment of the working environment has been an added bonus.

IN THEIR OWN WORDS

Taken directly from the evaluation forms:

- “Enjoyed hearing anesthesia perspective during debrief”
- “Ultrafabulous!”
- “Excellent!”
- “Hands-on experience was great!”
- “Rewarding!”
- “We are a team, not a pyramid”
- “Fantastic!”
- “Communication is key”
- “Brilliant! Learned so much. Great learning environment”

REFERENCES

Winter, C., et al., 2015, [PROMPT Trainer's Manual](#), Cambridge University Press

Rodriguez, M.H., M.D., Dutton, J., R.N., MacKenzie, J., BSN., R.N.

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