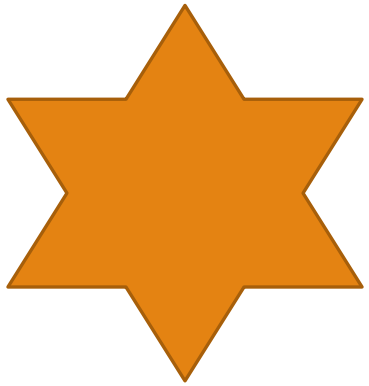
HAPPY NEW YEAR!

Learning Forum

January 2024

2024: The Final Frontier for FTI



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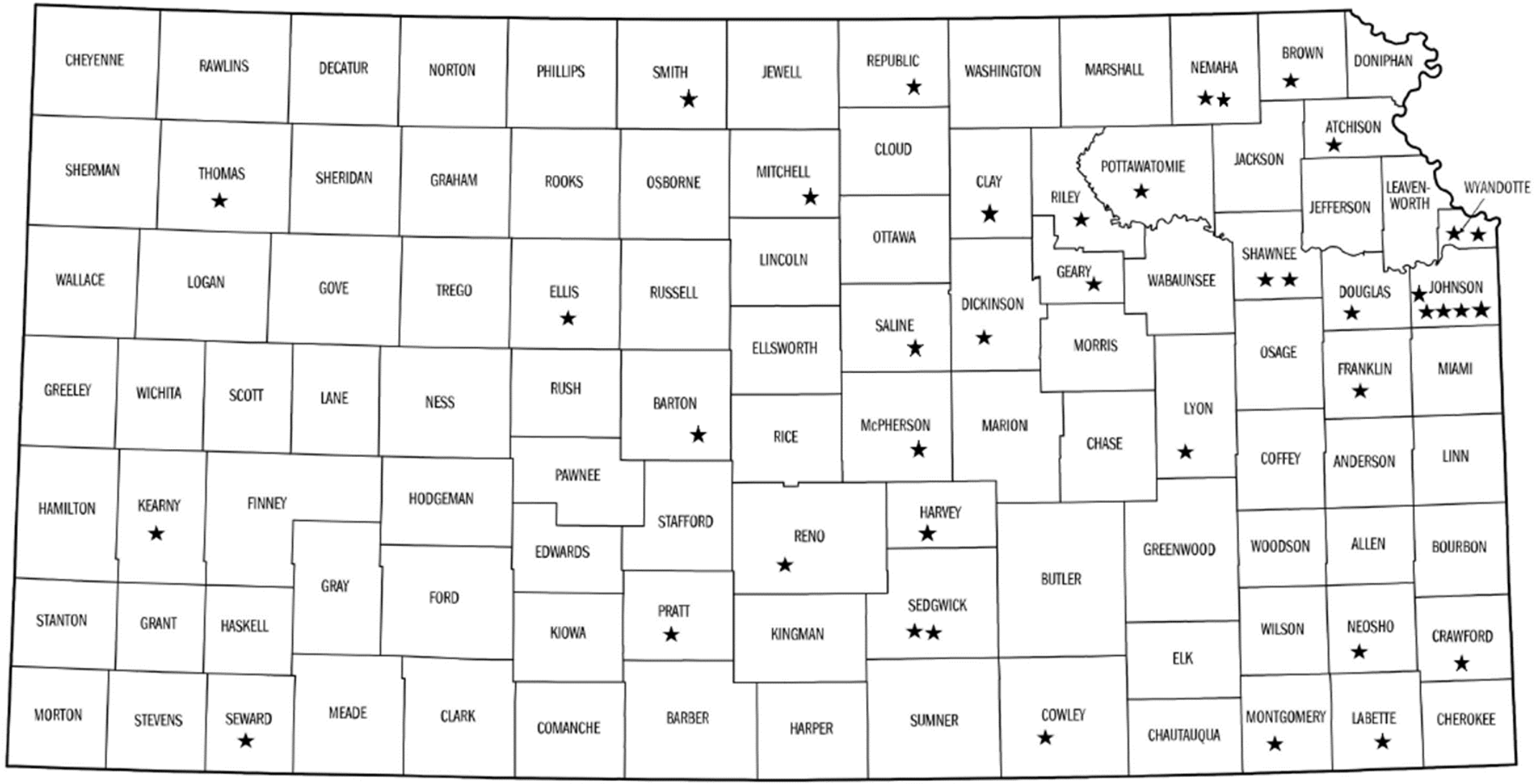
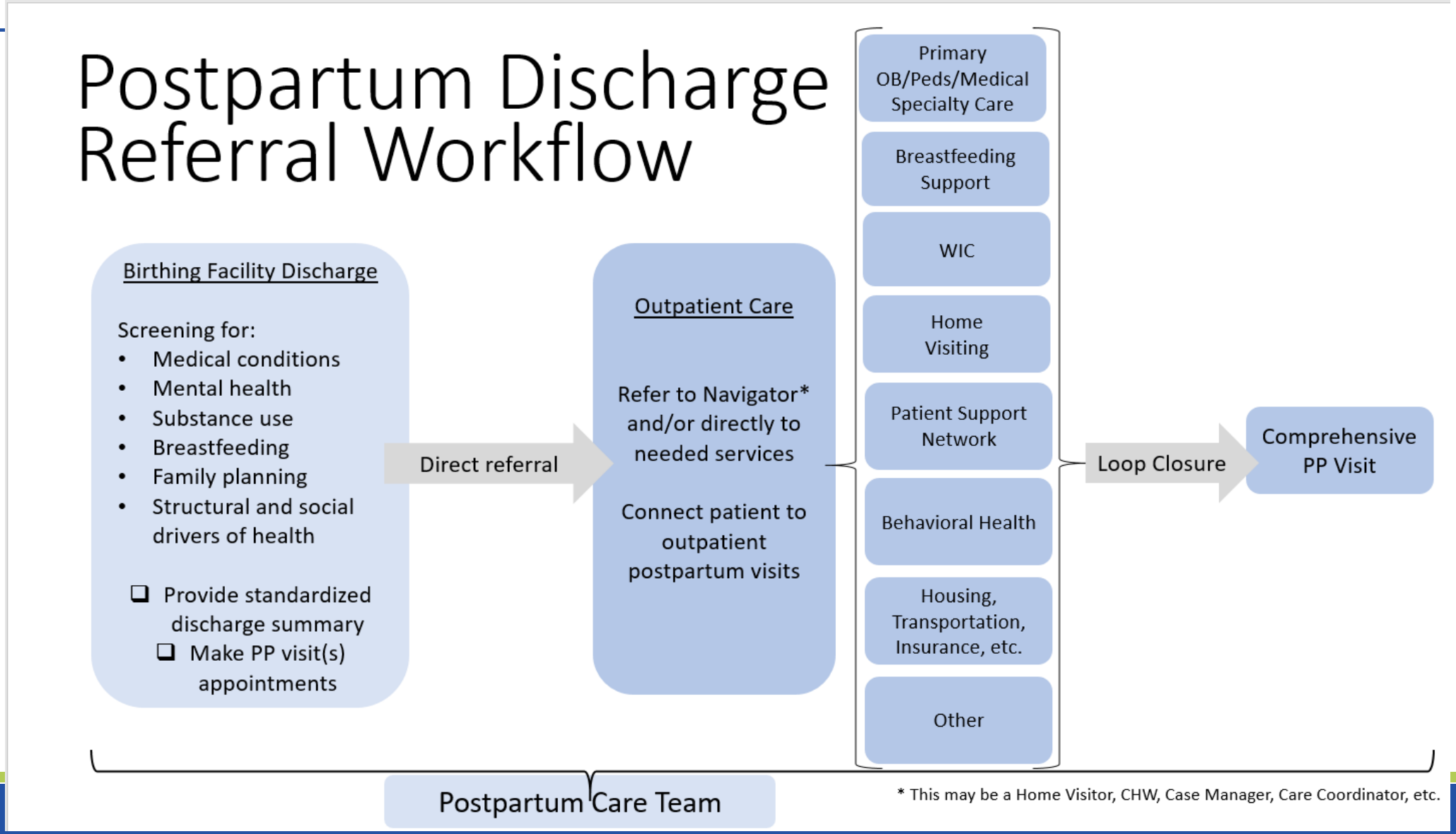
FINAL *FTI Enrolled Sites*

41 Total Sites Enrolled
3 are Inactive Sites
93% of KS Births impacted by FTI



New Postpartum Model for Kansas

(aka Fourth Trimester Initiative)



FOURTH TRIMESTER INITIATIVE

New Year! What's your delivery count?

Birth numbers for 2023

- Total Births, Live Births, Stillbirths
- Include breakdown of race if possible

2023 Births													
	Total Birth	Live Births	Stillbirths		White	Af Amer	Asian	Multi racia	Native An	Hispanic	Unknown	Other	
Neosho	348	348	0		337	1	0		1	8	0	1	

