



BROWN
Alpert Medical School



Liability, Quality & Obstetric Medicine

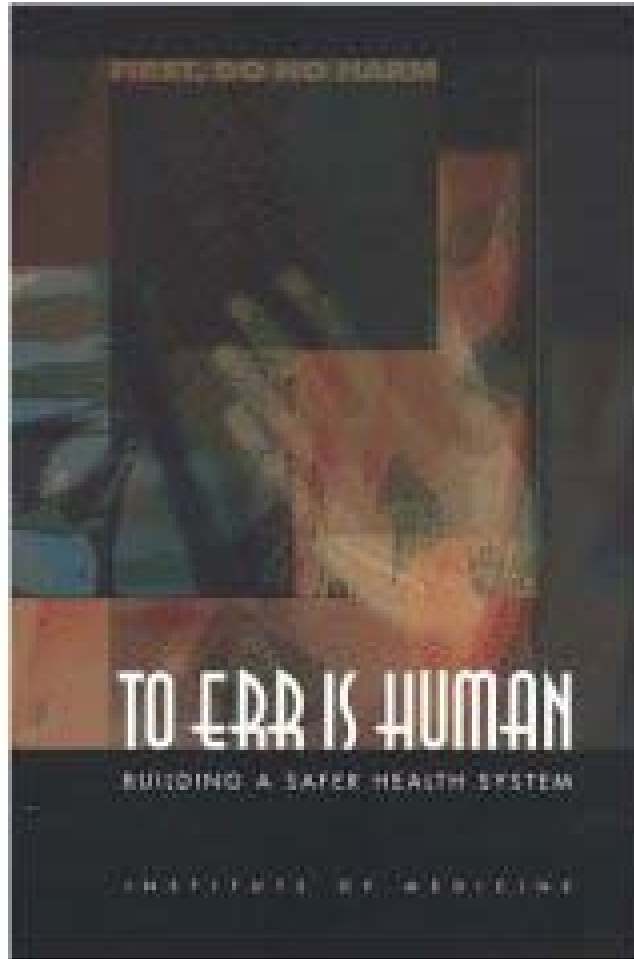
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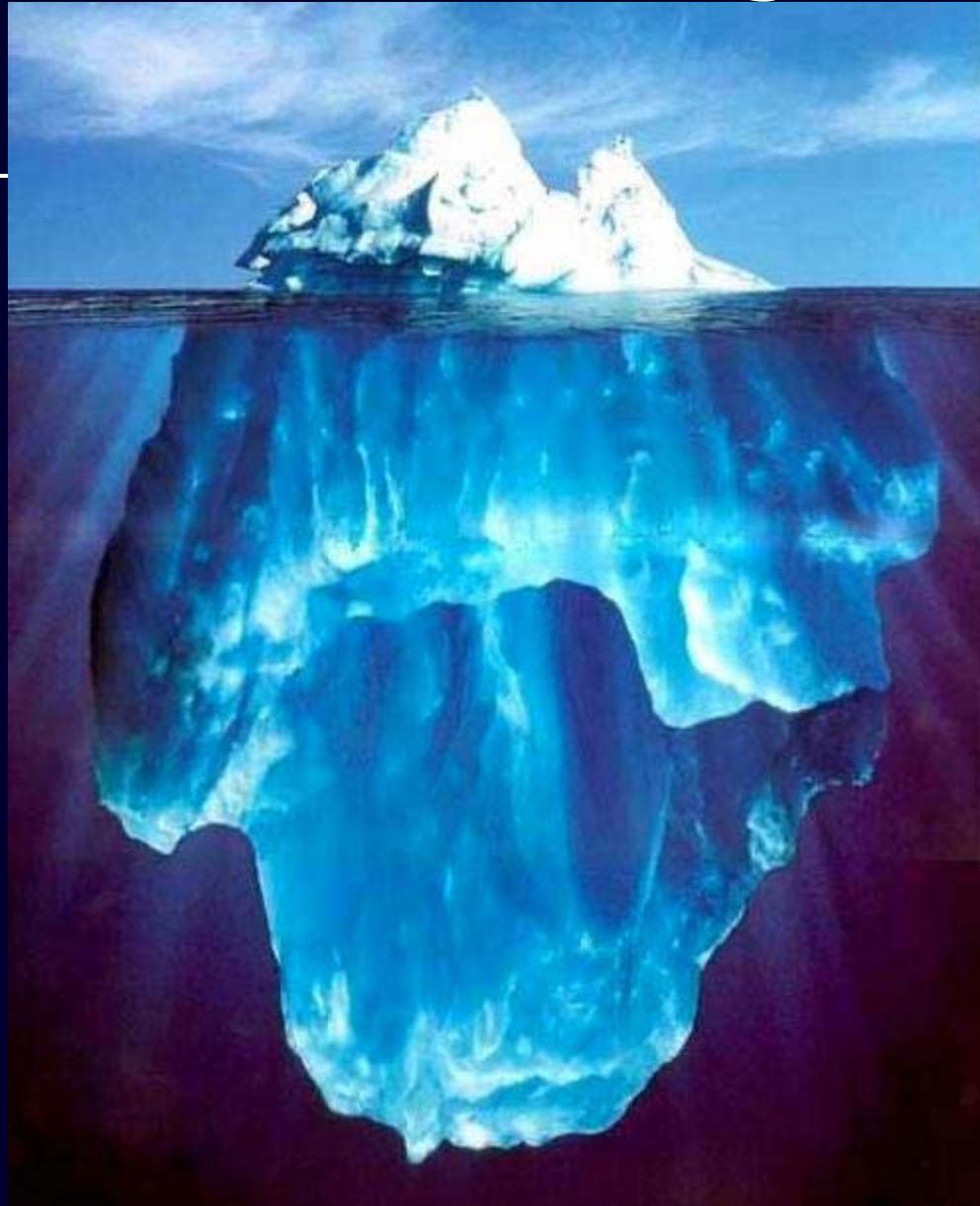
SAFEST WOMEN AND NEWBORNS

