



AWHONN

PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

Informational Webinar AWHONN's Postpartum Hemorrhage (PPH) Project January 2014



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by a grant from
Merck for Mothers.

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AWHONN PPH Project Regional Leaders

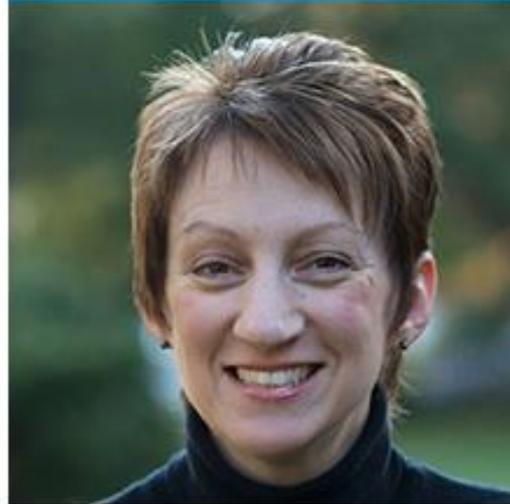
New Jersey



**Robyn D'Oria MA, RNC,
APN**

Executive Director | Central Jersey
Family Health Consortium

District of Columbia



Catherine Ruhl, MS, CNM
Director of Women's Health Programs |
AWHONN

Georgia



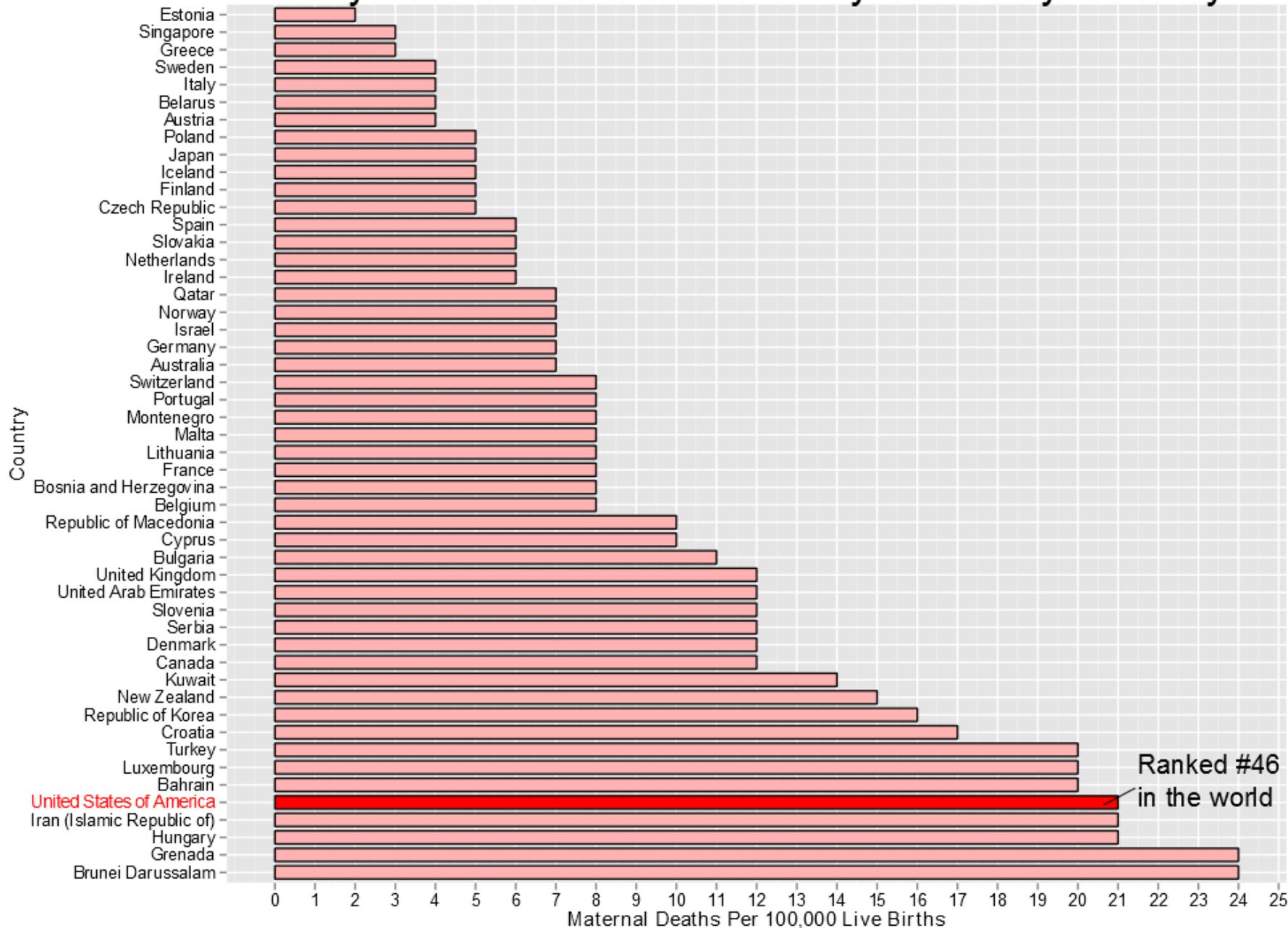
**Lashea Wattie RNC,
C-EFM, BSN, M.ED**

Clinical Nurse Specialist | Wellstar
Kennestone Hospital

Presentation Objectives:

- Outline the current trends in U.S. maternal mortality and morbidity
- Describe who AWHONN is
- Discuss AWHONN's - multi-hospital obstetrical hemorrhage quality improvement initiative
- Describe how hospitals can participate and the time commitment with the initiative

Fifty Lowest Maternal Mortality Ratios by Country



U.S. Maternal Mortality Trends

- The U.S. Maternal Mortality Rate has been increasing
 - From 1999-2010
 - 1999: 9.9 maternal deaths/100,000 live births
 - 2002: 8.9 maternal deaths/100,000 live births
 - 2010 16.8 maternal deaths/100,000 live births
- HP 2020 Objective:
