Healthy Driven™
Edward-Elmhurst HEALTH
Postpartum Hemorrhage Drills In a Community Hospital

Amanda Hunt, MS, BSN,RN
International Nursing Association for Clinical Simulation & Learning is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Conflict of Interest

- Amanda Hunt reports no conflict of interest
- Julia Greenawalt (INACSL Conference Administrator & Nurse Planner) reports no conflict of interest
- Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest

Successful Completion

- Attend 100% of session
- Complete online evaluation
Edward-Elmhurst Health

Edward Hospital
- 354 Beds
- 5,300 employees
- 1,200 nurses
- 3,138 births annually

Elmhurst Hospital
- 259 Beds
- 2,600 Employees
- 700 nurses
- 1,854 Births annually
Learning Outcomes

Upon completion of this educational activity, participants will be able to:

1. Describe Risk for Obstetric Hemorrhage
2. Describe need for Team vs Silo Training
3. Describe Steps Involved In Planning a Postpartum Hemorrhage Simulation In a Community Hospital
Maternal Mortality Trends


*Note: Number of pregnancy-related deaths per 100,000 live births per year.

(CDC, 2017)
Postpartum Hemorrhage Trends

Rate of Postpartum Hemorrhage (PPH) per 1,000 Delivery Hospitalizations

- PPH with obstetric procedures to control hemorrhage
- PPH with blood transfusions

(CDC, 2016)

- Cardiovascular disease: 15.5%
- Infection/sepsis: 14.5%
- Hemorrhage: 12.7%
- Cardiomiopathy: 11.4%
- Thrombotic pulmonary embolism: 11.0%
- Hypertensive disorder of pregnancy: 9.2%
- Cerebrovascular accident: 7.4%
- Amniotic fluid embolism: 6.6%
- Anesthesia complications: 5.5%
- Other medical non-cardiovascular disease: 0.1%

(CDC, 2017)
Project Goals:

To improve:

- (1) Risk assessment and preparation for possible hemorrhage
- (2) Quantification of blood loss (QBL)
- (3) Recognition and treatment of hemorrhage/hypovolemia

Project Outcomes:

- Reduction of maternal morbidity and mortality from obstetric hemorrhage in Illinois
- Plan and implement collaborative obstetric hemorrhage drills.
- Facilitate interdisciplinary teamwork in a non-threating environment
- Identify potential needs for change and enhance communication and skills
Planning Team

Director OB Services
- Patricia Bradley, MSN, RNC-OB, C-EFM

OB Educators
- Jean Dwyer, MSN, RNC-OB, C-EFM
- Anita Krajecki, ND, BSN, RNC-LRN, IBCLC-RLC, HHP

Simulation Team
- Hyung Kim, MD - Medical Director Simulation
  Manager, Simulation and Training
Interdisciplinary Team Training

Institute of Medicine Report

“most care delivered today is done by teams of people, yet training often remains focused on individual responsibilities, leaving practitioners in adequately prepared to enter complex settings……the ‘silos’ created through training and organization of care impede safety improvements”

(Kohn, Corrigan, Donaldson, 1999)

Five Years After To Err is Human

“the combination of complexity, professional fragmentation, and a tradition of individualism, enhanced by a well-entrenched hierarchical authority structure and diffuse accountability, forms a daunting barrier to creating the habits and beliefs of common purpose, teamwork, and Individual accountability for successful interdependence that a safe culture requires”
# Characteristics of Teams and Silos

<table>
<thead>
<tr>
<th>SILO TRAINING</th>
<th>TEAM TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Common Identity</td>
<td>➢ Common Identity</td>
</tr>
<tr>
<td>➢ Guards Information</td>
<td>➢ Shares Information</td>
</tr>
<tr>
<td>➢ Sees own goals</td>
<td>➢ Sees Big Picture</td>
</tr>
<tr>
<td>➢ Avoids outreach</td>
<td>➢ Networks across groups</td>
</tr>
<tr>
<td>➢ “Us vs Them”</td>
<td>➢ “Us and Them”</td>
</tr>
<tr>
<td>➢ Controlling Mindset</td>
<td>➢ Collaborative Mindset</td>
</tr>
</tbody>
</table>

(geisler, 2010)
Interdisciplinary Team Training Benefits

- Limits adverse events
- Breaks down communication barriers
- Improves patient outcomes
- Decreases length of stay
- Reduces cost
- Increases job satisfaction

(Hamman, 2004 and Epstein, 2014)
Team Training Barriers

Organizational Barriers

- Senior Staff buy in
- Time Commitment
- Expectations
- Priorities
- Financial
- Regulatory
Implementation Timeline

March 2016
- Pre-planning meeting

April 2016
- Received Materials from Illinois Department of Public Health
- Simulation Planner meeting
- Met with Physicians to discuss inter-professional education
- Eight dates selected to accommodate all involved

May 2016
- Mama Natalie chosen as task trainers
- Dates narrowed to 4 since we could use all 4 rooms