Institute of Medicine Report 1999



- **Medical errors are the 8th leading cause of death in the US**
 - **48,000-98,000 deaths/year**
 - **Motor vehicle accidents 43,458/year**
 - **Breast cancer 42,297/year**
 - **AIDS 16,516/year**

Tip of the Iceberg



SAFE ST WOMEN AND NEWBORNS

Our Population is Resilient / Our Care Can Be Less Complex



Serious medical complications are relatively rare and despite their best efforts, obstetrical units don't get the day to day clinical experience that helps promote excellence in the management of these complications.

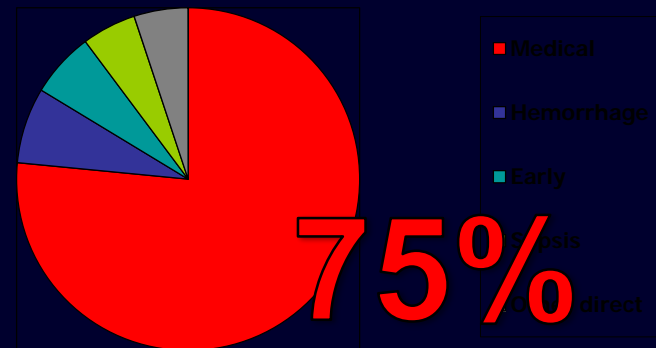
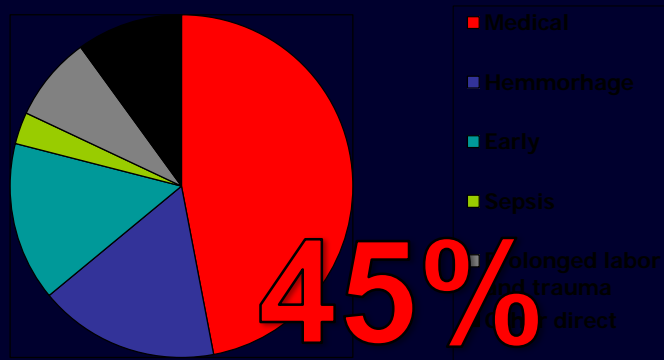
The Stakes are Very High