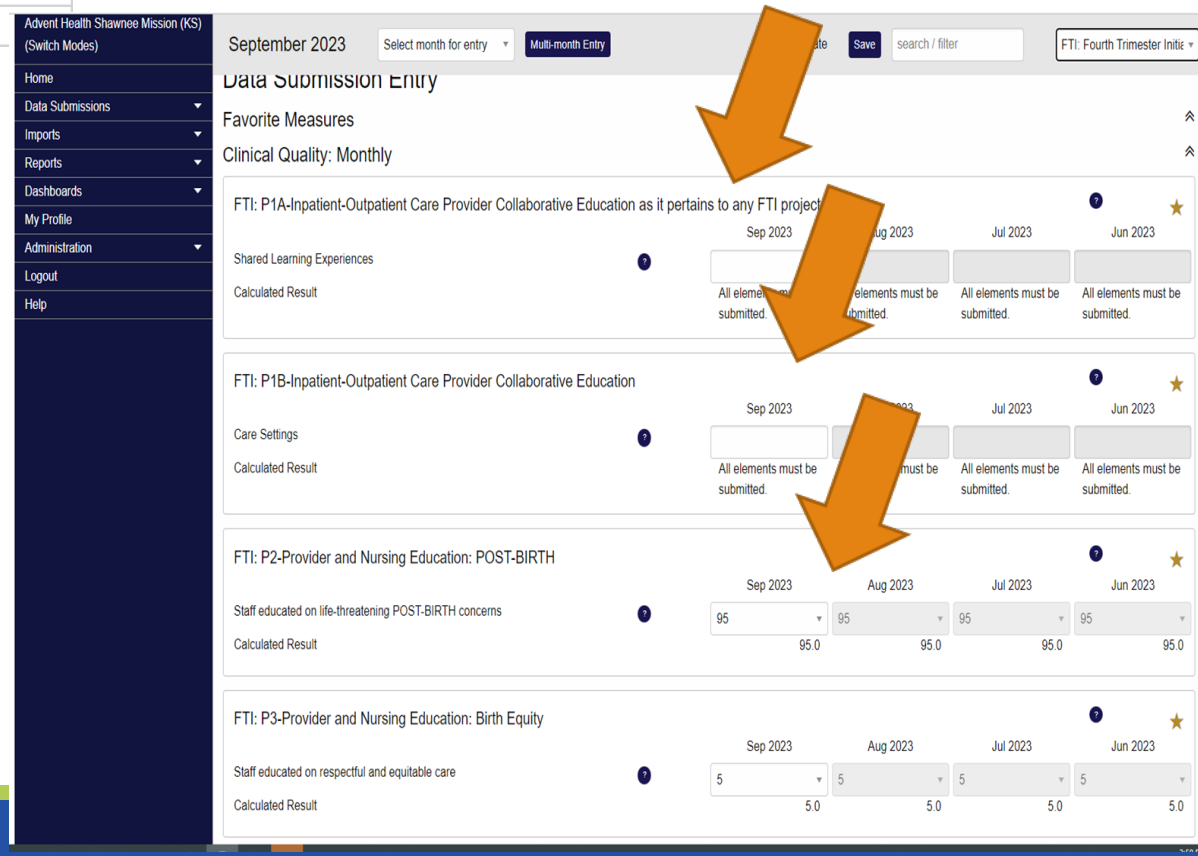
***Put in QHi AND email them to Terrah (tstroda@gmail.com)*

Update items like "ER Triage" and

"Community Resource List" start dates

Please complete all data for 2023 by Jan 30 th

If you need Qhi help, ask! ☺



Kansas Perinatal Quality Collaborative

FOURTH TRIMESTER INITIATIVE

FTI *2024 Resolutions*

New & Seasoned Sites:

Learning Forums

FTI Start/Completion Content: PPT coming your way

Meet with FTI Coordinator(s)

Direct TA from Project Leads

Use each other!

AIM FACILITY

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Fourth Trimester Initiative Contacts

FTI Leads:
Jill Nelson, KDHE/KPQC Maternal & Perinatal Initiatives
Health Planning Consultant
Terrah Stroda, CNM; FTI Co-Coordinator
Kari Smith, RNC; FTI Co-Coordinator

Maternal Warning Signs (POSTBIRTH Training):
Terrah Stroda, CNM; FTI Co-Coordinator
Kari Smith, RNC; FTI Co-Coordinator

Maternal Mental Health:
Jennifer Wise, Kansas Connecting Communities
Alexis Tibbits, Kansas Connecting Communities

KS Birth Equity Training:
Dr Sharla Smith, KU; KS Birth Equity Network
Oluoma Obi, KU; KS Birth Equity Network

FTI Data (aka QHi):
Sally Othmer, KS Hospital Association
Stuart Moore, KS Hospital Association

Breastfeeding (High 5 and Baby Friendly):
Cara Gerhardt

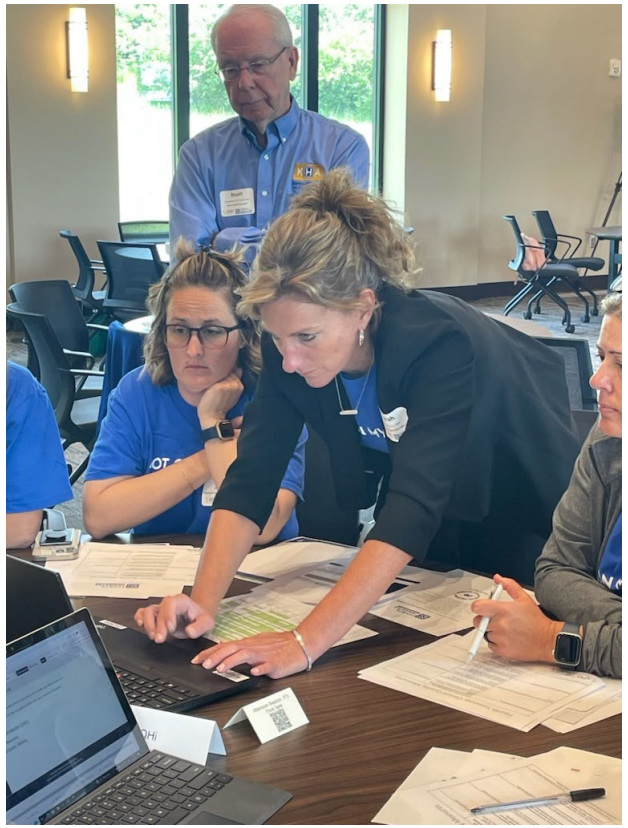
Intimate Partner Violence:
Hannah Figgs-Hoard
Angie Swart

Family Planning:
Terrah Stroda

FOURTH TRIMESTER INITIATIVE

FTI Office Hours

January 30 th, 2024 Noon



February 2nd, 2024 8am

Zoom link and Invite coming!

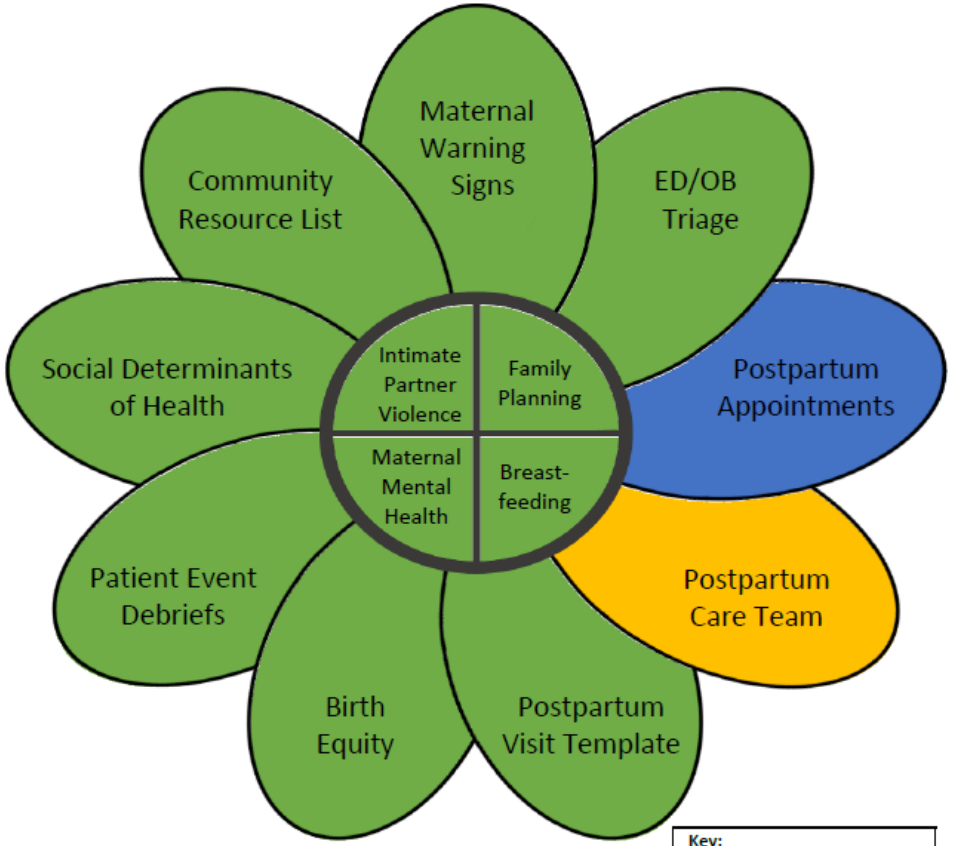
KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Fourth Trimester Report Card

Facility Name

Site ID

As of <select month & year>



Key:

- Not Started (1)
- In Progress (3)
- Completed (5)

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Fourth Trimester Report Card

Facility Name

Site ID

As of <select month & year>

AIM Data Collection

Petal	Score	Initiative
Maternal Warning Signs	1	*S5: PostBirth* Incorporated PostBirth Into patient education materials
	1	*P2: PostBirth* PostBirth Maternal Warning Signs Provider and Nursing Education
ED/OB Triage	1	*S4: ED/OB Triage* ED Screen for current or recent preg. w/in last year
Postpartum Appointments	3	*P4: PP Appointment* PP Visit scheduling prior to discharge
Postpartum Care Team	5	*S1: PP Care Team* Postpartum Team Coordination
Postpartum Visit Template	1	*S3: PP Visit Template* Shared comprehensive pp visit template
Birth Equity	1	*P3: KBEN* Respectful and Equitable Care education
Patient Event Debriefs	1	*S6: Patient Event Debriefs* Date that patient even debriefs begin at facility
Social Determinates of Health	1	*P5: SSDOH* Screen for social determinants of health
Community Resource List	1	*S2: Community Resource List* Community Resource List of Community Resources

Kansas Specific Initiatives

Petal	Score	Initiative
Intimate Partner Violence	1	Intimate Partner training at each FTI site; Begin collaboration with local community domestic violence resources.
Maternal Mental Health	1	Complete direct TA with Kansas Connecting Communities; Have a standardized screening and referral process embedded at each FTI site.
Family Planning	1	Screen for family planning prior to postpartum discharge.
Breastfeeding	1	Achieve either High 5 or Baby Friendly designation for your facility.