July 2016
- Scenarios Developed
- Observed a local college OB Hemorrhage Simulation

August 2016
- Scenarios Finalized and programmed
- Scenario Vetted
- OB Hemorrhage Carts Set up

September 2016
- Simulation Center Opens
- Simulation Technicians Trained
- Standardized Patients Training
- Debriefing Training
- Final Dress Rehearsal

October 2016
- Show Time
Preplanning Phase

March

- Anticipation of expectations
- Timeline Established
- Brainstormed Simulation
- Identified Challenges
  - Timeline for completion of Simulation Center
  - Physician time restriction
  - Volume to train
  - Debriefing training
  - Simulation training
April

- Received Materials from Illinois Department of Public Health (IDPH)
- Reviewed options for simulation
  - SimMom
  - Noelle
  - Mama Natalie
  - Reviewed Timeline based on IDPH recommendations
- Requested expired medications from pharmacy
Preplanning Phase

May/June
- Mama Natalie chosen as task trainer
- Dates established
- Agenda established for 3 hour session
  - 1 hr lecture
  - 1 hr simulation
    - 15 min pre-briefing
    - 15 min simulation
    - 30 min debriefing
  - 1 hr exam
- Contacted EPIC liaison to discuss building the patients
- Contacted Pharmacy to discuss utilization of Pyxis
July

- Recruited additional team members
- OB educators developed scenarios
  - Labor and Delivery Unit
  - Mother/Baby Unit
- Perfected Blood
- Observed OB Hemorrhage simulation at local college
- OB Educators assigned RNs and OB Techs date to attend
- Dates published to physicians for sign up
Our Team

**Simulation Medical Director**
- Hyung Kim, MD-

**Simulation Manager**
- Amanda Hunt, MS, BSN, RN

**Simulation Faculty**
- Lorna Dudzik, MS, APRN, CNS-BC
- George Hidalgo, EMT
- Dave Johnsen, EMT
- T. Smith, MS, FNP-BC, NP-C, CEN, CH
- Judy Vierke, MS, RN

**Standardized Patients**
- Monique Cavalcante, RN
- Cheryl Dougherty, BSN, RNC-MNN, IBCLC
- Amy Simenson, BSN, RNC-MNN, CLC
- Susan Villa, RN, C-EFM

**OB Director**
- Patricia Bradley, MSN, RNC-OB, C-EFM

**OB Educators**
- Jean Dwyer, MSN, RNC-OB, C-EFM
- Anita Krajecki, ND, BSN, RNC-LRN, IBCLC-RLC, HHP

**OB Clinical Leaders**
- Diane Fitzpatrick, BSN, RNC-OB, C-EFM
- Asta Savickas, BSN, RN, CLC
- Noreen Winter, BSN, RN, C-EFM
- Jill Zuleg, BSN, RN

**Clinical Data Registrar**
- Melinda Panzarella, MBA, MSN, RNC

**OB Physicians**
- Jill Moran, MD
- Christopher Olson, MD
- Donald Taylor, DO
August
August

- Scenario finalized and programed
- Scenario vetted with Planning Team
- Gathered equipment in EPIC and Pyxis
  - Hemorrhage Carts
- Gathered equipment
  - Scales
  - Fetal Monitoring Carts
- Medications from pharmacy

Planning
### MB Hemorrhage Drill Content Expert Checklist

**Scene 1**

<table>
<thead>
<tr>
<th>Task</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Nurse Answers Call Light and enters patient room.</td>
<td>✔</td>
</tr>
<tr>
<td>Places baby in bassinet.</td>
<td>✔</td>
</tr>
<tr>
<td>Initiates Fundal massage/one assessment.</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Scene 2**

<table>
<thead>
<tr>
<th>Task</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital Sign assessment.</td>
<td>✔</td>
</tr>
<tr>
<td>Uterine/lochia assessment.</td>
<td>✔</td>
</tr>
<tr>
<td>Put emergency light on.</td>
<td>✔</td>
</tr>
<tr>
<td>Calls charge nurse and requests her to bring the OB Hemorrhage Cart to the room.</td>
<td>✔</td>
</tr>
<tr>
<td>Primary Nurse gives SBAR report to charge nurse of patient condition and continues fundal massage.</td>
<td>✔</td>
</tr>
<tr>
<td>Charge RN calls OB Rapid Response Team 75555.</td>
<td>✔</td>
</tr>
<tr>
<td>Primary RN takes charge of the emergency code and assigns responsibilities to MB Nurses as they arrive:</td>
<td>✔</td>
</tr>
<tr>
<td>1st MB RN - Places Non-Rebreather Mask @ BL and places Pulse Ox then assesses vital signs.</td>
<td>✔</td>
</tr>
<tr>
<td>Tech - remove the baby and Dad to the nursery and bring a scale.</td>
<td>✔</td>
</tr>
<tr>
<td>2nd MB RN - Primary Nurse instructs her to place a foley and quantifies blood loss.</td>
<td>✔</td>
</tr>
<tr>
<td>3rd MB RN - Primary RN instructs her to be the recorder.</td>
<td>✔</td>
</tr>
<tr>
<td>4th MB RN - Primary RN instructs her to take over on fundal massage.</td>
<td>✔</td>
</tr>
<tr>
<td>Primary RN notifies Patient's OB.</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Scene 3**