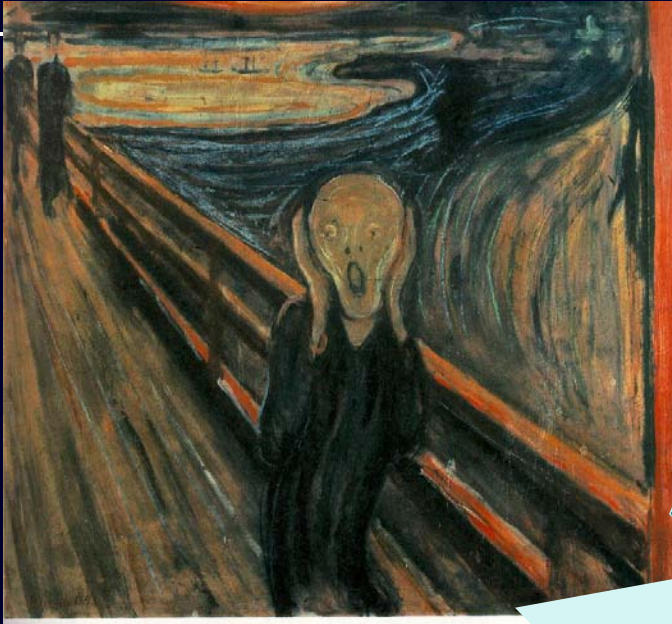
Improving Care of **Medical** Illness in Pregnancy a Top Priority

UK Data (CEMACH)

- **Assessors identified some degree of substandard care in**
 - **64 % of *Direct* maternal deaths**
 - **40% of *Indirect* maternal deaths**



Obstetric Physicians & Their Patients



SAFE WOMEN AND NEWBORNS

S T R I V E to be the best

Standardization

Teamwork

Readiness

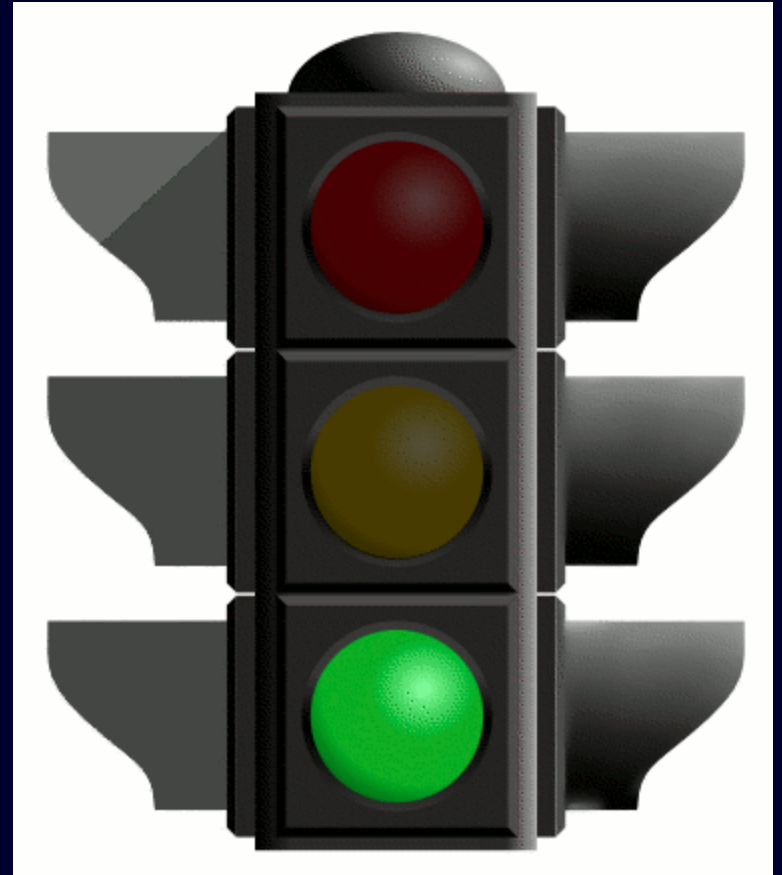
Illuminate

Vigilance

Educate

Standardizing and Protocolizing Care

- **Variation can promote the likelihood of error**
- **Standardization reduces the likelihood of error**