 - 11.4 maternal deaths per 100,00 live births

SOURCE: State of California, Department of Public Health, California Birth and Death Statistical Master Files, 1999-2010. Maternal mortality for California (deaths \leq 42 days postpartum) was calculated using ICD-10 cause of death classification (codes A34, O00-O95, O98-O99) for 1999-2010. United States data and HP2020 Objective were calculated using the same methods. U.S. maternal mortality data is published by the National Center for Health Statistics (NCHS) through 2007 only. U.S. rates from 2008-2010 were calculated using NCHS Final Death Data (denominator) and CDC Wonder Online Database for maternal deaths (numerator). Accessed at <http://wonder.cdc.gov> on April 17, 2013. Produced by California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, April, 2013.

Magnitude of the Problem

- Obstetric hemorrhage is the leading cause of maternal mortality in the United States (Berg et al., 2010)
- Obstetric hemorrhage is a major cause of maternal morbidity
 - In 2006, obstetric hemorrhage affected 124,708 (2.9%) of all women who gave birth in the United States (Callaghan et al., 2010)

Worse Outcomes

In 1998-1999 compared to 2008-2009

- 75% increase in severe maternal morbidity
- 184% increase in the number of women who received a blood transfusion during a hospital birth admission

(Callaghan et al., 2012)

