

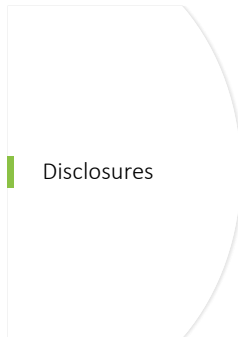


# Engaging OPS Simulation Solutions

To Help Meet Joint Commission and PPH Bundle Requirements

Acquenette Jackson, BSN, RNC-OB, C-EFM  
LaShea Haynes, M.Ed, MSN, APRN, AGCNS-BC, RNC, C-EFM

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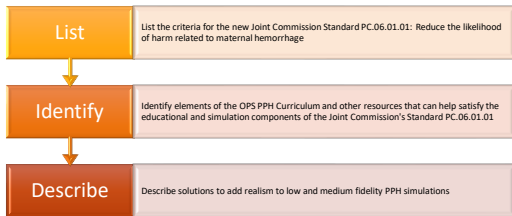


## Disclosures

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- The presenters have no conflict of Interest (COI) including COI or relevant financial relationships exists with The Association of Women's Health Obstetrical and Neonatal Nursing (AWHONN), The American College of Obstetricians and Gynecologists (ACOG) or the American Academy of Family Physicians (AAFP) it's educational entities or any other programs or products discussed during presentation
- Discussion of elements of specific curricula, as well as any enhancements are examples postpartum hemorrhage didactic and simulation methodology and does not constitute the only approach for delivering the education.
- This presentation does not constitute a complete education or simulation solution to meet the Joint Commission (TJC) standards for maternal safety

## Objectives



## Maternal Mortality

- Approximately 700 women die annually in the United States from pregnancy-related complications
- During 2011–2015, a total of 3,410\* pregnancy-related deaths occurred in the United States
- The overall pregnancy related mortality ratio 17.2 pregnancy-related deaths per 100,000 live births.

(“Peterson, Davis, Goodman” 2019)

## Obstetric Hemorrhage Morbidity and Preventability

- Obstetric hemorrhage (OH) is one of the top 2 causes of maternal morbidity and preventable death in the United States
- Approximately 70% of OH deaths are classified as preventable

Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1external icon>.

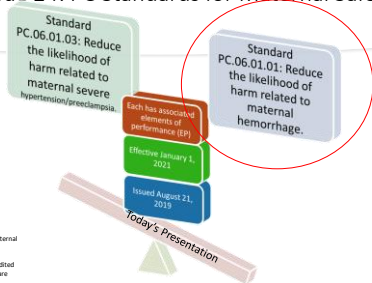
*MMWR* and *Morbidity and Mortality Weekly Report* are service marks of the U.S. Department of Health and Human Services. Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health

## Preventability

“A death is considered preventable if the committee determines that there was some chance of the death being averted by one or more reasonable changes to patient, community, provider, health facility, and/or system factors”

“Review to Action” (2018)

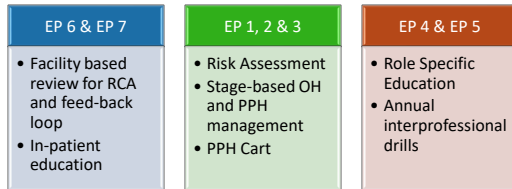
## R3 Report Issue 24: PC Standards for Maternal Safety



R3 Report Issue 24: PC Standards for Maternal Safety (Issue 24, August 21, 2019)

- Published for Joint Commission-accredited organizations and interested health care professionals,

## Standard PC.06.01.01: Reduce the likelihood of harm related to maternal hemorrhage



## Bundles

A structured way of improving processes of care and patient outcomes: a small straightforward set of EBP's, that when preformed collectively and reliably, have been proven to improve patient outcomes."

<http://www.ihl.org/resources/Pages/ImprovementStories/WhatIsaBundle.aspx>

The Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to improving maternal safety and outcomes in the U.S. Our end goal is to eliminate preventable maternal mortality and severe morbidity across the United States.