Standardizing and Protocolizing Care

Quality is Consistency

- **Guidelines should be developed and protocols disseminated that standardize care of medical illness as much as possible at an institution**
- **Compliance should be audited and promoted**

Standardizing and Protocolizing Care Evidence and Outcomes

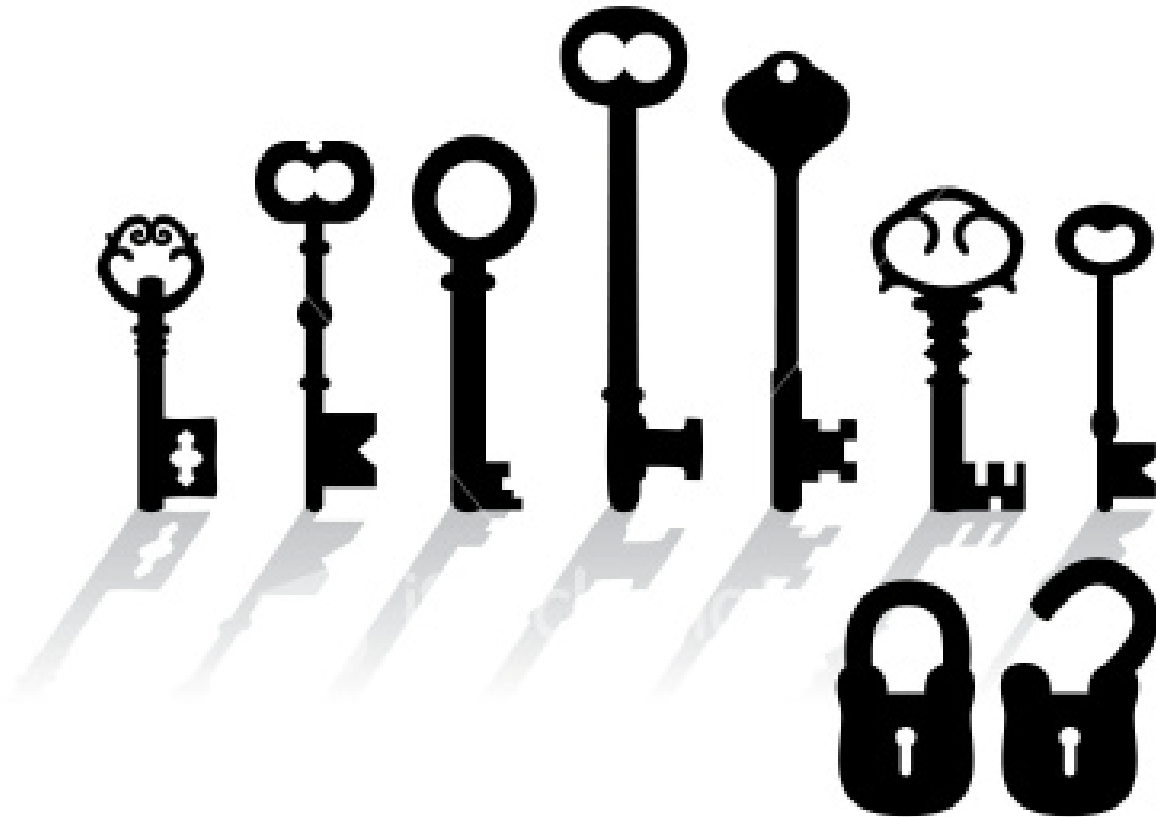
- **Evidence based medicine** is at the heart of patient safety but even in the absence of evidence, standardization has merit
- **Outcome** measures are ideal, but in a low risk population **process** measures may have to do

