Maternal-Child Health Crisis: Building the Leadership Framework for Effective Global Interventions
Our Speakers

- **Beth Baldwin Tigges** - President, Sigma Theta Tau International Honor Society of Nursing
- **ChunMei Li** - Director, Johnson & Johnson Foundation
- **Shanda Harrison** - Case Manager, Children’s Hospital Colorado, Colorado Springs, Colorado, USA
- **Moderator: Elizabeth A Madigan** - Chief Executive Officer, Sigma Theta Tau International Honor Society of Nursing
Sponsor and Partner
Global Scope

- Initially established as Sigma Theta Tau Honor Society of Nursing
- Expanded to Sigma Theta Tau International, The Honor Society of Nursing as voted by the House of Delegates at the 1985 Biennial Convention
- Currently more than 540 chapters in 32 countries/territories
- More than 135,000 members in over 100 countries
Key Global Organizational Milestones

- Granted Economic and Social Council special consultative status at the United Nations

- Regional areas redefined, to include separate global regions in Africa, Asia, Europe, Latin America & Caribbean, Middle East, North America, and Oceania

- Beginning in 1993, and continuing today, 12 members from outside of the United States have served on the Board of Directors.

- Leadership Academy launched outside North America

- Institute for Global Healthcare Leadership created and launched
Sigma’s commitment to leadership development

- Strong professional reputation; known for premier nurse leadership development programs.
- Decades of experience in leadership training.
- Cadre of world-class faculty to educate nurses.
- Networks that include all types of healthcare organizations.
Key Examples of Sigma’s Global Leadership Activities

▪ Institute for Global Healthcare Leadership

▪ Nurse Leadership Academies
  ▪ Maternal-Child Health Nurse Leadership Academy
  ▪ Gerontological Nursing Leadership Academy
  ▪ Nurse Faculty Leadership Academy
  ▪ Maternal-Child Health Nurse Leadership Academy – Africa

▪ Global Advisory Panel on the Future of Nursing (GAPFON)

▪ Global Strategy Summit
Institute for Global Healthcare Leadership

www.sigmanursing.org/IGHL

This institute is designed to prepare globally-aware healthcare leaders to:

- Successfully participate in global healthcare ventures and networking.
- Become a global thought and practice leader, locally and regionally.
- Provide local and regional consultation to effectively meet dynamic contemporary global healthcare needs.
- View healthcare issues from a global perspective.
Sampling of Key Topics Addressed During the Institute for Global Healthcare Leadership

- Global Health Leadership
- The Global Economy
- Global Health Issues
- Diverse Interprofessional Collaboration
- Your Role: Influence v. Implementation
- Global Health Networks
- Value Proposition
- Ethics and International Humanitarian Law
- Emerging Global Health Threats
- Crafting Your Role as a Global Health Leader
Sigma’s Nurse Leadership Academy Structure

- Leadership self-assessment
  - Leadership practices inventory
  - Sigma/J&J surveys
- Individualized leadership development plan developed with Leadership Mentor
- Interprofessional team project developed and led by Fellow
- Critical components of the academy are:
  - Mentoring by Leadership Mentors
  - Project outcomes are disseminated at Sigma events
Sigma’s Nurse Leadership Academies Participants

Since 2004
Sigma’s First Nurse Leadership Academy was Focused on Maternal Child Health

And started with the 2002 Maternal-Child Health Think Tank
Maternal-Child Health Nurse Leadership Academy Overview

The academy is designed to develop the leadership skills of maternal-child health nurses and nurse midwives. The focus is on skills needed to effectively lead interprofessional teams, formed to improve the quality of healthcare for underserved childbearing women and children up to five years old.
Maternal-Child Health Nurse Leadership Academy Objectives

• Improve health outcomes through enhanced leadership competencies and evidence-based practice.

• Introduce improvements in health systems or models of care.

• Create and effectively lead an interprofessional team to improve collaborative practice outcomes.

• Contribute to the field through project evaluation, communication, and dissemination of results.
Maternal Child Health Nurse Leadership Academies – 185 Participants, 86 Health Care Facilities Served

Population Directly Impacted from 2012-2017

20,815 Boys 0 – 5
20,273 Girls 0 – 5
34,298 Females 20+

Numbers from 2012 - 2017
Other Project Beneficiaries

- 740 Midwives
- 1681 OB-GYN/Pediatricians/Physicians
- 4,582 Nurses
- 103,165 Population Directly Served

Between 2012 - 2017
Case for Investing in Nurse Leadership

ChunMei Li (Mei)
Director, Johnson & Johnson Foundation
@ChunMeiLi @JNJGlobalHealth
Investing in Nurse Leadership Has Multiple Impact on SDGs

1. No Poverty
- Nurse helping family

2. Zero Hunger
- Bowl of food

3. Good Health and Well-Being
- Heart symbol

4. Quality Education
- Book icon

5. Gender Equality
- Male and female symbols

6. Peace, Justice and Strong Institutions
- Dove

7. Partnerships for the Goal of SDG
- Nurses

8. Decent Work and Economic Growth
- Graph icon

9. Reduced Inequalities
- Arrow

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Maternal-Child Health Nurse Leadership Academy