<https://safehealthcareforeverywoman.org/aim-program/>

## Standard PC.06.01.01: Reduce the likelihood of harm related to maternal hemorrhage & Obstetric Hemorrhage AIM Patient Safety Bundle

TJC Element of Performance	AIM Safety Bundle Component
EP 6 & EP 7 • Facility based review for RCA and feed-back loop	<b>Reporting System Learning</b> <ul style="list-style-type: none"> <li>Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities, Multidisciplinary review of serious hemorrhages for systems issues</li> </ul> <b>Response</b> <ul style="list-style-type: none"> <li>Support program for patients, families, and staff for all significant hemorrhages</li> </ul>
EP 1, 2 & 3 • Risk Assessment	<b>Recognition &amp; Prevention</b> <ul style="list-style-type: none"> <li>Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)</li> </ul>
• Stage-based OH and PPH management	<b>Response</b> <ul style="list-style-type: none"> <li>Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists</li> </ul>
• PPH Cart	<b>Readiness</b> <ul style="list-style-type: none"> <li>Hemorrhage cart with supplies, checklist, and instruction cards for intrauterine balloons and compressions stitches</li> </ul>
EP 4 & EP 5 • Role Specific Education	<b>Readiness</b> <ul style="list-style-type: none"> <li>Unit Education on protocols, unit –based drills with post-drill debriefs</li> </ul>
• Minimal annual multidisciplinary drills	

## Social Determinants of Health



## Case Review & Patient Education

Elements of Performance 6 & 7



## Case Review : Element of Performance (EP) 6

Nursing Post Review Committee: Team Review

Unit: Facility: | Date of Event: | Date of Review:

**Review Team Leader:**

### Teaser Members

### Descriptions of Events

<b>Nursing Standard of Care/Practice Issues (include all for this topic)</b>	
1. No issues were identified (if one issue appears)	1. No issues were identified (if one issue appears)
2. Knowledge (Are you clearly a lack of knowledge regarding student's care or practice?)	2. Knowledge (Are you clearly a lack of knowledge regarding student's care or practice?)
3. Critical Thinking Skills/Issues in their system that suggests gaps in their critical thinking skills?	3. Critical Thinking Skills/Issues in their system that suggests gaps in their critical thinking skills?
4. Assessment (Was the patient assessment thorough and accurate throughout?)	4. Assessment (Was the patient assessment thorough and accurate throughout?)
5. With critical thinking (Was information and/or procedure implemented appropriately based on assessment findings?)	5. With critical thinking (Was information and/or procedure implemented appropriately based on assessment findings?)
6. Time management (Was your time management skills demonstrated?)	6. Time management (Was your time management skills demonstrated?)
7. No issues were identified (if one issue appears)	7. No issues were identified (if one issue appears)
8. Planning (Was the nursing plan or care plan developed in the patient's interest?) (Was the care coordinated?)	8. Planning (Was the nursing plan or care plan developed in the patient's interest?) (Was the care coordinated?)
9. Prioritize (How did you prioritize the care assessment, needs, orders, etc.)	9. Prioritize (How did you prioritize the care assessment, needs, orders, etc.)
10. Policy Compliance (Was the patient's care always in compliance with the facility's policies?)	10. Policy Compliance (Was the patient's care always in compliance with the facility's policies?)
11. Role or Role (Was the role assigned appropriate?) (Was the role assigned appropriate?)	11. Role or Role (Was the role assigned appropriate?) (Was the role assigned appropriate?)
12. No issues were identified (if one issue appears)	12. No issues were identified (if one issue appears)
<b>Nursing Documentation (include all for this topic)</b>	
1. No issues with nursing documentation	1. No issues with nursing documentation
2. Documentation does not include the clinical course and treatment	2. Documentation does not include the clinical course and treatment
3. Documentation not timely in correlation with other caregivers	3. Documentation not timely in correlation with other caregivers
4. Documentation inappropriate	4. Documentation inappropriate
5. No issues were identified (if one issue appears)	5. No issues were identified (if one issue appears)
<b>Overall Nursing Care (include all)</b>	
1. Appropriate (Was nursing practice issues identified?)	1. Appropriate (Was nursing practice issues identified?)
2. Comprehensive	2. Comprehensive
3. No issues were identified (if one issue appears)	3. No issues were identified (if one issue appears)

**Brief description of nursing standard of care/practice issues**

Brief description of nursing documentation issues:

Received permission [www.perinatalpotpourri.com](http://www.perinatalpotpourri.com)

**Exemplary nominations:** attach additional documentation for more than 1

Name _____	
Standard of Care/Nursing Practice	

### Brief description

**Identification of Issues:** ☐ Potential nursing care issues specific to individual or unit

☐ Potential issues outside of and scope of practice may be noted to primary system, or other divisions or departments.