Standardizing Care

- **What are some 'danger zones' in obstetric medicine that warrant our advocacy for standardization?**
 - Treatment of severe hypertension
 - VTE prophylaxis for antepartum and postpartum patients
 - **Mandatory consultations and preparatory patient care conferences**
 - **Standard investigation for common medical problems in pregnancy**
 - Management of cardiac patients during puerperium
 - Screening for depression, domestic violence and substance misuse

Standardization

Obstetric Physicians are Key



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- **Have good interdisciplinary collaboration**



SAFEST WOMEN AND NEWBORNS

Team Work

- **Every serious medical complication of pregnancy is relatively rare**
 - **Low frequency and high risk for obstetricians and nursing**
 - **Much more common in the nonpregnant population**
 - **Patients are best served by a collaborative approach**

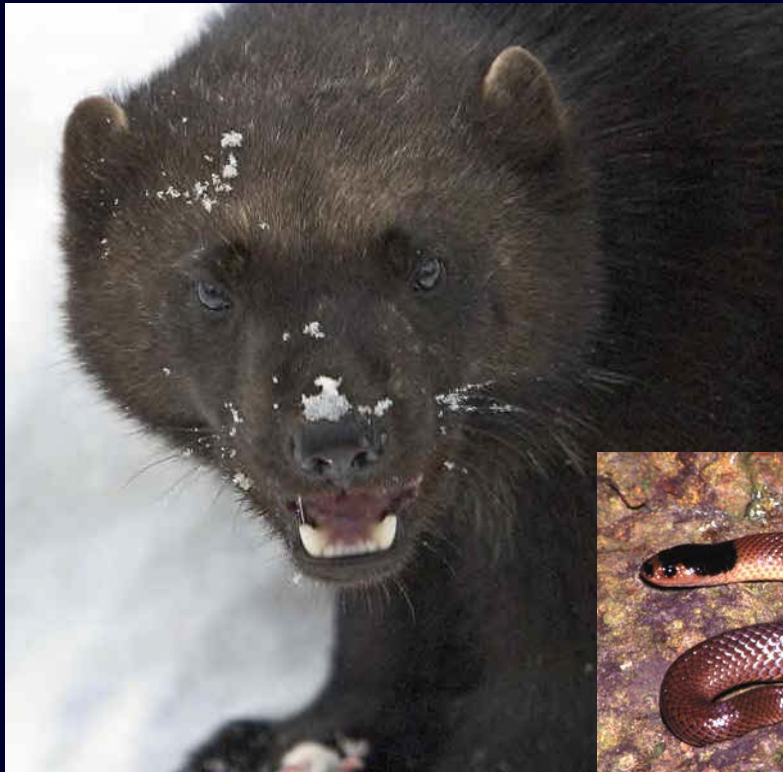
Promote Team Work

- **Obstetricians enthusiastically reaching out for a helping hand from internists and other surgeons**
- **Internists and surgeons gladly and expertly offering a helping hand**

Team Work

- **Promoting 'Speaking Up'**
- **Valuing Every Team Member's
(including the patient and her family's)
Contribution**
- **Standardizing and ensuring great hand-offs between physicians, nurses and
physicians and nurses**