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Kansas Coalition
against sexual & domestic violence

Impact of Intimate Partner Violence on Maternal Health and Pregnancy

Thursday, January 25, 2024

1:00 p.m. - 3:00 p.m

Presented By:

Rebecca Levenson, MA
Senior Health Policy Consultant for FUTURES Without Violence
Hannah Figgs-Hoard
MAVIS Project Coordinator, KCSDV

LEARN MORE AND REGISTER
https://kcsdv.coalitionmanager.org/eventmanager/trainingevent/details/14

Contact:
Hannah Figgs-Hoard
MAVIS Project Coordinator

hfiggshoard@kcsdv.org
785-232-9784

Kansas Coalition
against sexual & domestic violence

Birth Equity Training

KS Birth Equity Training

- Rollout planned:
  - Newman Regional
  - Wesley Medical Center
  - Lawrence Memorial

- Training Completed:
  - Stormont Topeka
  - Hutchinson
  - Amberwell Hiawatha

Course Content: Six Modules

1	Introduction
2	The Need for Birth Equity
3	Community Engagement
4	The Uncomfortable Truth of Bias
5	The Black Postpartum Experience
6	Respectful Maternal Care

❑**Train-the-Trainer**

❑**Intro from KBEN, should include your FTI Champion/OB Lead "words"**

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AIM Bundle Birth Equity & Pt Debriefs

- Expand on required Birth Equity & hits the mark for "Pt Debriefs"

- March 19th at noon: 3.19.24 MoMMA's Voices
- April 16th at noon: 4.16.24 MoMMA's Voices
- May 1st at noon: 5.1.24 MoMMA's Voices

*Links will be sent out to **FTI Champions**, then should be shared out to your staff members.*
Do NOT have to register, but 100% should attend one session.

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Rapid Response:
Breastfeeding!

Dates & Locations:

- April 2 – Topeka, St. Francis
- April 9 – Wichita, Via Christi St. Joseph
- April 10 – Hays, HaysMed
- April 11 – Dodge City, St. Catherine at Dodge City

TO REGISTER:
www.surveymonkey.com/r/HospitalSkillsFairs2024

Regional Hospital Skills Fairs

The Kansas Breastfeeding Coalition, in partnership with High 5 for Mom & Baby and the Kansas Department of Health and Environment, is hosting four (4) regional skills fairs April 2-11 across Kansas. They are open to all Kansas hospital staff at no cost.

2024 Dates & Locations

- **April 2** – Topeka
- **April 9** – Wichita
- **April 10** – Hays
- **April 11** – Dodge City

Scan here to register by March 20th

Morning Group:

9:30 – 9:45 a.m.	Welcome morning group
9:45 – 11a.m.	Station Rotation #1
11– 11:15 a.m.	*Break and reset stations*
11:15 a.m. – 12:30 p.m.	Station Rotation #2

Afternoon Group:

1 – 1:15 p.m.	Welcome afternoon group
1:15 – 2:30 p.m.	Station Rotation #1
2:30 – 2:45 p.m.	*Break and reset stations*
2:45 – 4 p.m.	Station Rotation #2

Skills Stations Rotation #1:

- Latch and Positioning with LATCH scoring rubric instruction
- Alternative feeding methods – cup, spoon, finger-feeding, nipple shields

Skills Stations Rotation #2:

- Breast pumps, including flange fitting and hand expression
- Discharge protocol and procedure – community resources, appointments, and new infant warning signs handout

Email questions to info@ksbreastfeeding.org.

Continuing education for nurses will be provided. An application for CERPs has been submitted.

Funding for this training was provided by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Maternal and Child Health Service Block Grant [Award B04MC28100; CFDA 93.994].

KANSAS MATERNAL & CHILD HEALTH | Kansas Department of Health and Environment | High5 FOR MOM & BABY | Kansas Breastfeeding Coalition, Inc.

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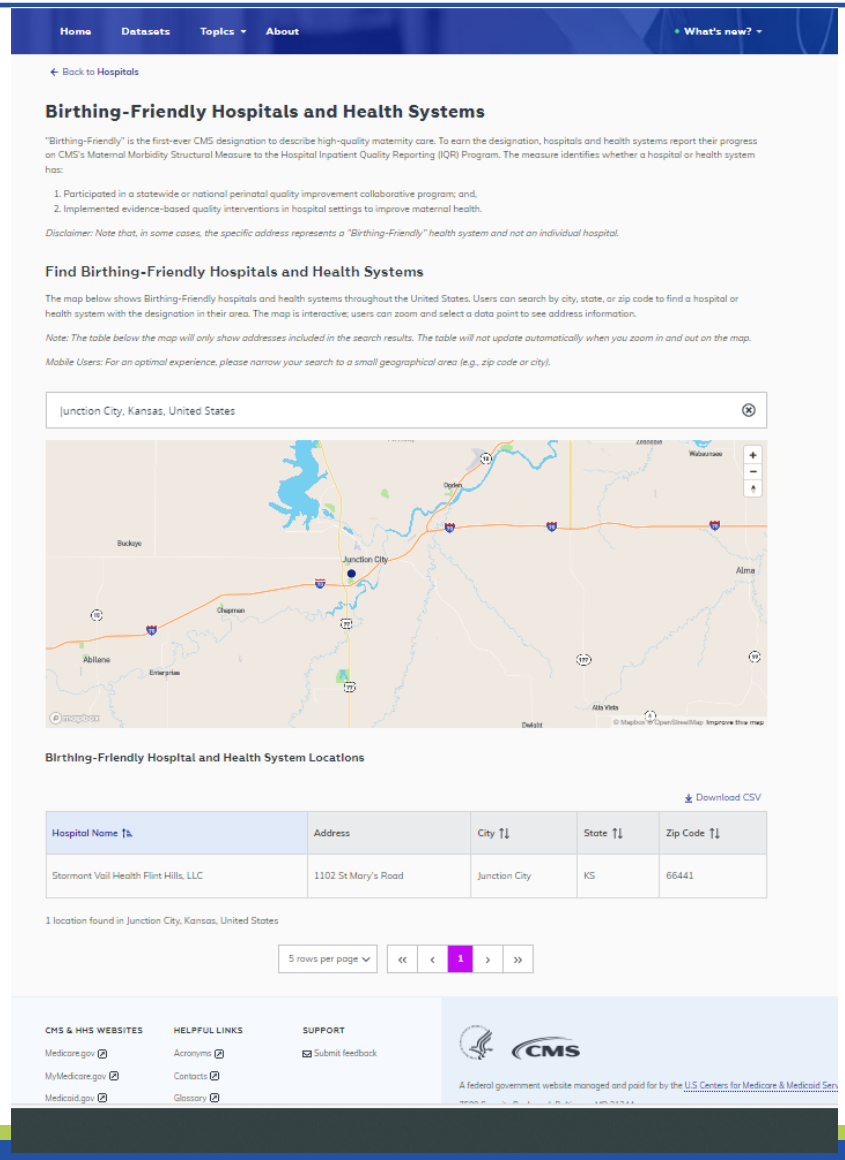
CMS Announced their Birthing–Friendly Hospital Designation (November 2023)

To earn the designation, hospitals and health systems report their progress on CMS's Maternal Morbidity Structural Measure to the Hospital Inpatient Quality Reporting (IQR) Program. The measure identifies whether a hospital or health system has:

- Participated in a statewide or national perinatal quality improvement collaborative program; and
- Implemented evidence -based quality interventions in hospital settings to improve maternal health (e.g., AIM)

THAT'S YOU!

Https://data.cms.gov/provider-data/birthing-friendly-hospitals-and-health-systems



Kansas Perinatal Quality Collaborative

FOURTH TRIMESTER INITIATIVE

If you think not EVERY hospital should be involved…

Southeast Kansas hospital welcomes first baby to be delivered in decades

FILE (AP Photo/Eric Gay, File)

By Sarah Motter

Published: Jan. 17, 2024 at 12:59 PM CST

NEODESHA, Kan. (WIBW) - It had been more than 20 years since staff at Wilson Medical Center in Neodesha welcomed a newborn

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www.wibw.com/2024/01/17/southeast-kansas-hospital-welcomes-first-baby-be-delivered-decades

KPQC BYLAWS

Please take a moment to complete the poll

Attacking 2024

AIM PP Transitions: S4

Emergency Department (ED) Screening for Current or Recent Pregnancy

Report Start Date

Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?

AIM

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

Postpartum Discharge Transition Patient Safety Bundle

Core Data Collection Plan

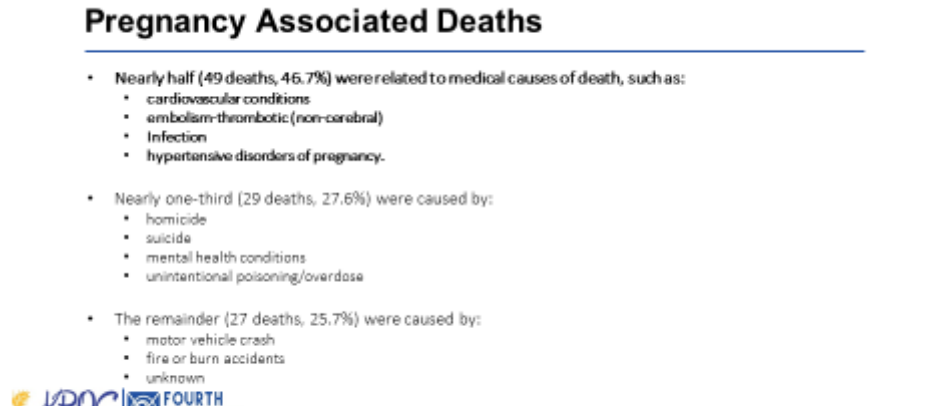
KPQC Kansas Perinatal Quality Collaborative

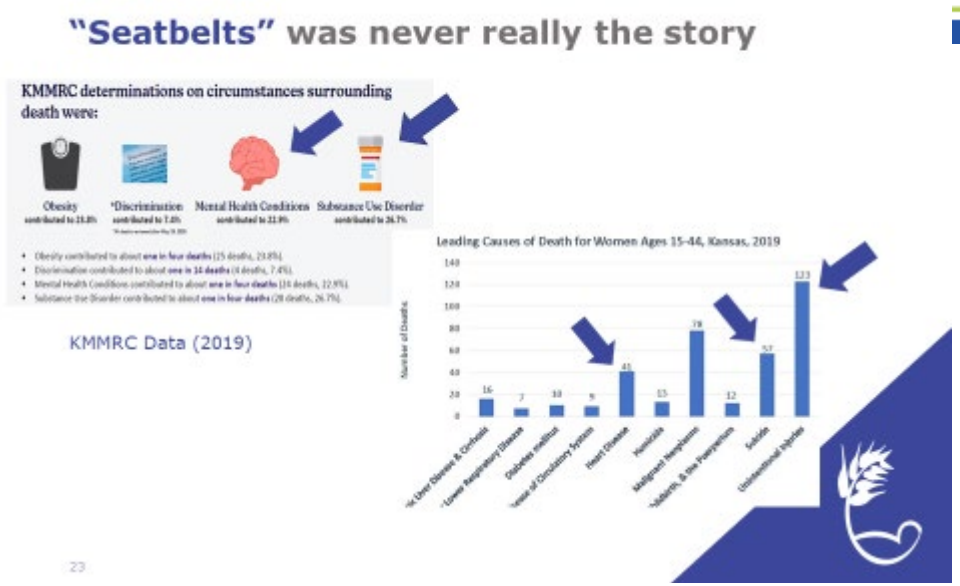
FOURTH TRIMESTER INITIATIVE

This isn't a national "unrelated benchmark"

- Significant part of what we see with the Maternal Mortality Review Committee findings.
- EDs are missing key postpartum findings (esp **mental health and HTN**) and morbidity or mortality results.
- No follow up is created from ED or Urgent care for yellow or red flag visits in **postpartum women**.
- REMINDER: Your ED is not just taking of YOUR known Postpartum patients

I-70!