**Issue description:** Please include department and/or specific personnel.

Class Address	Unit Action Plan	Process Accomplished	Date Due	Grade
	<p>No action necessary.</p> <p>Employees will accomplish action plan sufficient.</p> <p>Educational letter to employees sufficient.</p> <p>Employees to develop staff education (p. 2) as soon as they can.</p> <p>Discussion of informal improvement plan with employees.</p> <p>Formal employee improvement plan with mentoring.</p> <p>Referral to union managers for employee follow-up.</p> <p>Referral to nursing leadership for follow-up of issues outside of unit and scope of practice.</p> <p>Staff Committee Review Plan (p. 1) meeting, Staff Meetings.</p> <p>Education, etc. (Specify)</p>			
Prepared	<p>Formal staff improvement plan with mentoring (if Project, Specify).</p> <p>Other:</p>			

Name/Title	Reviewed	Final Review (after plan completed)
Team Leader:		
Unit Manager:		
Director:		
Chief:		
Other:		

## Patient Education: Element of Performance (EP) 7

**EP 7:** Provide education to patients (and their families including the designated support person whenever possible). At a minimum, education includes:

AWHONN Post-birth Warning Signs Tools

## AWHONN Post-birth Warning Signs Tools

**SAVE YOUR LIFE!** Get Care for These **POST-BIRTH Warning Signs**

Most women who give birth recover without problems. But many women can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing when to seek care can save your life.

**POST-BIRTH WARNING SIGNS**

**Call 911 if you have:**

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

**Call your healthcare provider if you have:**

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

**Tell 911 or your healthcare provider:**

"I had a baby on \_\_\_\_\_, and I am having \_\_\_\_\_."

**Post your birth date:** \_\_\_\_\_

**POST-BIRTH Warning Signs: Postpartum Discharge Education Checklist**

**Maternity Symptoms**

What is Patient's Condition? \_\_\_\_\_

Age of Patient/Childbirth: \_\_\_\_\_

Discharge Location/Date: \_\_\_\_\_

**Essential Teaching for Women**

Information activities a childbearing for complete teaching:

- Signs and symptoms of postpartum hemorrhage
- Signs and symptoms of postpartum infection
- Signs and symptoms of postpartum depression
- Signs and symptoms of postpartum anxiety

**Cardiac (Heart) Disease**

What is Cardiac Disease? \_\_\_\_\_

Age of Patient/Childbirth: \_\_\_\_\_

Discharge Location/Date: \_\_\_\_\_

**Essential Teaching for Women**

Cardiac disease when pregnant is not working well as it should and can include a number of disorders that have different signs and symptoms:

- Shortness of breath or difficulty breathing
- Chest pain (pressure, burning, or a heavy weight)
- Swelling in feet, ankles, or legs

**Hypertensive Disorders of Pregnancy**

What is Hypertensive Disorder? \_\_\_\_\_

Age of Patient/Childbirth: \_\_\_\_\_

Discharge Location/Date: \_\_\_\_\_

**Essential Teaching for Women**

Hypertension is a condition where blood pressure is too high for a long time.

- Signs and symptoms of hypertension
- Signs and symptoms of preeclampsia
- Signs and symptoms of eclampsia
- Signs and symptoms of chronic hypertension

Suplee, P. D., Kleppel, L., Santa-Donato, A., & Bingham, D. (December 2016/January 2017). Improving postpartum education about warning signs of maternal morbidity and mortality. *Nursing for Women's Health*, (553-567). Permissions given by AWHONN for use of this slide

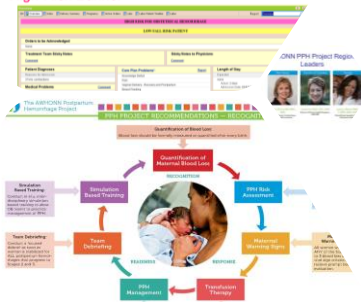


## Obstetric Patient Safety Program (OPS)



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### High Risk Banner



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## AWHONN PPH Project

- Practice Briefs
  - QBL
  - Active 3<sup>rd</sup> Stage management
  - MTP
  - Debriefing
  - Simulation