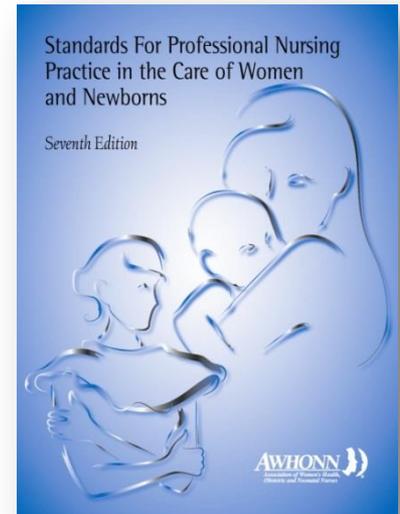


54-93%

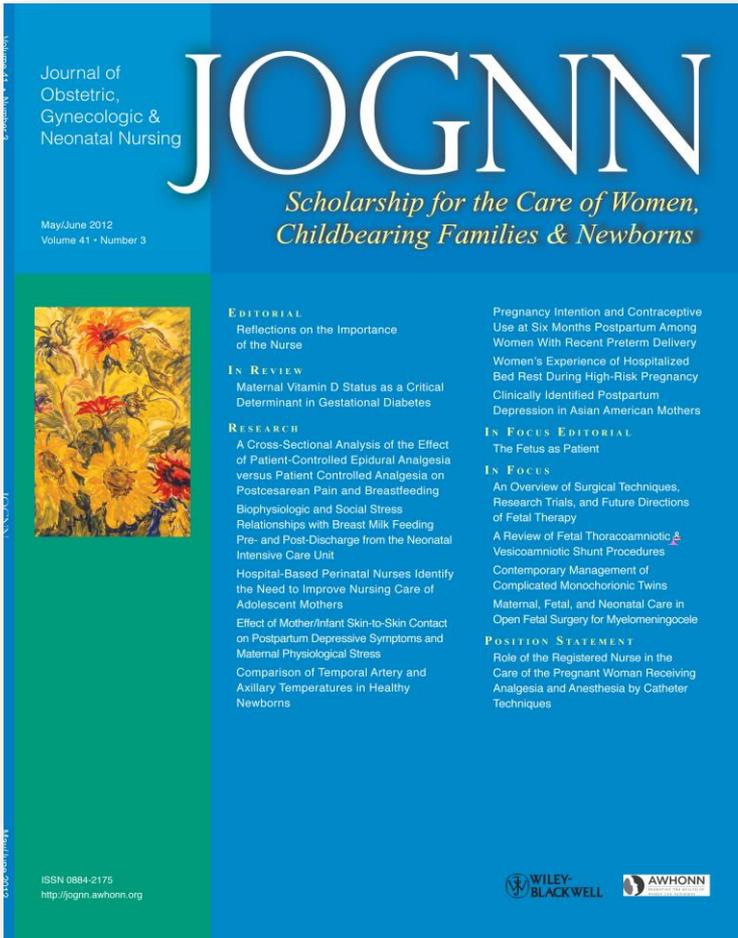
Percentage of maternal hemorrhage-related deaths that could have been prevented with improved clinical response

Standard Bearing Organization for Nursing Practice

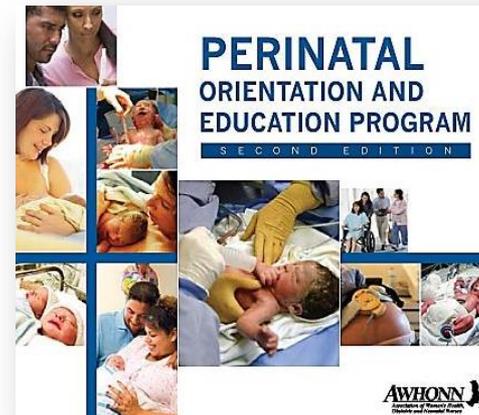
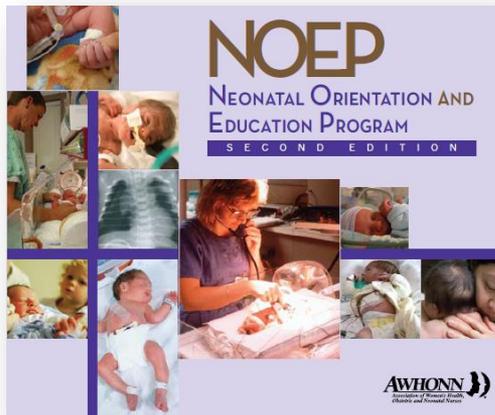
AWHONN is the standard-bearing and foremost nursing authority that advances the health care of women and newborns through evidence-based nursing practice.