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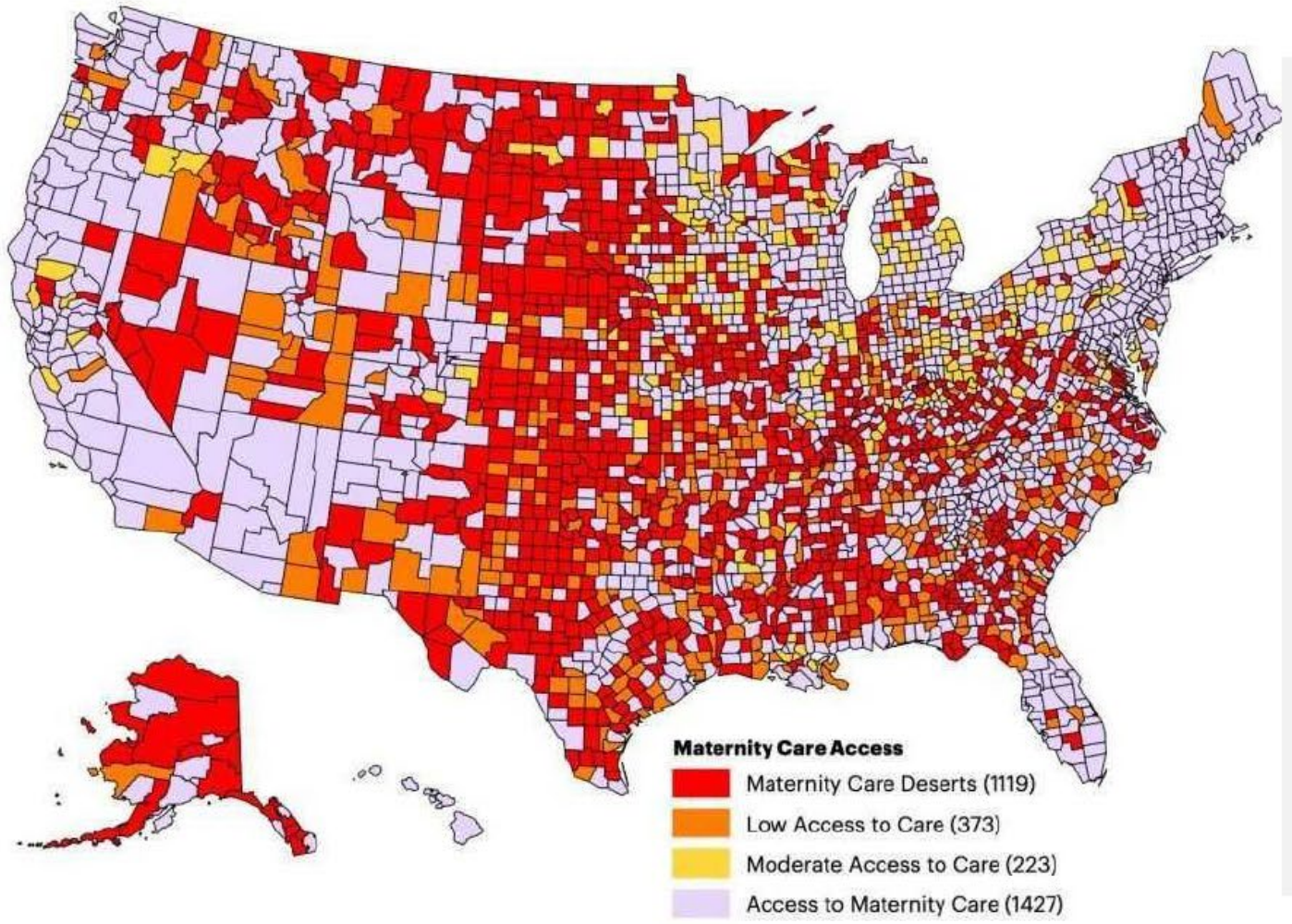
Why is this important?

igure 1: Maternity Care Deserts, 2020



HCA Healthcare®

This isn't a national "unrelated benchmark"

- Stigma around the question (TOP)
- Should OB be consulted for THAT LONG???
- Regardless of pregnancy outcomes (SAB, TOP, SVD, etc.) she matters! And she needs our help!

Case Studies:
AIM Bundle: ED triage

Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?

Guest speakers

Abbie Weatherley, DNP, ED
- **Advent Health Shawnee Mission**

Jenna McClain, FTI Champ
- **Sabetha Community Hospital**

Kimberlee Dick, FTI Champ
- **Stormont Vail, Topeka**

FTI Champ Questions:
How does this AIM bundle item REALLY work?

Trust and Responsibility between ED/OB.
Can be adversarial, how do you make it positive?

- *3 Case Studies (Antepartum & PP)*
  - *Question/Answer Session*

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

TRIAGE TREATMENT AND TRANSFER: CARING FOR THE OB PATIENT IN THE ED

Abbie Weatherley, DNP, APRN, ENP-C, FNP-C

PRIMARY GOALS

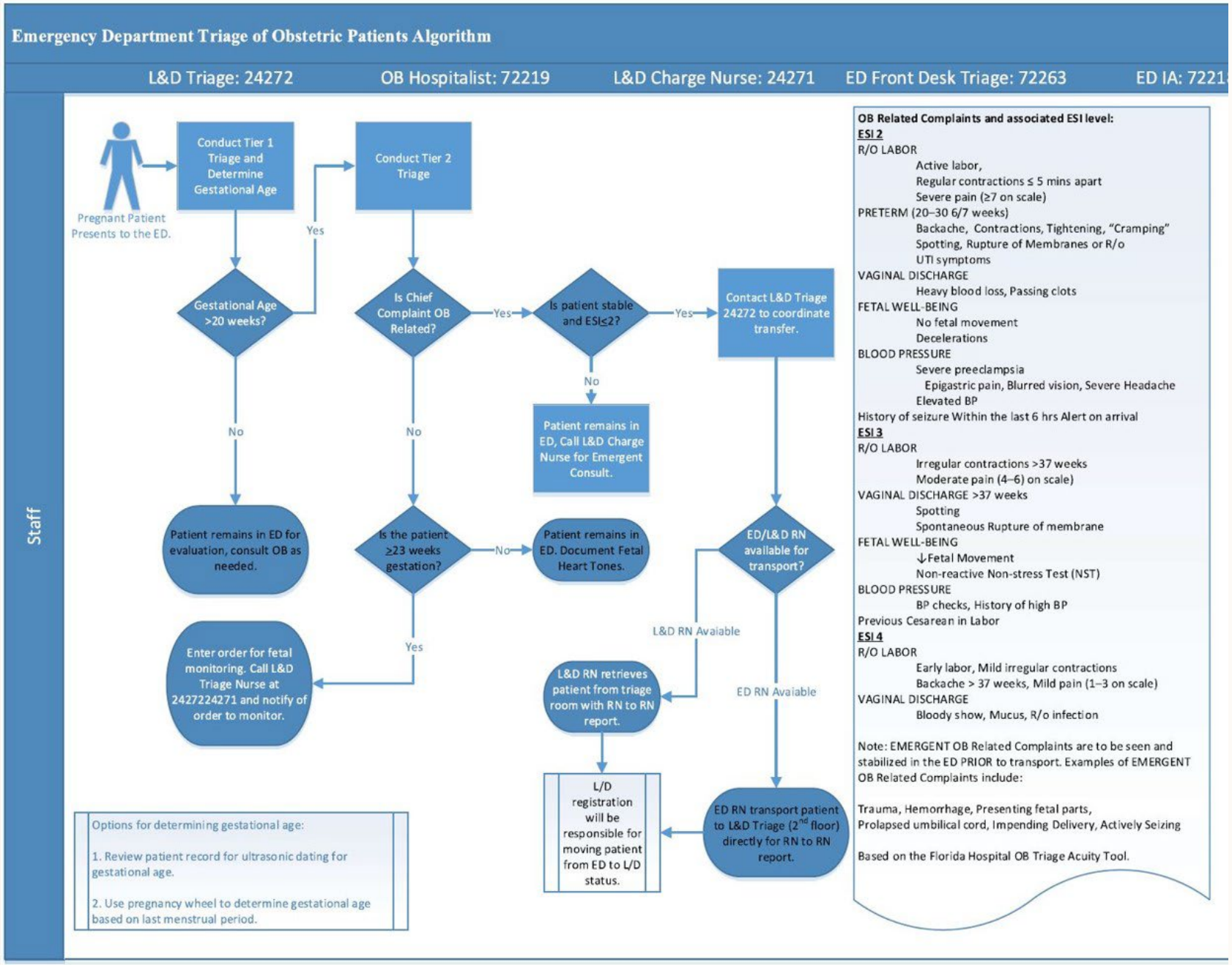
Patient Safety
Decreasing Maternal Mortality Rates