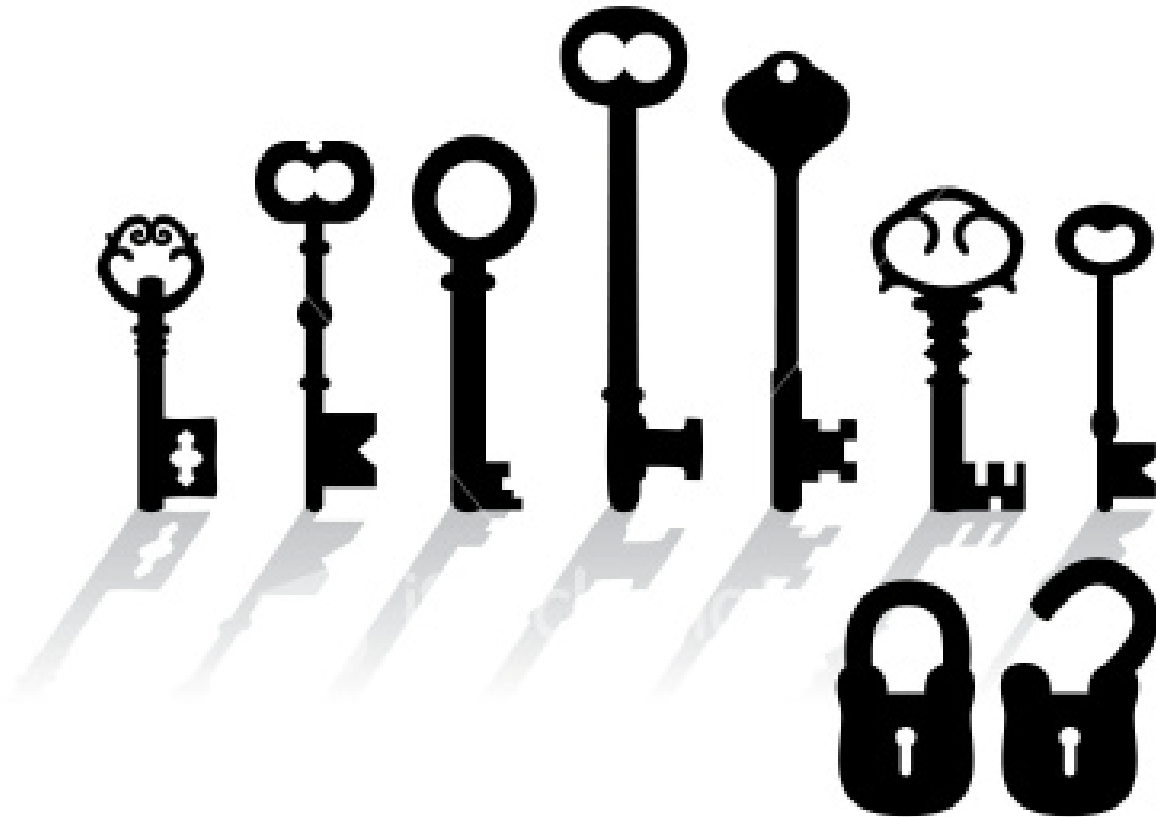
Unsafe Animals



SAFEST WOMEN AND NEWBORNS

Teamwork

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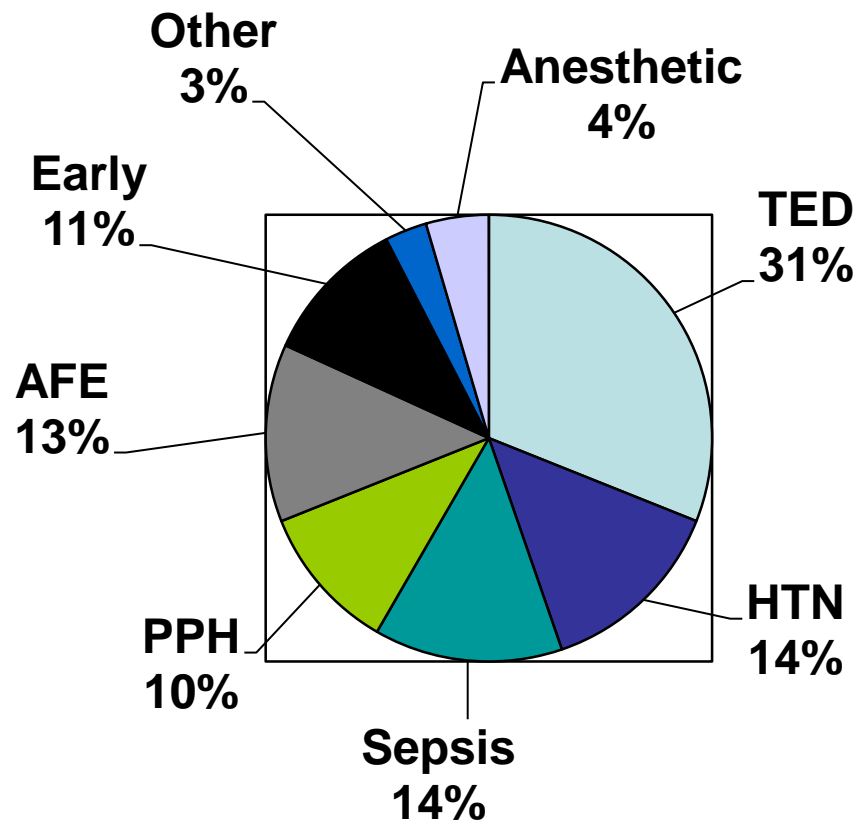
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Educate