Leading Nursing Scholarship



Examples of Clinical Resources



healthy Mom & Baby

PREGNANCY | BIRTH | LIFE

(BE PART OF) *the conversation*
between mom and her nurse...

www.Health4Mom.org



MAGAZINE



IPAD



WEBSITE



SOCIAL
MEDIA

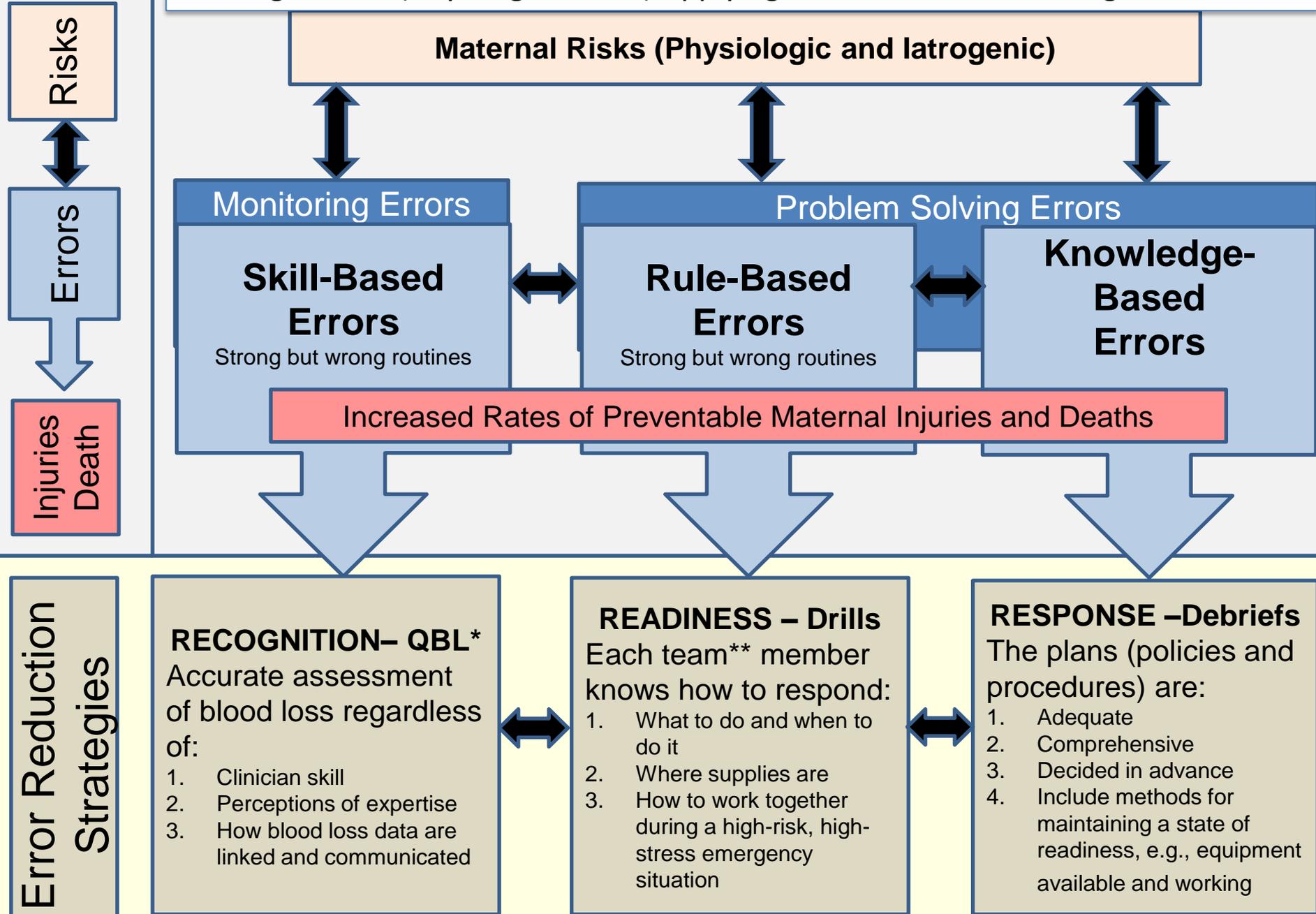


Guiding Perspective



Over 350,000
Registered Nurses
care for women
and newborns in
the United States.
(Calculated from HRSA 2008
data)