- **Background**
  - Partnership with Sigma Theta Tau International since 2002
  - Started in the United States
  - Expanded to five countries in Africa: South Africa, Uganda, Malawi, Swaziland, Ghana

- **Goal: To improve maternal and child health through:**
  - Increased leadership competency of nurses and midwives
  - Maternal and child projects implemented by interdisciplinary teams during and after the program
  - Changes in practice in the community
Leadership Journey

Apply with a maternal child health project

Paired with a mentor and a faculty member

Leadership workshop 1

Mentoring, project implementation

Leadership workshop 2

Leadership Practices Inventory®:

- Model the way
- Inspire shared vision
- Challenge the process
- Empower others to act
- Encourage the heart

The Leadership Challenge® by Kouzes and Posner
Results (Examples)

Total number of nurses: 342

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<th>NORTH AMERICA</th>
<th>AFRICA</th>
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<td>Percent</td>
<td>79%</td>
<td>21%</td>
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Changes in Participants’ Leadership Practices Inventory (based on four cohorts)

The change from baseline to end of program is statistically significant both for mentees (p<0.001) and for mentors (p=0.01).

Sustained Impact

Carin Maree, (Mentor) and Poppy Kekana, BCur IetA (Mentee), Quality Improvement Initiative for Family-Centered Care in the Neonatal Intensive Care Unit of a Tertiary Hospital in South Africa, to introduce family-centered care in the neonatal intensive care unit at Steve Biko academic hospital. Results published in in The Journal of Perinatal and Neonatal Nursing.

Edith Tewesa (Mentee 2016 – 2017) presented her MCHNLA-Africa project, at the Pediatric and Child Health Association (PACHA) Malawi. Strengthening Practices to Reduce Hypothermia at Birth; Queen Elizabeth Central Hospital, Malawi She received a research award and returned for the 2018/19 cohort as a Mentor.
When Health Workers are Empowered, Communities Thrive

“I thought, Let me do something for the community I work for now that I’ve learned the skills. So I looked for funding, booked a hall, got the required permissions and created a really great event where mothers, fathers and babies could come get immunizations, labor and birth education, screening for TB and much more. I wouldn’t have had the initiative to create such a thing if I hadn’t gone through the leadership program.” - Mookho Kumpi on her proudest moment

Mookho Kumpi with a new mother, Kronstad, South Africa
Insitu Simulation of Obstetrical Emergencies: An Interprofessional Approach

Authors:

Shanda Harrison, RN-MSN
Marissa Kiefer, MHA
Karen Trevino-White, DNP-RN, NE-BC
Background

▪ The Centers for Disease Control estimates that 60 percent of current maternal deaths in the United States are preventable.

▪ At a major midwestern hospital during a period of 19 months, 99 latent safety threats (LSTs) were reported to the neonatal intensive care leadership -- leading to 19 documented improvements. Therefore, we believed that an obstetrical simulation program could have similar results.

▪ Research demonstrates that simulation is effective in improving in individual skills as well as maximizing interprofessional partnerships.

▪ The effectiveness of previous programs and focus on interprofessional relationships necessary for simulation was a key driver in the implementation of an Insitu Simulation Program for Obstetrical emergencies.
Purpose

The purpose of this project was to implement an obstetrical emergency simulation program to improve staff comfort with response to these emergencies and reduce the number of latent safety threats which has the potential to cause patient harm.

Approach

Developed an interprofessional committee that met monthly who analyzed the problem, empowered staff to make changes, and implemented the associated actions.
Results

- A simulation program did not exist previously on the maternity unit
- From simulation results, identified latent safety threats were brought to the committee, which allowed for advanced identification and the ability to proactively address those threats
- From the five categories of threats – equipment, resources, technical, medication, personnel – eight improvements were made after the threats were identified.
- Results were proactive improvements in process, protocol, resources, and roles.

Conclusion

- Ability to proactively identify and address latent safety threats which leads to potential prevention of maternal harm.
Example #1

Eat, Sleep, Console to Reduce Symptoms of Opiate Exposure and Cost of Care for Newborns
Background

• In-utero opioid exposures continue to rise. Infants at risk for Neonatal Abstinence Syndrome (NAS) often experience extended lengths of stay in critical care units and increased costs of care.

