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Decoding Code OB: Interprofessional Approach to OB Training Can Improve Communication and Patient Outcomes

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Purpose:

Improving maternal outcomes is a relevant focus on a global scale, as evidenced by the United Nations Millennium Development Goals. As the United States’ maternal morbidity and mortality rates increase, emphasis on patient safety is also increasing. The post-partum patient with medical complications requires specialized interprofessional team involvement. Knowledge of the spectrum, characteristics and complications of disease involving this group of patients is the first step towards patient safety, however team communication and collaboration is crucial to improving processes and outcomes.

At Long Island Jewish Medical Center (LIJMC), standardized escalation processes for use in the division of obstetrics included the hospital Rapid Response Team (RRT) and the Obstetric Modified Early Warning Scale (OB MEWS) algorithm, which specified indications and processes for escalation. In 2016-2017, as LIJMC’s obstetrical adverse events were investigated (Average OB Adverse Outcomes Index: 2.4), it was observed that there was an opportunity to improve utilization of RRT and OB MEWS to improve patient outcomes.

Objectives for this initiative were to improve both process and outcome metrics, including: increased utilization of shock index and the OB MEWS algorithm when indicated, increased rapid response calls in response to change in patient status, earlier/proactive transfer of patients to a higher level of care when necessary, and overall decrease in obstetrical adverse events.

Methods:

An educational program was developed by an interprofessional (nurses, physicians, physician assistants, educators, administrators) and interspecialty (obstetrics, critical care, education) team. The team collaboratively determined course objectives, content and format based on the perspectives of each specialty. The target audience included staff nurses, nurse leaders, obstetricians and mid-level providers in the division of obstetrics. Content was focused on symptoms of patient decline: acute changes in heart rate, blood pressure, and respiratory status. These specific criteria, cited in the OB MEWS Algorithm, were dissected and presented in depth to include anatomy and physiology, pathophysiology, assessment, interventions and rationale, and anticipated diagnostics. Learners were given the opportunity to practice application of knowledge using escalation processes, such as the OB MEWS algorithm and RRT system. In the final section of the course, interdisciplinary review of case studies was facilitated within the context of the algorithm and the concepts discussed within the course, allowing the learner to synthesize course content.

Results:
Rate of LIJMC's OB RRTs increased: 0.2% of deliveries Sep. ‘16- Jun. ‘17 (pre-intervention) to 0.55% of deliveries Jul. ‘17-Mar. ‘18 (post-intervention). Rate of patients transferred from OB to ICU increased: 0.25% of deliveries pre-intervention to 0.47% of deliveries post-intervention. Average OB Adverse Outcome Index improved by 18.7%: 2.4 (Sep. ‘16) to 1.95 (Mar. ‘18).

Conclusion:

These results indicate improved outcomes correlating with early identification and interprofessional coordination in response to changes in patient acuity. This suggests that innovative education programs which target critical thinking and interprofessional practice support safety processes and improved patient outcomes.

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Keywords:
Education, Interprofessional Practice and Maternal Outcomes

References:


**Abstract Summary:**
Maternal outcomes are a growing concern for hospitals across the nation. The post-partum patient experiencing medical complications requires complex interprofessional team involvement. At an urban, tertiary academic medical center, maternal outcomes and team communication were improved by providing innovative interprofessional education to staff nurses, nurse leaders, and physicians.

**Content Outline:**

1. **INTRODUCTION**
   A. Maternal Health
      1. Global context
      2. National context
      3. Best practice recommendations

2. **BODY**
   A. Purpose
      1. Organizational context: Obstetric outcomes
      2. Organizational context: Utilization of standardized assessment/communication tools
   B. Objectives
      1. Process metrics: Improve utilization of RRT, OB MEWS Algorithm
      2. Outcomes metrics: Improve OB Adverse Outcome Index
   C. Interventions: Course Design
      1. Target audience
      2. Learning objectives
      3. Course content and teaching methods

3. **CONCLUSION**
   A. Results
      1. Increase in RRTs called
      2. Increase in transfers from OB to ICU
      3. Decrease in OB Adverse Outcomes Index
   B. Interpretation
      1. Earlier recognition of acute change in patient status
      2. Improved coordination of interprofessional/interspecialty response to emergencies
      3. Improved patient outcomes
   C. Implications
      1. Interprofessional/interspecialty education in obstetrics can improve communication
      2. Improved communication can improve maternal patient outcomes

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Author Summary: Angeli Lagasca is Clinical Transformation Manager for the Northwell Health System: a world-renowned clinical, educational, and research enterprise, the largest private employer in New York State and among the fastest growing health systems in the nation. In her background as a Critical Care Nurse and Educator for Long Island Jewish Medical Center, one of the health system’s flagship hospitals, she has been a champion for patient outcomes, professional development, interprofessional collaboration and process improvement.