**Goal: Ensure that all women and newborns
have equal access to evidence-based,
high quality care**





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PROGRAM OVERVIEW

AWHONN PPH Project Goals

Goal 1: Promote equal access of evidence-based care practices

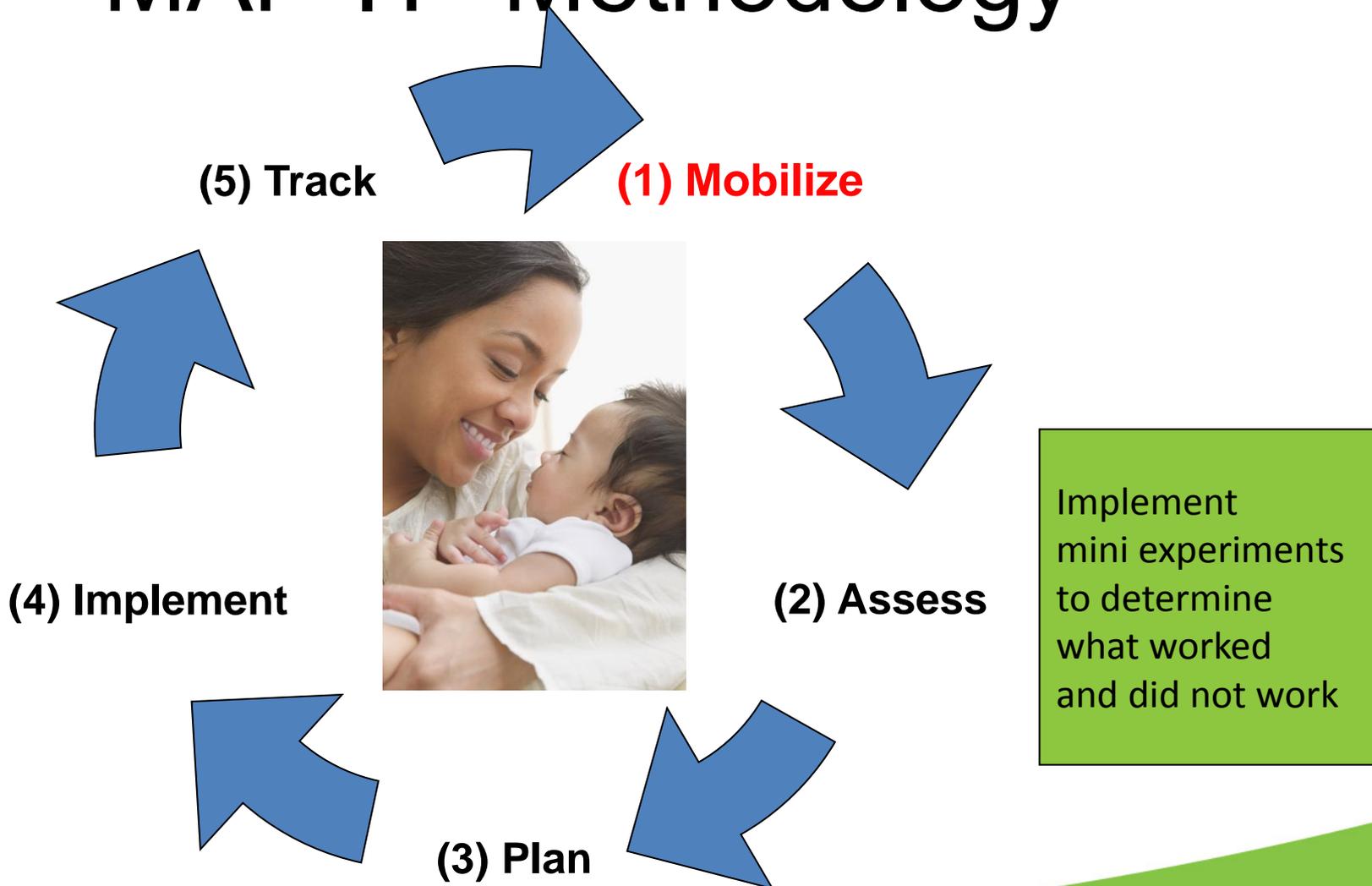
Goal 2: Support effective implementation strategies and tactics to improve clinician practice
Recognition - Readiness - Response