ED TRIAGE OBJECTIVES

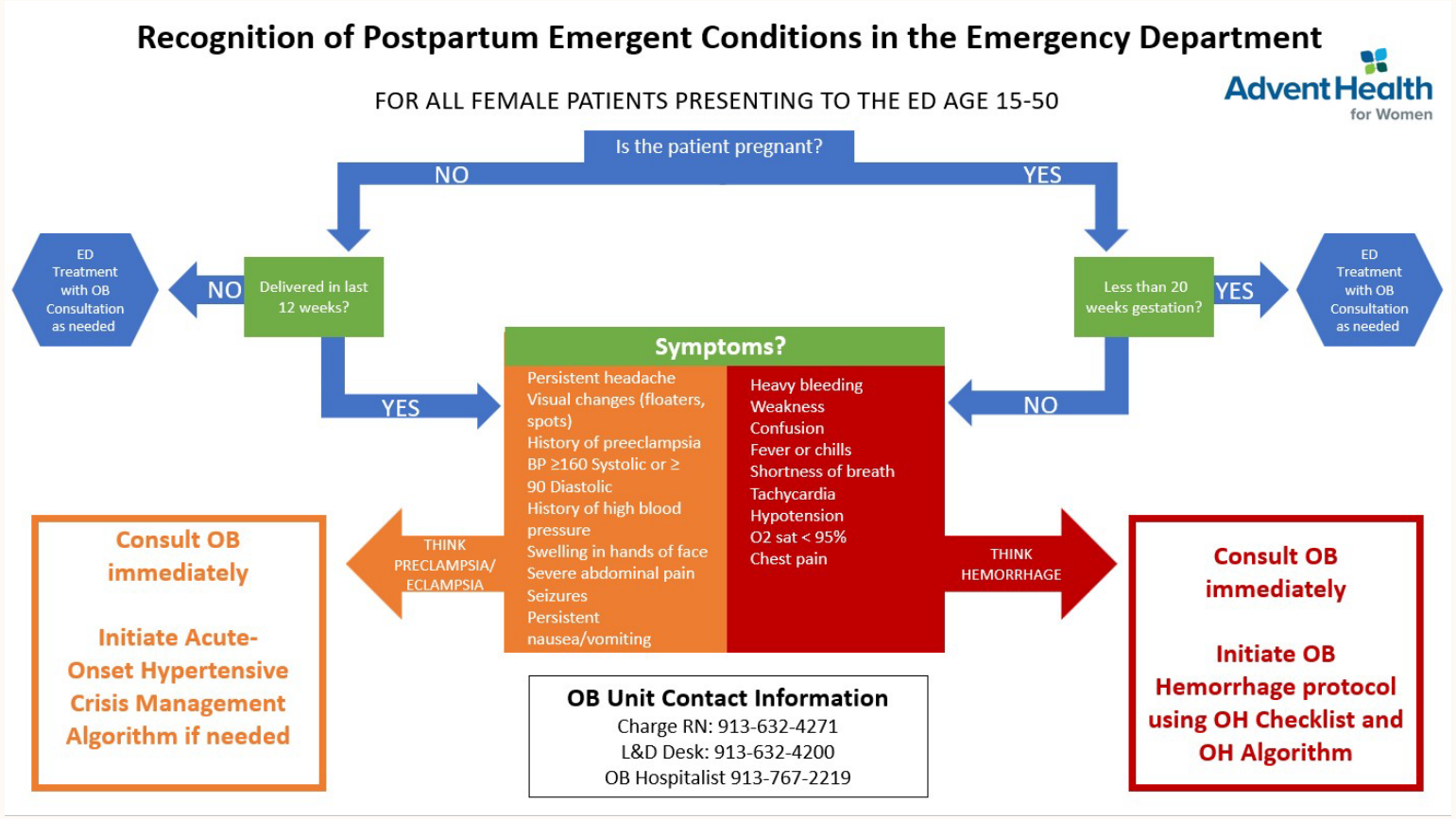
- Immediate recognition of postpartum state
- Quick triage
- Timely treatment for symptoms
- Specialized consultation
- Appropriate Transfer/Discharge/Admission

TRIAGE ALGORITHM

- If patient is < 20 weeks, patient remains in ED: consult L&D as needed
- If patient is > 20 weeks, has OB-related chief complaint, and is stable, contact L&D for transfer
- If patient is > 23 week and does not have OB-related CC, contact L&D for fetal monitoring in the ED



POSTPARTUM TRIAGE ALGORITHM



CASE STUDY #1

- 36-year-old female
- 1 week postpartum
- CC: Swollen, BP 146/84 – checked at home, concerns BP cuff not working right
- Denies headache, chest pain, dyspnea

CASE STUDY #1

- Patient triaged in ED – BP 158/92
- Immediate call by triage RN for OB consult
- Transferred to OB
- Labetalol administered
- Admitted to hospital
- 5-day encounter

BUT WE ALL KNOW ITS NOT ALWAYS THAT EASY!

KNOW YOUR PATIENT

ASK QUESTIONS AND REVIEW HISTORY

Types of Hypertension

ACOG
The American College of Obstetricians and Gynecologists
District II

Chronic Hypertension	○ SBP ≥ 140 **or** DBP ≥ 90 ○ Pre-pregnancy or <20 weeks
Gestational Hypertension	○ SBP ≥ 140 **or** DBP ≥ 90 on at least two occasions at least 4 hrs apart after 20 weeks gestation in women with previously normal BP ○ Absence of proteinuria or systemic signs/symptoms
Preeclampsia – Eclampsia	○ SBP ≥ 140 **or** DBP ≥ 90 ○ Proteinuria with or without signs/symptoms ○ Presentation of signs/symptoms/lab abnormalities but no proteinuria **Proteinuria not required for diagnosis eclampsia seizure in setting of preeclampsia*
Chronic Hypertension with Superimposed Preeclampsia	○ Preeclampsia in a woman with a history of hypertension before pregnancy or before 20 weeks of gestation
Preeclampsia with severe features *(ACOG Practice Bulletin #202, Gestational Hypertension and Preeclampsia, & ACOG Practice Bulletin #203, Chronic Hypertension in Pregnancy)*	○ SBP ≥ 160 **or** DBP ≥ 110 (can be confirmed within a short interval to facilitate timely antihypertensive therapy) ○ Thrombocytopenia (platelet count less than 100,000/microliter) ○ Impaired liver function that is not accounted for by alternative diagnoses and as indicated by abnormally elevated blood concentrations of liver enzymes (to more than twice the upper limit normal concentrations), or by severe persistent right upper quadrant or epigastric pain unresponsive to medications. ○ Renal insufficiency (serum creatinine concentration more than 1.1 mg/dL or a doubling of the serum creatinine concentration in the absence of other renal disease) ○ Pulmonary edema ○ New-onset headache unresponsive to medication and not accounted for by alternative diagnoses ○ Visual disturbances

LOCATE PREVIOUSLY DEVELOPED RESOURCES

EXAMPLE

Hypertensive Emergency Checklist

HYPERTENSIVE EMERGENCY:

- Two severe BP values (≥160/110) taken 15-60 minutes apart. Values do not need to be consecutive.
- May treat within 15 minutes if clnically indicated

- ☐ Call for Assistance
- ☐ Designate:
  - ○ Team leader
  - ○ Checklist reader/recorder
  - ○ Primary RN
- ☐ Ensure side rails up
- ☐ Ensure medications appropriate given patient history
- ☐ Administer seizure prophylaxis (magnesium sulfate first line agent, unless contraindicated)
- ☐ Antihypertensive therapy within 1 hour for persistent severe range BP
- ☐ Place IV; Draw preeclampsia labs
- ☐ Antenatal corticosteroids (if <34 weeks of gestation)
- ☐ Re-address VTE prophylaxis requirement
- ☐ Place indwelling urinary catheter
- ☐ Brain imaging if unremitting headache or neurological symptoms
- ☐ Debrief patient, family, and obstetric team

† "Active asthma" is defined as:
Ⓐ symptoms at least once a week, or
Ⓑ use of an inhaler, corticosteroids for asthma during the pregnancy, or
Ⓒ any history of intubation or hospitalization for asthma.

Magnesium Sulfate

Contraindications: Myasthenia gravis; avoid with pulmonary edema, use caution with renal failure

IV access:

- ☐ Load 4-6 grams 10% magnesium sulfate in 100 mL solution over 20 min
- ☐ Label magnesium sulfate; Connect to labeled infusion pump
- ☐ Magnesium sulfate maintenance 1-2 grams/hour

No IV access:

- ☐ 10 grams of 50% solution IM (5 g in each buttock)

Antihypertensive Medications

For SBP ≥ 160 or DBP ≥ 110
(See SMI algorithms for complete management when necessary to move to another agent after 2 doses.)

- ☐ **Labetalol** (initial dose: 20mg); **Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure; use with caution with history of asthma**
- ☐ **Hydralazine** (5-10 mg IV* over 2 min); **May increase risk of maternal hypotension**
- ☐ **Oral Nifedipine** (10 mg capsules); Capsules should be administered orally, not punctured or otherwise administered sublingually

** Maximum cumulative IV-administered doses should not exceed 220 mg labetalol or 25 mg hydralazine in 24 hours*

***Note:** If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended*

Anticonvulsant Medications

For recurrent seizures or when magnesium sulfate contraindicated

- ☐ **Lorazepam (Ativan)**: 2-4 mg IV x 1, may repeat once after 10-15 min
- ☐ **Diazepam (Valium)**: 5-10 mg IV q 5-10 min to maximum dose 30 mg

Safe Motherhood Initiative

ACOG

Revised January 2019

EXAMPLE

EMERGENCY DEPARTMENT

Postpartum Preeclampsia Checklist

IF PATIENT < 6 WEEKS POSTPARTUM WITH:

- BP ≥ 160/110 or
- BP ≥ 140/90 with unremitting headache, visual disturbances, epigastric pain

- ☐ Call for Assistance
- ☐ Designate:
  - ○ Team leader
  - ○ Checklist reader/recorder
  - ○ Primary RN
- ☐ Ensure side rails up
- ☐ Call obstetric consult; Document call
- ☐ Place IV; Draw preeclampsia labs
  - ○ CBC
  - ○ PT
  - ○ PTT
  - ○ Fibrinogen
  - ○ Chemistry Panel
  - ○ Uric Acid
  - ○ Hepatic Function
  - ○ Type and Screen
- ☐ Ensure medications appropriate given patient history
- ☐ Administer seizure prophylaxis
- ☐ Administer antihypertensive therapy
  - ○ Contact MFM or Critical Care for refractory blood pressure
- ☐ Consider indwelling urinary catheter
  - ○ Maintain strict I&O — patient at risk for pulmonary edema
- ☐ Brain imaging if unremitting headache or neurological symptoms