# Obstetric Patient Safety Program (OPS)

## Course Agenda

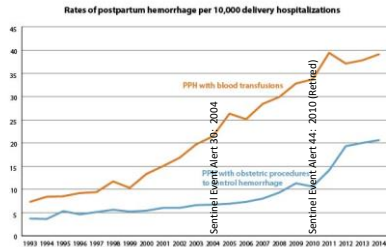
One day course includes:

- Didactic
  - Postpartum hemorrhage
  - PPH risk assessment
  - Quantification of blood loss (QBL)
  - Stages of PPH
  - AWHONN PPH toolkit and Practice Briefs (QBL and oxytocin)
- Skills stations
  - QBL/PPH stages, OPS Challenge, uterine tamponade balloon
- PPH simulation drill

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## Postpartum Hemorrhage, 1993–2014\*



Slide adapted from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications-data.htm#post>

## Educational Prerequisites

Elements of Performance 1-3



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### Educational Prerequisites: Element of Performance (EP) 1

EP 1: Complete an assessment using an evidence-based tool for determining maternal hemorrhage risk on admission to labor and delivery and on admission to postpartum.

OPS Curriculum:  
AWHONN MOH Assessment

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## MOH Risk Assessment in the EMR

Risk Factor	Score
MOH Risk Factor Assessment	
Previous Uterine Incision	0
Hx of Known Bleeding Disorder	0
Multiple Gestation	0
Greater than 4 previous vag. births	1
Chromosomitis	0
Hx of PostPartum Hemorrhage	0
Large Uterine Fibroids	0
Estimated Fetal Wt. more than 4kg	0
Morbid Obesity (BMI greater than 40)	0
Prior Uterine Surgery (eg. Myomectomy, ablation, D&C)	1
Gestational Thrombocytopenia	0
Hx Vag Bleeding with current Preg after 20wk Gest.	0
Magnesium Sulfate administration	0
Placenta Previa, Low-Lying Placenta	0
Suspected Placenta Accreta or Percreta	0
Hematocrit less than 30 AND other risk factors	0
Platelets less than 100,000	0
Active Bleeding (greater than show) on Admission	0
Known Coagulopathy	0
Partial Abruption	0
MOH Total (auto calculated)	2
MOH Completed Risk Assessment Interventions	Yes
MOH Low Risk Patient	
Verify Type and Antibody Screen from Prenatal Record	
Prenatal/Current Antibody Screen	

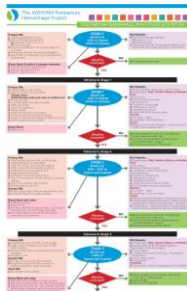
## Educational Prerequisites: Element of Performance (EP) 2

**EP 2:** Develop written evidence-based procedures for stage-based management of pregnant and postpartum patients who experience maternal hemorrhage

**OPS Curriculum:**  
AWHONN PPH Management Algorithm

## AWHONN Staged- Based Guidelines

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## Educational Prerequisites: Element of Performance (EP) 2 Continued...

EP 2: Develop written evidence-based procedures for stage-based management of *pregnant* and *postpartum* patients who experience maternal hemorrhage

- **OPS Curriculum**
  - Emergency release blood and MTP Procedures
- **Simulation Curriculum (OPS, ALSO, AIM Drills etc):**
  - Consultation for higher level of care
  - Patient and family communication
  - Criteria for a team debrief

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## PPH Debriefing Form AWHONN

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**IMMEDIATE FOCUSED POSTPARTUM HEMORRHAGE (PPH) DEBRIEF FORM**

Date of the event: \_\_\_\_\_  
Form completed by: \_\_\_\_\_

Type of event: Please check one:  
Postpartum Hemorrhage ☐ Stage 2 ☐ Stage 3

Description: A quick focused debrief immediately after an event helps capture important lessons learned and identify areas for needed improvement.

**Clinical Debrief Guidelines:**  
• Conduct a team debrief for ALL stage 2 or 3 postpartum hemorrhages and other emergencies as indicated.  
• Engage all team members who cared for the patient to participate.  
• Keep the debrief short, maximum of 15 minutes. Be as specific as possible.

