

# PERINATAL CARE

## ***Where we've been...***

**E**ach year, approximately 10,000 women are seen and 4,300 babies are delivered at Wesson Women's Hospital. Serious adverse events that may occur during labor and delivery can impose a heavy physical, psychological and financial toll on families, providers and the community. OB/GYN specific examples include:

- Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy;
- Object left in patient after surgery;
- Infant discharged to the wrong person;
- Death or serious disability associated with failure to identify and treat hyperbilirubinemia, a blood abnormality, in newborns.

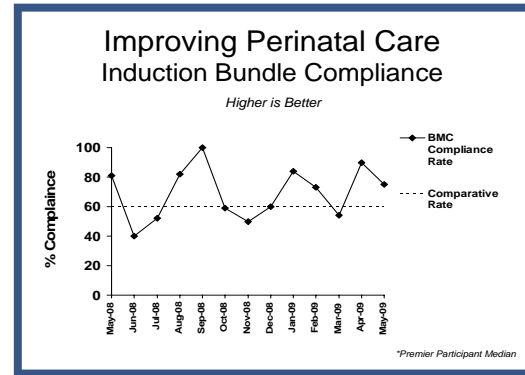
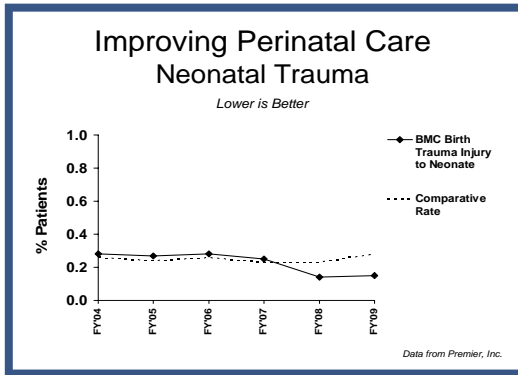
Focus on eliminating serious adverse events was reaffirmed in 2005 when we started our work with the Institute for Healthcare Improvement's (IHI) Innovative Perinatal Community (now known as the IMPACT Perinatal Community). In April 2008, we continued our work in the Premier Perinatal Initiative along with 15 other hospitals nationally, to maintain our focus on the improvement of patient safety in the perinatal community.

## ***Where we are now...***

**BAYSTATE MEDICAL CENTER** BMC has been working to develop the safest environment possible for care of mothers and infants through implementation of many evidence-based practices along with the development of a culture where open, non-punitive error reporting is encouraged. Over the past several years, there have been major practice interventions adopted to create a safer environment:

- Implementation of "Code White," a multidisciplinary, rapid response obstetrical team for fetal distress;
- Implementation of IPROB (Intelligent Patient Record for Obstetrics), an electronic decision support system, customized with BMC's policies and standards of practice for all obstetrical patients;
- Development of Shoulder Dystocia and Electronic Fetal Monitoring Competency Based Learning modules (on CD) for nurses, midwives and physicians for skills validation and credentialing;
- Formalized "Team STEPPS" (Strategy and Tools to Enhance Performance and Patient Safety) training with all physicians, nurses and ancillary staff actively participating;
- Active participation in both the IHI IMPACT Perinatal Community and the Premier Perinatal Initiative;
- Adoption of oxytocin and vacuum bundles that will guide care to meet both the American College of Obstetrics and Gynecology (ACOG) and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) standards of practice;
- Inclusion of both BMLH and BFMC in the IHI initiative involving labor induction practices and standardizations;
- Implementation of critical event simulations on the LDRP unit which allows all healthcare workers to practice challenging clinical situations in the comfort of their work setting;
- Development of an "OB Safety Committee" that includes physicians, nurses, midwives, a risk manager, and a performance improvement coordinator;
- Implementation of the "bedside report" for our high-risk and active labor population in order to establish patients as active participants in their care;
- Adoption of appropriate Surgical Care Improvement Project (SCIP) processes as appropriate (antibiotic selection, timing, and, if done, hair removal with clippers) to prevent post-cesarean section infections.

Adoption of the foregoing practice changes has led to significant decreases in birth/neonatal traumas, maternal events, and high patient satisfaction.



## ***Where we are going...***

We will continue our work to promote safety at the bedside. Further development of additional critical event simulations on all OB units, implementation of an OB Family Advocacy Group, and the final implementation of a CAM (Compliance Adherence Mechanism) in our obstetrical documentation system are planned for the upcoming months. We continue to keep our practice focused on mothers, infants and caregivers to support the goal of *never* having a preventable serious adverse event.