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Safe Motherhood Initiative

ACOG

Revised January 2019

HAVE RESOURCES READILY AVAILABLE

ALWAYS FOLLOW CURRENT GUIDELINES

First Line Therapies

ACOG
The American College of Obstetricians and Gynecologists
District II

- Intravenous labetalol
- Intravenous hydralazine
- Oral nifedipine

Magnesium sulfate not recommended as antihypertensive agent

- Should be used for: seizure prophylaxis and controlling seizures in eclampsia
- IV bolus of 4-6 grams in 100 ml over 20 minutes, followed by IV infusion of 1-2 grams per hour. **Continue for 24 hours postpartum**
- If no IV access, 10 grams of 50% solution IM (5 g in each buttock)
- Contraindications: pulmonary edema, renal failure, myasthenia gravis

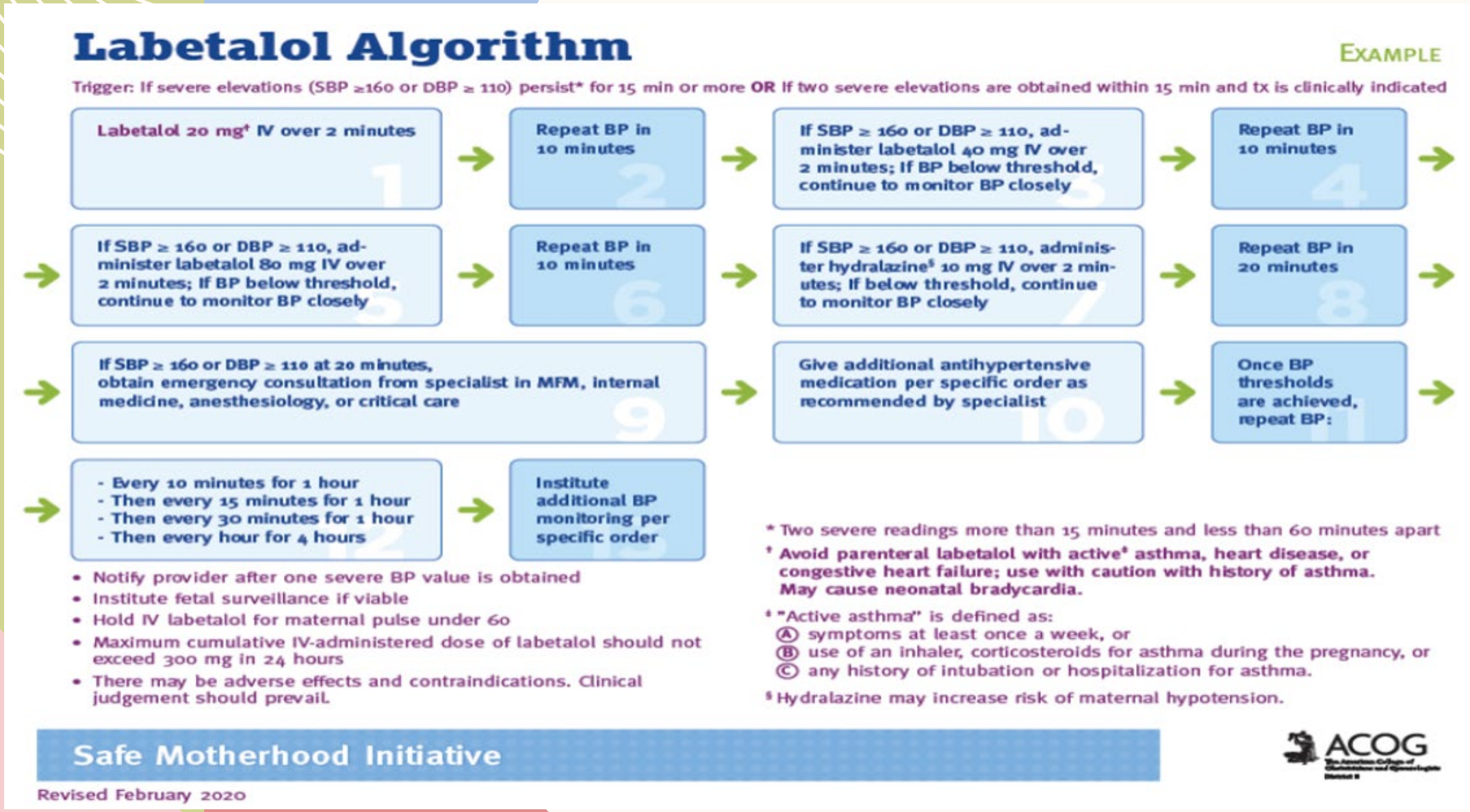
Anticonvulsants (for recurrent seizures or when magnesium is C/I):

- **Lorazepam**: 2-4 mg IV x 1, may repeat x 1 after 10-15 min
- **Diazepam**: 5-10 mg IV every 5-10 min to max dose 30 mg
- **Phenytoin**: 15-20 mg/kg IV x 1, may repeat 10 mg/kg IV after 20 min if no response. Avoid with hypotension, may cause cardiac arrhythmias.
- **Keppra**: 500 mg IV or orally, may repeat in 12 hours. Dose adjustment needed if renal impairment.

**There may be adverse effects and additional contraindications. Clinical judgement should prevail*

ACOG
The American College of Obstetricians and Gynecologists
District II

ANTIHYPERTENSIVE OPTION



MATERNAL WARNING SIGNS

Education for healthcare providers patients & families

Call 911 if you have:	❑ **P**ain in chest ❑ **O**bstructed breathing or shortness of breath ❑ **S**eizures ❑ **T**houghts of hurting yourself or someone else
Call your healthcare provider if you have: (If you can't reach your healthcare provider, call 911 or go to an emergency room)	❑ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger ❑ **I**ncision that is not healing ❑ **R**ed or swollen leg, that is painful or warm to touch ❑ **T**emperature of 100.4°F or higher ❑ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

Guest speakers

Abbie Weatherley, DNP, ED
- **Advent Health Shawnee Mission**

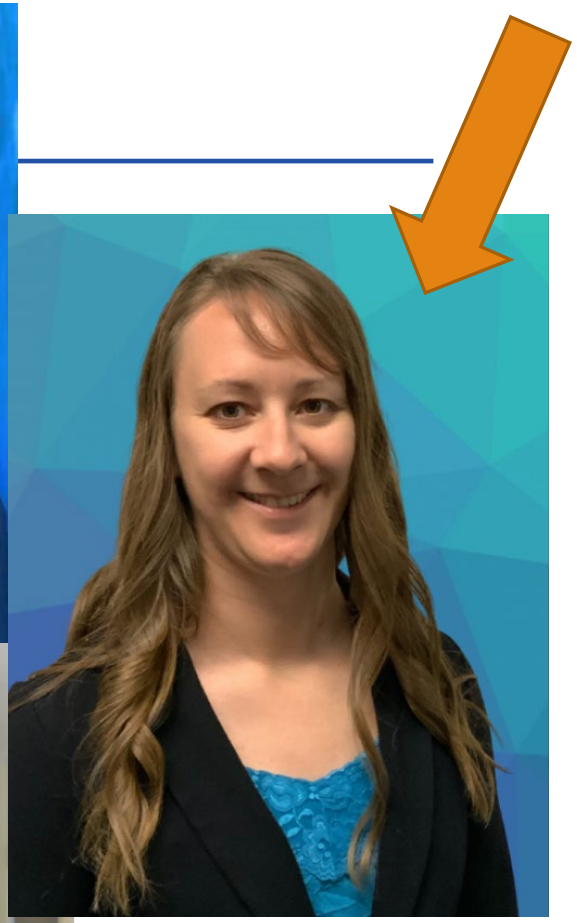
Jenna McClain, FTI Champ
- **Sabetha Community Hospital**

Kimberlee Dick, FTI Champ
- **Stormont Vail, Topeka**

FTI Champ Questions:
How does this AIM bundle item REALLY work?

Trust and Responsibility between ED/OB..
Can be adversarial, how do you make it positive?

- *3 Case Studies (Antepartum & PP)*
  - *Question/Answer Session*



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OBSTETRICS IN A CAH ED

Jenna McClain RN, BSN
Director of Nursing

INTRODUCTION

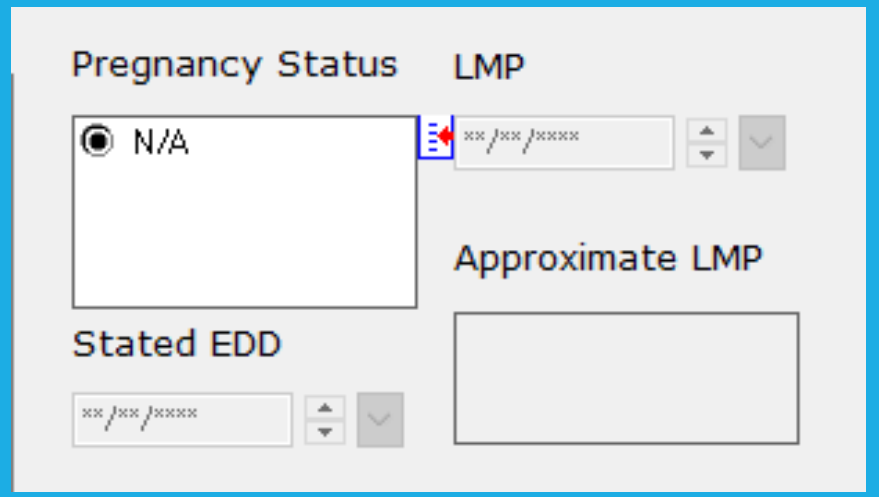
Director of Nursing/Emergency Operations Coordinator