<table>
<thead>
<tr>
<th>Task</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB Manages the Hemorrhage.</td>
<td>✔</td>
</tr>
<tr>
<td>Orders Meds.</td>
<td>✔</td>
</tr>
<tr>
<td>Orders Blood B/or Labs.</td>
<td>✔</td>
</tr>
<tr>
<td>Orders Patient to be Prepped for OR.</td>
<td>✔</td>
</tr>
<tr>
<td>Anesthesiologist.</td>
<td>✔</td>
</tr>
<tr>
<td>Assists with 2nd Line placement.</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Scene 4**

<table>
<thead>
<tr>
<th>Task</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drill Ends.</td>
<td>✔</td>
</tr>
</tbody>
</table>
Implementation Phase

September

- Simulation Faculty/Technicians trained
- Debriefing training for team
- Standardized patients trained
- Agenda Finalized
- Patients finalized in EPIC
- Patients finalized in Pyxis
- Registrations Complete
- Final dress rehearsal
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:45 – 6:00 pm</td>
<td>Registration</td>
</tr>
<tr>
<td>6:00 – 7:00 pm</td>
<td>Didactic Lecture</td>
</tr>
<tr>
<td>7:00 – 7:15 pm</td>
<td>Break</td>
</tr>
<tr>
<td>7:15 – 8:15 pm</td>
<td>Breakout Sessions Simulation Written Exam</td>
</tr>
<tr>
<td>8:15 – 8:30 pm</td>
<td>Break</td>
</tr>
<tr>
<td>8:30 – 9:30 pm</td>
<td>Breakout Sessions Simulation Written Exam</td>
</tr>
<tr>
<td>9:30 – 9:45 pm</td>
<td>Evaluations/CME/CE</td>
</tr>
<tr>
<td>Time</td>
<td>Location</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
</tr>
<tr>
<td>5:45pm - 6:00pm</td>
<td>Auditorium</td>
</tr>
<tr>
<td>6:00pm - 6:15pm</td>
<td>Auditorium</td>
</tr>
<tr>
<td>6:15pm - 6:30pm</td>
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<tr>
<td>6:30pm - 6:45pm</td>
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</tr>
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<td>Auditorium</td>
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<tr>
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<td>Auditorium</td>
</tr>
</tbody>
</table>

**OB Hemorrhage Didactic Lecture for All Participants (OB Physicians, Anesthesiologists, RNs)**

**Sim Lab Atrium**

**Registration**

**Test Proctors**

**Drill Room Set up and Clean up**

**Actresses**

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Edward-Elmhurst HEALTH

Healthy Driven
# Individual Rotation Sheet

## GROUP NAME

<table>
<thead>
<tr>
<th>TIMES</th>
<th>STATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:45pm - 6:00pm</td>
<td>REGISTRATION</td>
</tr>
<tr>
<td>6:00pm - 6:15pm</td>
<td>OB HEMORRHAGE DIDACTIC LECTURE</td>
</tr>
<tr>
<td>6:15pm - 6:30pm</td>
<td></td>
</tr>
<tr>
<td>6:30pm - 6:45pm</td>
<td></td>
</tr>
<tr>
<td>6:45pm - 7:00pm</td>
<td></td>
</tr>
<tr>
<td>7:15pm - 7:30pm</td>
<td>WRITTEN COMPETENCY TEST</td>
</tr>
<tr>
<td>7:30pm - 7:45pm</td>
<td></td>
</tr>
<tr>
<td>7:45pm - 8:00pm</td>
<td></td>
</tr>
<tr>
<td>8:00pm - 8:15pm</td>
<td>BREAK</td>
</tr>
<tr>
<td>8:15pm - 8:30pm</td>
<td>INTRO TO SIMULATION LAB</td>
</tr>
<tr>
<td>8:30pm - 8:45pm</td>
<td>SIMULATION DRILL</td>
</tr>
<tr>
<td>8:45pm - 9:00pm</td>
<td>DEBRIEFING SESSION</td>
</tr>
<tr>
<td>9:00pm - 9:15pm</td>
<td>EVALUATION/CME/CE</td>
</tr>
<tr>
<td>9:15pm - 9:30pm</td>
<td></td>
</tr>
<tr>
<td>9:30pm - 9:45pm</td>
<td></td>
</tr>
</tbody>
</table>
Room Set up

OB HEMORRHAGE CART AND SCALE AVAILABLE OUTSIDE OF EACH ROOM

ROOM SET UP AND READY FOR THE STANDARDIZED PATIENT
Standardized Patient
Standardized Patient
Blood Clots
Content Experts
Simulation
Debriefing
References