**Facilitator Guidelines:**  
1. RN and MD partner as facilitators. (RN assigned to the patient is responsible to call for a debrief, keep debrief records, and debrief with the family.)  
2. Blame-free and shame-free session.  
3. No interruptions or side conversations.

**Debrief Attendees:** Indicate the number (#) of team members that attended the debriefing.

#	RN debrief attendees	#	Provider debrief attendees	#	Anesthesia and Radiologic debrief attendees (PMD and RNs)	#	Support staff debrief attendees
Primary RN		Primary MD (PPH, OB, PM)		Anesthesiologist/Perfusionist MD		Unit Secretary/Clerk	
Nurse Manager or Supervisor		OB Resident(s)		Anesthesia Provider		OB Trolley/Vascular Tech	
Charge RN		Certified Nurse Midwife		Perfusionist		Other Departments	
Other RN		Other		Other		Charge or Senior Worker	

**Overall Team Management:** Check all that apply.

RECOGNITION			
Risk and Hemorrhage Identification	Debriefed	Team	Comments
1. Were ongoing PPH risk signs, symptoms and assessments, per and unit policy?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was the appropriate recognition of the emergency?	<input type="checkbox"/>	<input type="checkbox"/>	

RESPONSE			
Teamwork and Clinical Management	Debriefed	Team	Comments
1. Was the team able to respond quickly?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were appropriate clinical decisions followed as per the	<input type="checkbox"/>	<input type="checkbox"/>	

**Resources and Equipment:**

Resources and Equipment	Debriefed	Team	Comments
1. Were there adequate supplies on the unit?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were resources available and/or accessible as needed?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Were additional supplies and/or equipment easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	

**Medications, Blood Loss, and Blood Administration:**

Medications, Blood Loss, and Blood Administration	Debriefed	Team	Comments
1. Were the appropriate medications administered per the Stage of hemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was blood loss correctly measured?	<input type="checkbox"/>	<input type="checkbox"/>	

## Educational Prerequisites: Element of Performance (EP) 3

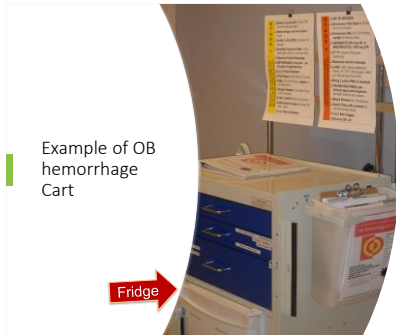
EP 3: Each obstetric unit has a standardized, secured, dedicated hemorrhage supply kit that must be stocked per the organization's defined process and, at a minimum, contains the following:

- Emergency hemorrhage supplies as determined by the organization
- The organization's approved procedures for severe hemorrhage response

Examples of suggested materials for standardized OB hemorrhage cart can be found in the CMQCC OB Hemorrhage Toolkit Version 2.0

The toolkit is available to download after logging into CMQCC's website.

[www.cmqcc.org/ob\\_hemorrhage](http://www.cmqcc.org/ob_hemorrhage)



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Photo courtesy of Jennifer McNulty, MD and used with permission

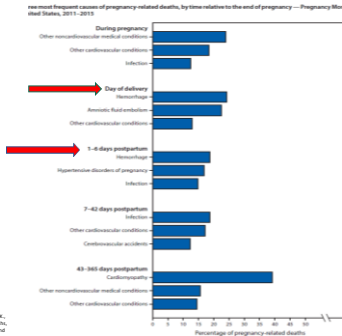
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## Didactic & Simulation

Elements of Performance 4 & 5



Three most frequent causes of pregnancy-related deaths, by time relative to the end of pregnancy — Pregnancy Mortality Surveillance System, United States, 2011–2015



Note: Petersen, E. F., Davis, N. L., Goodman, D., Cox, S., Mayes, N., Johnston, E., Syverson, C., Seed, K., Shapiro-Mendoza, C. K., Callaghan, W. M., & Barfield, W. (2016). Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR. Morbidity and mortality weekly report*, 65(18), 423–429. <https://doi.org/10.15585/mmwr.mm6518a1>

## Education: Element of Performance EP(4)

EP 4: Provide role-specific education to all staff and providers who treat pregnant and postpartum patients about the organization's hemorrhage procedure. At a minimum, education occurs at orientation, whenever changes to the processes or procedures occur, or every two years.