- Med/Surg
- ER
- L&D
- Outpatient Infusions

Licensed 25 bed CAH

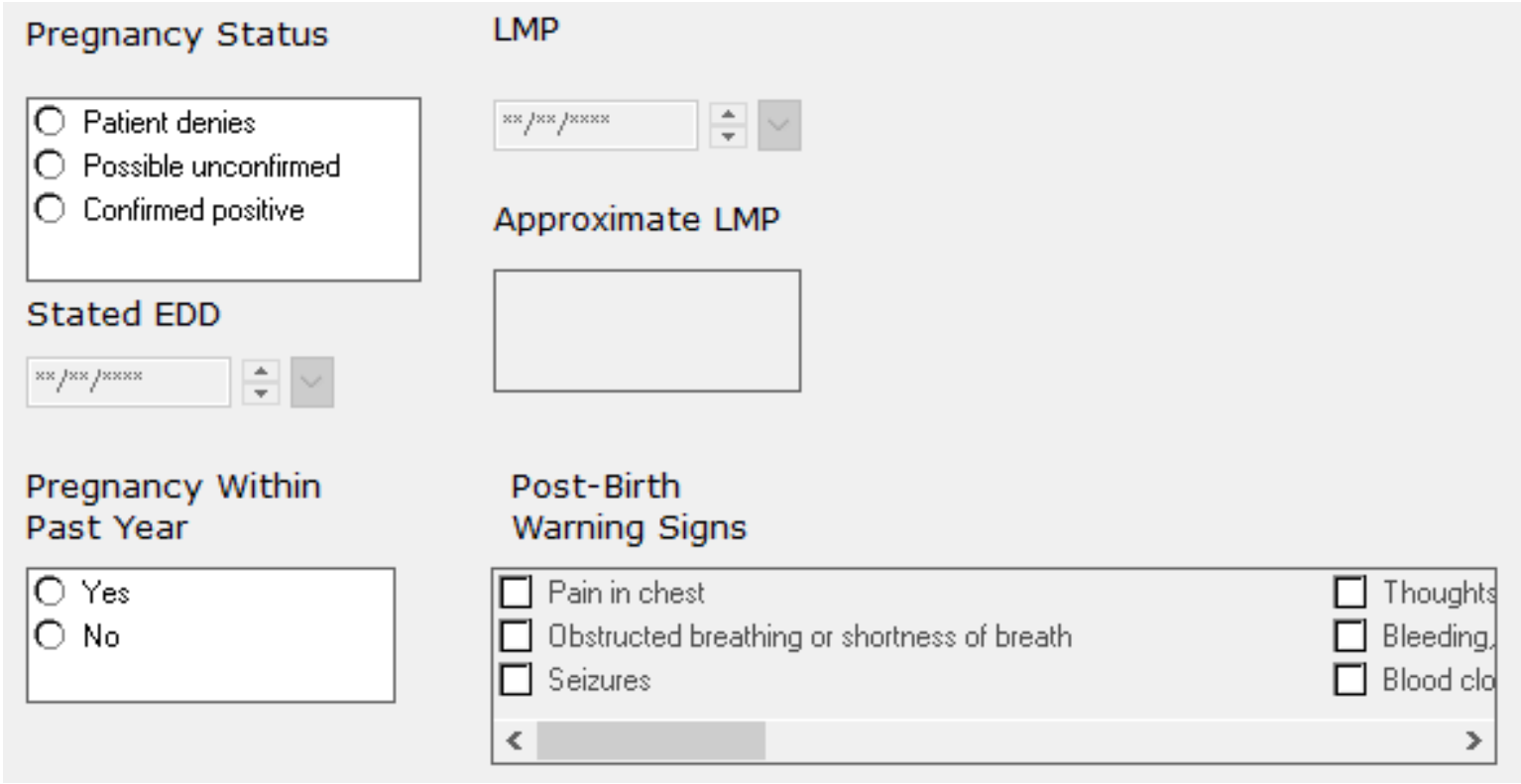
Average Med/Surg census 6pts (acute, OBS, and swingbed)

2 L&D rooms



CERNER FIRSTNET TRIAGE QUESTIONS

PROPOSED CHANGE



TRAINING STAFF

RESOURCES

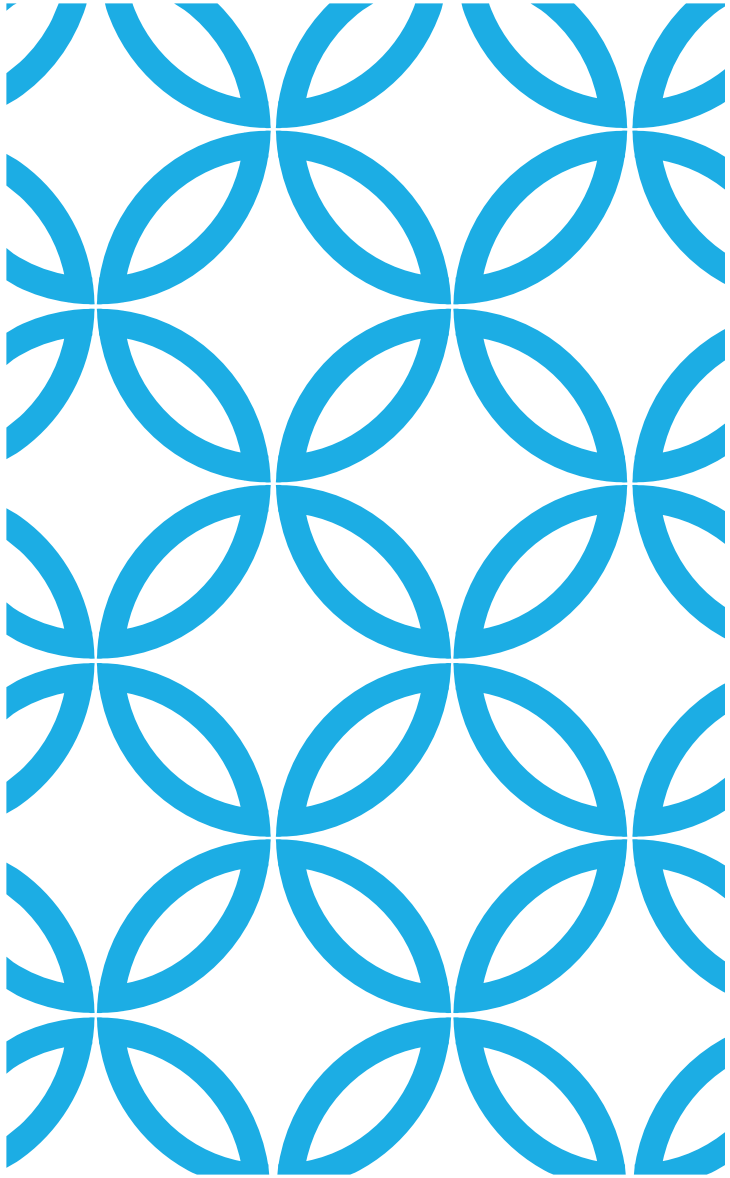
SABETHA COMMUNITY HOSPITAL

Pregnancy within last year?

POST-BIRTH Warning Signs

- ☐ **P**ain in chest
- ☐ **O**bstructed breathing or shortness of breath
- ☐ **S**eizures
- ☐ **T**houghts of hurting yourself or someone else

- ☐ **B**leeding, soaking through one pad/hour, or blood clots the size of an egg or bigger
- ☐ **I**ncision that is not healing
- ☐ **R**ed or swollen leg, that is painful or warm to the touch
- ☐ **T**emperature of 100.4*F or higher
- ☐ **H**eadache that does not get better, even after taking medicine or a headache with vision changes.



THANK YOU!

Guest speakers

Abbie Weatherley, DNP, ED
- **Advent Health Shawnee Mission**

Jenna McClain, FTI Champ
- **Sabetha Community Hospital**

Kimberlee Dick, FTI Champ
- **Stormont Vail, Topeka**

FTI Champ Questions:
How does this AIM bundle item REALLY work?

Trust and Responsibility between ED/OB..
Can be adversarial, how do you make it positive?

- *3 Case Studies (Antepartum & PP)*
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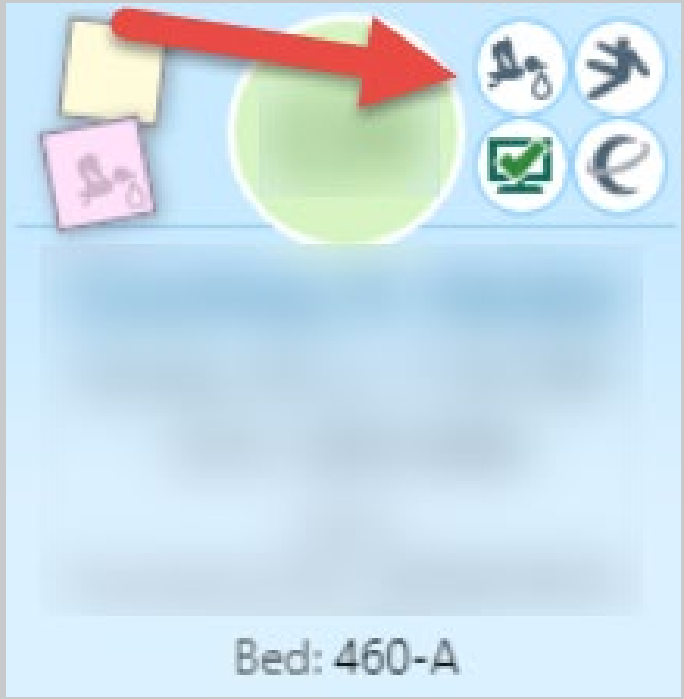
Emergency Room/OB Evaluation