• New research suggests that functional based assessment of NAS could reduce opioid medication exposure rates and improve outcomes.
Purpose

1. Reduce the number of infants who are currently treated pharmacologically to address opioid addiction
2. Reduce their length of stay
3. Reduce patient and hospital cost

Approach

Educate caregiver’s about the physiology of addiction, withdrawal symptoms and alterations in bonding, and using the “Eat, Sleep, Console” model, educate re: effective ways to console and provide adequate comfort measures for swaddling, cuddling, feeding
Results and Conclusions

The “Eat, Sleep, Console” model allows caregivers to accurately address withdrawal symptoms while still providing supportive care to infants. Caregiver’s knowledge improved about withdrawal symptoms, ways to console and to provide adequate comfort measures, in general, and, based on pre-post test analysis, using the “Eat, Sleep, Console” tools led to:

- An increase in caregiver knowledge about when it is appropriate to assess a sleeping infant from 68.7% to 91.6%.
- An increase in staff assessment skills of comfort measures were needed from 45.7% to 83.2%.
- A decrease in lengths of stay by 42%
- A decrease in the cost of care by 43%
- A decrease in the exposure to morphine by 82%
Example #2

Advanced Cardiac Life Support – Maternal Focus
Background

• The current practice in women’s services nationwide does not include nurse training in Advanced Cardiac Life Support (ACLS) with emergency drills and mock codes; it is not currently standard to provide this training.

And Yet . . .

• Globally, every minute a woman dies from complications related to pregnancy or childbirth? **28-50% of those maternal deaths were preventable.** This equates to approximately **529,000 women per year** (per the World Health Organization).

• Leading cause of maternal death in the US is postpartum hemorrhage and **54 – 93% of these deaths are preventable.**

• Frequency of **cardiac arrest 1:20,000.** The survival rate following resuscitation is an extremely low **6.9%.**
Purpose

• Ensure nurses are prepared to respond to obstetrical emergencies by increasing their competence and confidence in performing Advanced Cardiac Life Support.

Approach

• Provide Advanced Cardiac Life Support (ACLS) certification in combination with obstetric drills.
Results

Implementing standardized Advanced Cardiac Life Support (ACLS) training led to:

- A 35% increase in nurse confidence to perform ACLS
- A 32% increase in nurse competence to perform ACLS
- A decrease of 54% in educational program costs due to standardization

Conclusion

Implementing an educationally sound, standardized ACLS program including focused drills can improve confidence, competence and decrease costs related to employee education.

*Based on pre- and post-intervention surveys designed to measure perceived confidence and competence in resuscitation before and after training.*
Example #3

Increasing Exclusive Breastfeeding Rates in a Predominately African American Community
Background

Human milk

• Provides infants with ideal nutrition as well as optimal health and developmental outcomes.

• Protects children from illnesses and childhood conditions, such as:
  - Sudden Infant Death Syndrome (SIDS)
  - Gastrointestinal infections
  - Respiratory illnesses
  - Ear infections
  - Allergies
  - Childhood obesity
  - Diabetes
Purpose

• Increase exclusive breastfeeding rates from 4% to 15% during the initial hospital stay due to proven benefits of breastfeeding

Approach

• Staff education
• Focus group with pregnant patients
• Community outreach (radio talk show, health fairs, church networks)
• Nursing student projects
Results

Breastfeeding increased from 4% to 11.2%.

Conclusion

Changing community culture through a multi-pronged educational approach can be highly effective in improving breastfeeding rates.
Example #4

Toward a Culture of Safety
Background

• Fetal heart rate (FHR) monitoring during pregnancy, labor, and delivery (intrapartum) is the most common procedure women undergo in the United States.

• Wide variances in interpretation and management of fetal heart rate monitoring exist even though standard protocols are available.

• Estimates indicate that annually that over 4,000 births have adverse outcomes that could have been prevented, most of these during labor; with poor communication, variances in assessment of fetal status, lack of interdisciplinary education, and management frequently sited as contributing factors.
Purpose

• To increase effective fetal heart rate (FHR) monitoring during pregnancy, labor, and delivery (intrapartum).

Approach

• Establish stakeholder team
• Design pre- and post-test
• Use an interprofessional educational intervention
• Engage in individual educational sessions
• Review results
Results

• Through standardizing fetal heart rate assessment interventions, interdisciplinary teams demonstrated a statistically significant improvement on intrapartum fetal testing skills.

Conclusion

• Improving intrapartum fetal testing skills, to reduce adverse fetal outcomes, can be accomplished by standardizing fetal heart rate assessments.
Examples

▪ Example #1: Eat, Sleep, Console to Reduce Symptoms of Opiate Exposure and Cost of Care for Newborns

▪ Example #2: Advanced Cardiac Life Support – Maternal Focus

▪ Example #3: Increasing Exclusive Breastfeeding Rates in a Predominately African American Community

▪ Example #4: Toward a Culture of Safety
Voting Process

Of these project examples, by applause,

- 1) Which example is most replicable?
- 2) Which example is most impactful to you and civil society?
Examples

- Example #1: Eat, Sleep, Console to Reduce Symptoms of Opiate Exposure and Cost of Care for Newborns

- Example #2: Advanced Cardiac Life Support – Maternal Focus

- Example #3: Increasing Exclusive Breastfeeding Rates in a Predominately African American Community

- Example #4: Toward a Culture of Safety
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