### OPS Curriculum

Objective # 1 "Describe best practice for postpartum hemorrhage management that includes...."

- Quantification of blood loss
- Transfusion management activities
- PPH Risk assessment (tools and principles)
- Debriefing (tools and principles)



## Education: Element of Performance EP (5)

**EP 5:** Conduct drills at least annually to determine system issues as part of on-going quality improvement efforts. Drills include representation from each discipline identified in the organization's hemorrhage response procedure and include a team debrief after the drill.

OPS, ALSO & ACOG/AIM Drills

- ✓ Simulations are interprofessional
- ✓ Scenarios can be tailored to suit your needs

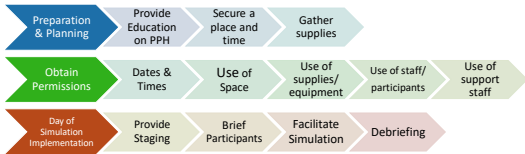
## Recommended In-Situ Drills

Scale down objectives for in-situ drills

• Or

Build in time for comprehensive simulation scenario and debriefing

## Operationalizing In-Situ Simulation



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## Operationalizing In-Situ Simulation Resource: ACOG/Council on Patient Safety in Women's Health Care

<https://safehealthcareforeverywoman.org/patient-safety-tools/practicingforpatientspph/>



## Engagement & Realism

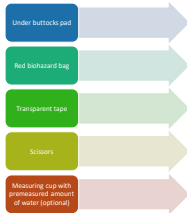
Visual Bleeding Prompt  
Simulating Active Bleeding  
IV Alternative  
Games



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## Visual Prompt for Bleeding

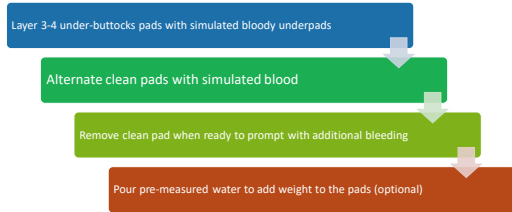
### Materials



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### Visual Prompt for Bleeding: Execution and Staging



## Active Bleeding: Equipment & Supplies

Medium-fidelity pelvis

Simulated Blood or alternative

Liter bag of IV fluid

Free flow IV tubing and tape

Disposal underpads (multiple)

Pressure bag (optional)



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## Active Bleeding: Execution and Staging

Place	Place clean or slightly soiled underpads beneath medium fidelity pelvis
Inject	Inject simulated blood into the liter bag of fluid
Add	Add simulated blood until it is of a dark red hue
Spike	Spike the liter bag of fluid and tape to the bottom of the pelvis
Unclamp	Unclamp tubing to simulate active bleeding

## IV Alternative: Equipment & Supplies

Individual juice  
container with red  
colored drink

Opaque Glove

Tape

IV Start Kit





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#### IV Alternative: Execution and Staging

Tape juice container to the dorsal side of the hand so that juice box is taut

Cover surface with an opaque colored glove to help hold juice box in place and to mask the juice box to some degree

Cut out fingers of glove (optional)

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## Pre-Simulation Preparation

Although there is not enough research to determine if one method of preparation is associated with superior learning outcomes to another, there is a consensus that inclusion of alternate methods of presimulation preparation and/or prebriefing leads to better learner outcomes than either traditional approaches or no preparation at all (Tyerman, Luctkar-Flude, Graham, Coffey & Olsen-Lynch ,2016)

## Team-Building Game



Can be played in an interprofessional format



May be used as an ice-breaker



May be used to review content



## Game Rules

1. 20 Toss-Up Questions - randomly arranged
2. Question goes to person who sounded buzzer first
3. 10 points per Toss-Up question
- 4. Points are assigned per team
5. 3 Hidden Bonus Questions with 10 points per correct answer
6. Bonus opportunity attached to toss up

## Fruits of the Game

When this game is played as an interprofessional group, may help create an atmosphere of a “flattened” hierarchy. Participants tend to root for their teammates and pull together on the bonus questions—fostering comradery.