Goal 3: Identify facilitators and barriers to making improvements and disseminate lessons learned

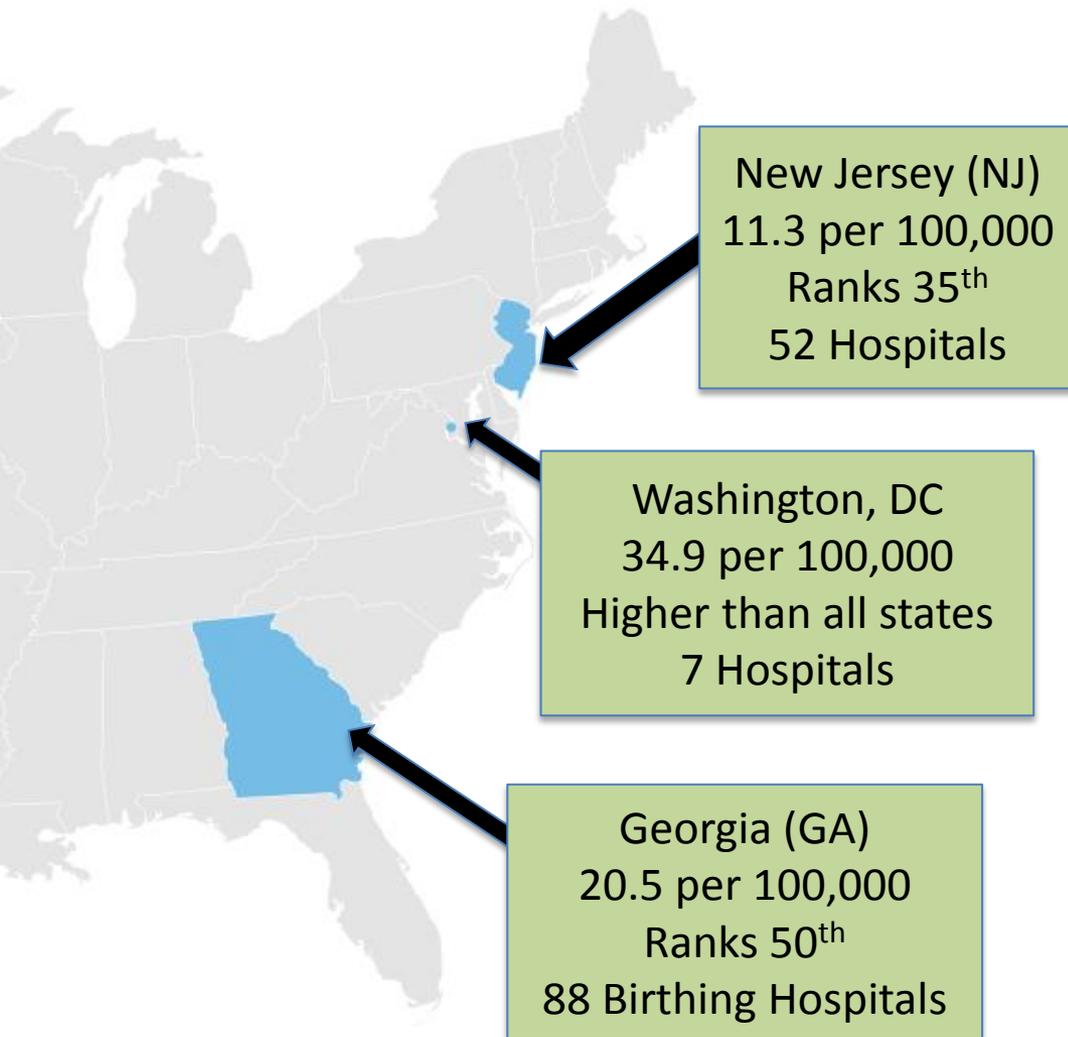
QI Expert Panel

Name	Title	Locations	Area of Expertise
Brian Bateman, MD, MSc	<ul style="list-style-type: none"> Assistant Professor of Anaesthesia Faculty, Department of Anesthesia 	<ul style="list-style-type: none"> Harvard Medical School Massachusetts General Hospital, Brigham and Women's Hospital 	<ul style="list-style-type: none"> Anesthesiology Epidemiology
Brenda Chagolla, MSN, RN, CNS	<ul style="list-style-type: none"> Manager; University Birthing Suites/Women's Pavilion/Newborn Nursery 	<ul style="list-style-type: none"> University of California Davis Medical Center 	<ul style="list-style-type: none"> Nursing Administration
Jed Gorlin, MD	<ul style="list-style-type: none"> Medical Director Associate Professor 	<ul style="list-style-type: none"> Memorial Blood Center University of Minnesota 	<ul style="list-style-type: none"> Transfusion Medicine
David Lagrew, MD	<ul style="list-style-type: none"> Medical Director of Physician Informatics Chief Integration and Accountability Officer 	<ul style="list-style-type: none"> MemorialCare 	<ul style="list-style-type: none"> Maternal Fetal Medicine Informatics
Marla J. Marek, MSN, BSN, RNC, PhD(c)	<ul style="list-style-type: none"> Assistant Professor Staff nurse 	<ul style="list-style-type: none"> California State University Stanislaus 	<ul style="list-style-type: none"> Nursing Research Nurse Educator