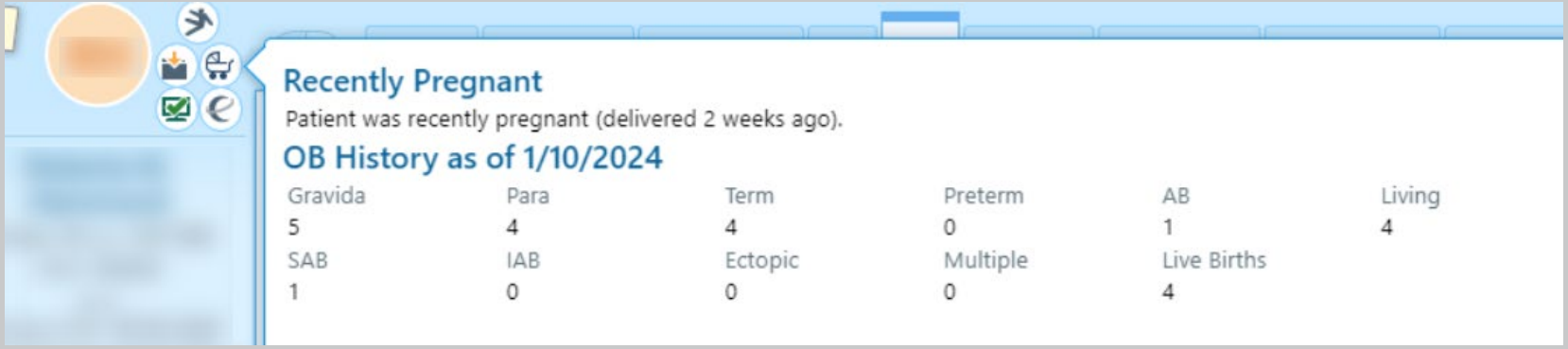
EMR Pregnant Identification in Epic



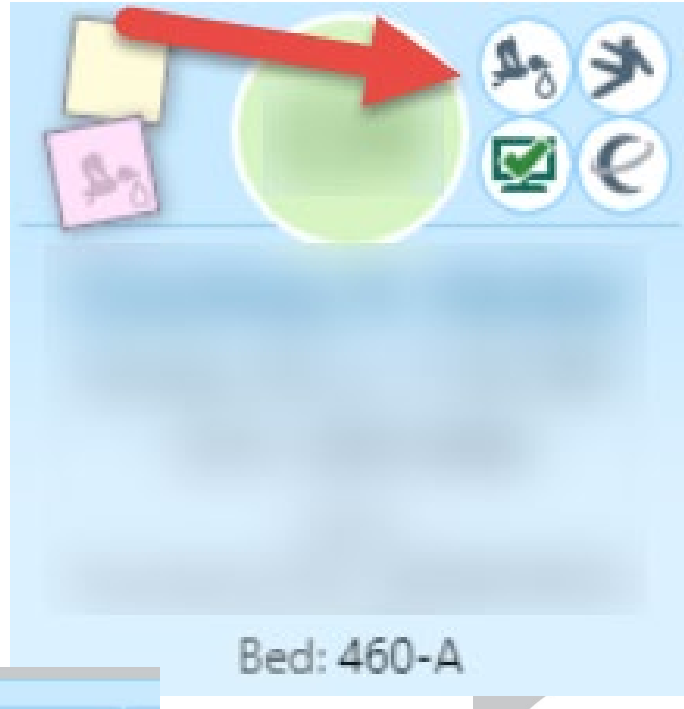
Stormont Vail Health

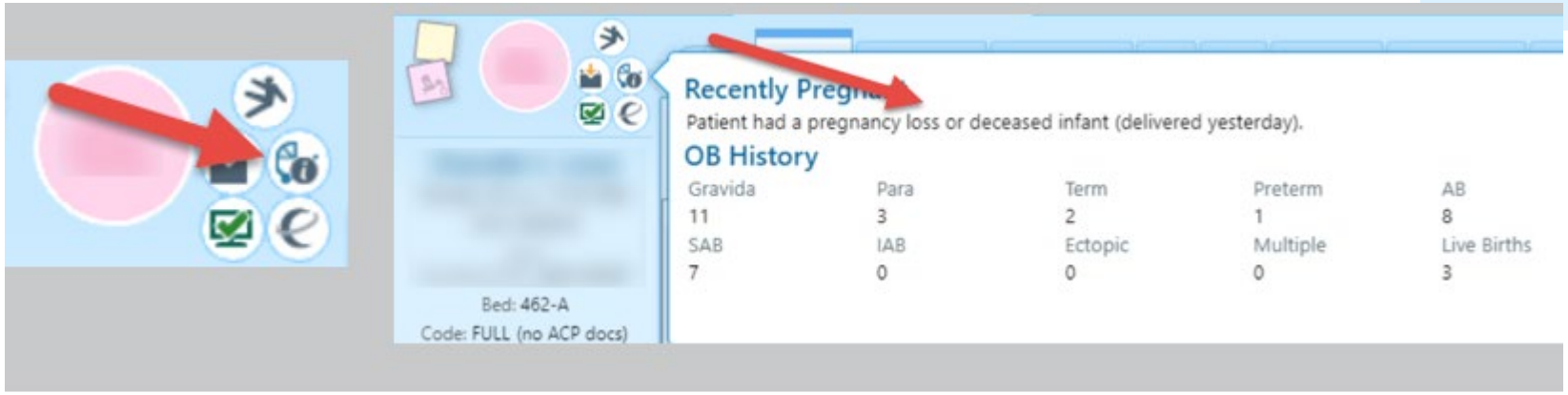
Emergency Room/OB Evaluation

EMR Postpartum Identification in Epic



Stormont Vail Health





Stormont Vail Health

Emergency Room/OB Evaluation

Pregnant/postpartum patient identification signage

Stormont Vail Health

Emergency Room/OB Case Study #1

G3P2 @ 35w2d presented via ambulance c/o chest pain and abdominal cramping

- 0350 arrival to ED
  - BP: 174/80, P: 88, SpO2: 98% RA
  - BP RN at bedside on arrival
    - Coordinates with OB to start preE eval while pt being evaluated in ED for chest pain, EFM monitoring done in ED
- 0600 transferred to Birthplace
  - Admitted for further evaluation
    - Betamethasone administration
    - MFM consult
    - Induction of labor due to severe preeclampsia diagnosis

Stormont Vail Health

Emergency/OB Case Study #1

Successes

- Early identification of pregnant status (AMR assessment)
- Collaboration between ED/OB teams
- OB at bedside upon arrival
- ED performed cardiac work-up
- OB performed preE work-up and fetal assessment
- When pt admitted to OB service, team was already familiar with POC

Barriers/Opportunities

- Provider to provider communication

Stormont Vail Health

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CASE STUDY #2

31-year-old female

13 weeks postpartum

Presents to outlying emergency department (free-standing)

CC: Shortness of breath, racing heart

Physical symptoms: Dyspnea, Tachycardia

Psychosocial symptoms: Can't sleep, anxious

Exam: BP 134/86, HR 102 bpm, SaO2 98% on RA, T 37.2 C

CASE STUDY #2

- Discharged home
- Symptoms increased and worsened
- Patient called the Postpartum Emotional Support Advocate
- Encouraged to return to the main ED for further evaluation

CASE STUDY #2

- Patient reevaluated
- Medical clearance completed
- Specialized behavioral health team consultation
- Admission to hospital for plan of care and inpatient therapy/treatment
- Discharged home with outpatient resources, medications, and follow-up care

“LISTEN TO THE PATIENT, TRUST YOUR INTUITION, AND BE THE BEST ADVOCATE FOR HER THAT YOU CAN BE.”

Kari Smith, MSN, RN, RNC-OB, C-EFM

HOW WE GET THERE

PREPARATION

- Provide regular education
- Reach out to other facilities/disciplines for guidance
- Have treatment algorithms/checklists readily available
- Know available inpatient/outpatient resources in advance

REEVALUATION

- Multidisciplinary team for data/process review
- Note what isn't working
- Develop process improvement (PI) plans
- Implement changes based on data and guidelines
- Keep learning – it is an ongoing evolving process ☺

COLLABORATION

- Celebrate wins and progress!!!
- Always strive for excellence
- We are all a work in progress. Keep up the continual good work
- Join professional organizations and be a voice for Kansas!

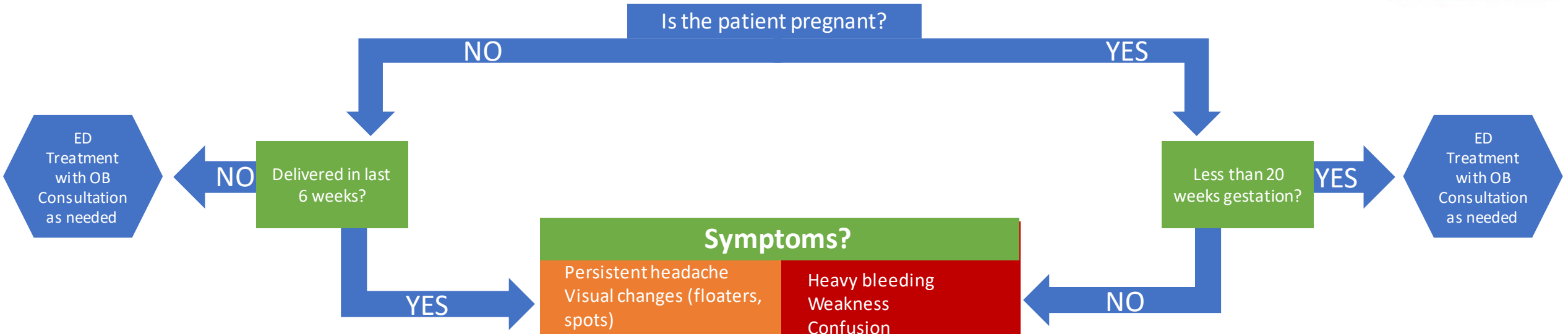
THANK YOU

Abbie Weatherley
abbie.weatherley@adventhealth.com
913-632-2124

Recognition of Postpartum Emergent Conditions in the Emergency Department

AdventHealth Shawnee Mission

FOR ALL FEMALE PATIENTS PRESENTING TO THE ED AGE 12-50



Consult OB immediately

Initiate Acute-Onset Hypertensive Crisis Management Algorithm if needed

OB Unit Contact Information

Charge RN: 913-632-4271
L&D Desk: 913-632-4200
OB Hospitalist 913-767-2219

Consult OB immediately

Initiate OB Hemorrhage protocol using OH Checklist and OH Algorithm

SAVE THE DATE

April 23rd

FTI Champs

MANDATORY attendance *In person

Topeka, Sunflower Foundation

KPQC

Kansas Perinatal Quality Collaborative

See you in February

Postpartum Discharge Transition
Bundle-In Development

FOURTH TRIMESTER INITIATIVE