## Poll everywhere vs. Buzzers

### Poll Everywhere

All participants

Participants can use cell phones

Can be used for review

Gives a pulse of where group stands on topic

Works for groups that are less extroverted

Utilizes multiple choice cues

### Buzzers

Limited to number of buzzers

Requires purchase of buzzers

Can be used for review

Gives a pulse for where the team stands on topic

Can be utilized as an icebreaker

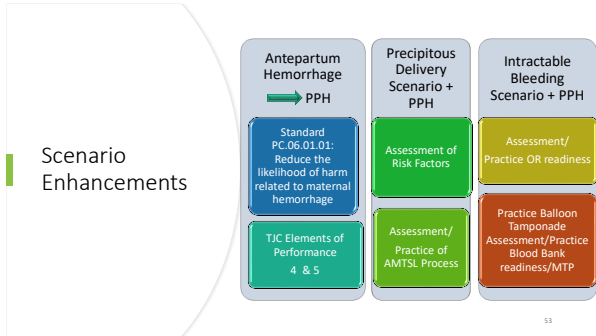
Can be used to demonstrate and foster teamwork

Requires instant recall

## Additional Resources & Scenario Enhancements

AIM Curriculum  
PPH Project Tools  
Perinatal Potpourri  
*A Blueprint for Medium Fidelity PPH Simulations*  
Building additional hemorrhage Scenarios  
Incorporate Technology





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## Team Training

For Healthcare Research and Quality

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### About TeamSTEPPS

TeamSTEPPS® is a teamwork system designed for health care professionals.

- A powerful solution to improving patient safety within your health care system.
- An evidence-based teamwork system to improve communication and coordination among health care professionals.
- A source for ready-to-use materials and a training curriculum that integrates teamwork principles into all areas of your health care system.
- Scientifically rooted in more than 20 years of research and evidence.
- Developed by Department of Defense's Patient Safety Program and the Department of Health and Human Services.

TeamSTEPPS provides higher quality, safer patient care by:

- Producing highly effective medical teams that optimize the achievement of the best clinical outcomes for patients.
- Increasing team awareness and clarifying team roles and responsibilities.
- Resolving conflicts and improving information sharing.
- Eliminating barriers to quality and safety.

Studies

Online Master Trainer

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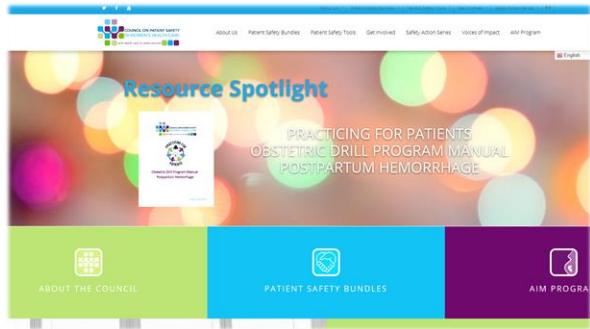
About

<https://www.ahrq.gov/teamstepps/about-teamstepps/index.html>

## A Blueprint for Medium Fidelity PPH Simulations

Jackson-Haynes 2020

- Published in October 2020 issue of *Nursing for Women's Health*, <https://doi.org/10.1016/j.nwh.2020.07.008>
- Directions for game, IV alternative, simulated bleeding, visual prompt for bleeding
- Additional article content
  1. Educational needs assessment
  2. Simulating vital signs
  3. Stockpiling simulation supplies
  4. Tips on simulated medication administration
  5. Pre-Briefing and assigning roles
  6. Caesarean Birth Staging
  7. Simulating time critical elements
  8. Debriefing using video review



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- Download competencies for QBL (quantified blood loss)
- Handouts
- Our PowerPoint
- More information on OPS courses

Permission from  
[www.perinatalpotpourri.com](http://www.perinatalpotpourri.com) Oct, 2020

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## PPH Project Resources

<http://www.pphproject.org/resources.asp>

## Summary

- Joint Commission standard with performance elements for implementation with educational components are impending
  - Simulation/Drills Implementation
  - In-situ drill recommendation
  - Incorporate Role specific didactic
    - OPS Curriculum resource for PPH
    - ACOG drill manual for PPH
    - ALSO program contains OH module
    - *A Blueprint for Medium Fidelity PPH Simulations*
- Fidelity resources do not have to be a barrier to implementation
  - Use Creativity
  - Foster Engagement

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