Debra Bingham, DrPH, RN	<ul style="list-style-type: none"> Vice President of Research, Education and Publications 	<ul style="list-style-type: none"> AWHONN 	<ul style="list-style-type: none"> Quality Improvement Implementation Science Nursing Research
Renee Byfield ,MS, FNP, RN, C-EFM	<ul style="list-style-type: none"> Nurse Program Development Specialist 	<ul style="list-style-type: none"> AWHONN 	<ul style="list-style-type: none"> Perinatal Patient Safety Nursing Education
Ben Scheich, MS	<ul style="list-style-type: none"> Associate Director, Data Analytics 	<ul style="list-style-type: none"> AWHONN 	<ul style="list-style-type: none"> Project Management Biostatistics

Quality Improvement “MAP-IT” Methodology



Mobilize



- Interdisciplinary Expert Panel
- Hospital key informants (baseline survey)
- Leaders from various sectors (state and national)
- Select hospitals to participate in either the NJ/DC or GA 18 month QI Collaborative (25-30 hospitals per collaborative)

Assess – Phase 1

Phase 1 Baseline Assessment:

- A Key Informant from every hospital in the 3 geographic locations are invited to electronically complete a survey
 - Provide motivations and incentives to encourage participation
 - A letter from the State Commissioner of Health to the Chief Executive Officer at every hospital in their state that describes the initiative and requests that the hospitals participate in the baseline survey
 - A copy of the AWHONN Obstetric Hemorrhage Monograph is given a hospital-based key informant who completes the survey
 - Only hospitals who complete a survey are eligible to participate in one of two QI collaboratives

Each hospital's pre-implementation level of preparedness will be calculated based on their responses to the survey!

Assess – Phase 2

Phase 2 Hospital selection:

Hospitals selected to participate in one of the two collaboratives are asked to submit additional baseline data, such as:

- **The safety and culture attitudes survey**
- **RN staffing ratios**
- **A completed application with key demographic data and letters of support**

Obtain a copy of the hospital application at: www.pphproject.org

Plan

- Develop measures
 - Utilize measures that been used previously
 - Balance the desire for detailed measurement with the need to reduce data collection burdens
- Develop on-line data submission portal
 - All patients
 - Sample QI audit data
 - Tasks are completed, e.g., policy and procedure is written and approved

Implement Behavior Changes

(Process Measures)

- **Recognition** of obstetric hemorrhage
 - More clinicians will recognize women who are at greatest risk for obstetric hemorrhage by performing risk assessments
 - More clinicians will accurately measure blood loss by using quantification methods instead of estimating blood loss
- **Readiness to respond to an obstetric hemorrhage**
 - More hospitals will have both general and massive hemorrhage protocols
 - More clinicians will participate in in-situ hemorrhage drills
- **Response** to future obstetric hemorrhage
 - Implement formal debriefing methods
 - Track lessons learned that are shared widely

Track - Patient Outcomes

- Number of and types of blood transfusions
- Peripartum hysterectomies
- Intensive Care Unit admissions

Track - Implementation Effectiveness

(Barriers and Facilitators)

- Track the types of barriers and facilitators described
- Identify strategies and tactics that are the most effective for a particular hospital or to overcome a particular barrier
- Re-evaluate and make adjustments as needed

Quality Improvement “MAP-IT” Methodology



Quality Improvement Learning Collaborative

- **Two collaborative groups**
 - Georgia (20-30 hospitals)
 - New Jersey/Washington DC (20-30 hospitals)
- Duration of 18 months
 - July 2014-December 2015
- Hospitals will use their past performance as the baseline for comparison
- Data will be trended against other hospitals in the collaborative group
- QI Expert Panel will be used as a reference and guide to help promote change in your hospital

Benefits of Participation

- Improve maternal outcomes!
- Access to:
 - Expert mentors
 - Peer support and peer mentors
 - Free education programs (CNE & CME)
 - Data analysis in real-time
- Ready made QI project that can highlight your hard work to boards of directors, regulatory agencies, etc.
- Guide practice changes for the U.S.

Participation Costs

- There is no participation fee
- No charge for access to educational program

Hospitals will incur the standard costs of any QI project, e.g., staff time to collect data and meet project goals. These costs are reduced since AWHONN will provide support for data analysis and data reports.

IRB Approval and Data Collection

- AWHONN will be seeking IRB approval
- Data will be collected via a secure web interface that AWHONN will design for the project.

Next Steps to Participate

- **Complete your Baseline Survey**
 - Contact customerservice@awhonn.org to obtain a copy of the survey (if you have not already done so)
 - Survey response period is still open
- **Apply to be part of the learning collaborative**
 - Visit www.pphproject.org and click on “Apply Now”
 - You must submit your application on-line
 - Applications are due by February 14, 2014
 - Hospitals selected to participate will be notified by March 31, 2014
 - Letters of support requested (letter templates provided)

Requirements and Time Commitments for Selected Learning Collaborative Hospitals

- **Kick-off meeting**
 - Held last week in June 2014 near Newark, NJ and Atlanta, GA
 - At minimum, 2 participants should attend (one nurse and one physician)
 - 1 day meeting
- **Monthly conference calls**
 - At least one person from your hospital should participate on each call for 1-1.5 hours per month
- **Monthly data collection and submission**
 - Identified data elements will be submitted through an on-line data portal

Requirements and Time Commitments for Selected Learning Collaborative Hospitals

- **On-line training**
 - Hospital staff to participate in AWHONN's On-line PPH education
- **Drills and simulations**
 - Hospital staff to conduct PPH simulations
- **Policy and procedure review**
- **Wrap-up and results meeting**
 - One or two hospital staff will participate in an in-person wrap-up meeting



Thank you!
Questions?

www.pphproject.org

or

customerservice@awhonn.org