Readiness

Causes of Maternal Mortality



Readiness

- **Standardized protocols and checklists for care of those patients most at risk**
 - Cardiac patients
 - Severe preeclampsia
 - Hemorrhage
 - Sepsis
- **Drills for the most likely emergencies**
- **Simulation training where possible**

<p>Is your patient having a NEW STROKE? (onset less than 2 hours)</p> 	<p>Have the patient show teeth or smile</p> <p>Facial Droop</p> 	<p>Normal</p> <p>Both sides of face move equally</p> 	<p>One side of face does not move at all</p>  <p>Abnormal</p> 
<p>If one of these signs is abnormal, GO</p> 			
<p>CONSIDER STROKE</p>  <p>☎ Contact the provider ☎ Contact RIH ED Communications Center at 401-444-7600 for transfer ☎ TIME is of the essence</p>			
<p>Slurred or inappropriate words or mute</p> <p>Abnormal</p> 	<p>Normal</p> <p>Patient uses correct words with no slurring</p> 	<p>Abnormal Speech</p> <p>Have the patient say "you can't teach an old dog new tricks"</p>	<p>Arm Drift</p> <p>Have the patient close their eyes and extend both arms</p>  <p>Normal</p> <p>Both arms move equally or not at all</p>  <p>Abnormal</p> <p>One arm drifts compared to the other</p> 

Readiness

Obstetric Physicians are Key



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Promoting Vigilance

- **Remember the labor and delivery suite is a critical care unit**
- **Every pregnancy is high risk until the baby is safely in the mother's arms**

-

‘Likely’ does not mean ‘always’

Vigilance

‘Vitals are vital’

- **Obtain them and define what warrants special concern**
- **Require a response when they are at a concerning level**
- **Proactively prevent vigilance fatigue**

Standardizing Reasons to Calls and Expectations of Responses

- **Nurses must call when they encounter specific findings**
- **Define expectations of a helpful call/response**



Promoting Vigilance

Preventing Vitals Tachyphylaxis

- **Clearly communicate what response you are looking for, in what time frame and when you want to hear more and what your next step might be**

ADULT SIRS/SEPSIS GUIDELINES

THREE PART SEPSIS SCREEN

INFECTION <i>one from this column</i>	+	SIRS (Systemic Inflammatory Response) <i>two from this column →</i>	Response
<input type="checkbox"/> suspected or documented infection		<input type="checkbox"/> MAP \leq 65 mmHg	☛ <i>Seen by a senior MD within one hour</i> ☛ <i>Full set of vital signs every 30 minutes</i> ☛ <i>Strict input and urine output, consider a foley catheter with urine output</i> ☛ <i>Place a large bore peripheral intravenous line</i> ☛ <i>Blood cultures, electrolytes, and coagulation studies (PT, aPTT, fibrinogen, D-dimer) with diff and platelets, total bilirubin, AST, glucose, lactic acid, rapid influenza A/B Test (October-May), and urine culture should be obtained</i> STAT ☛ <i>Consider DIC Screen, ABC, CXR, and portable CXR</i> ☛ <i>Strongly consider expert consultation and antibiotic therapy</i>
<input type="checkbox"/> Patient is currently receiving antibiotic therapy (excluding antibiotic prophylaxis)		<input type="checkbox"/> SBP \leq 90 mmHg	
		<input type="checkbox"/> Tachycardia \geq 90 bpm (\geq 110 bpm for a pregnant patient)	
		<input type="checkbox"/> Tachypnea \geq 20 respirations/min (counted carefully)	
		<input type="checkbox"/> Hyperthermia \geq 38.0°C (100.4°F)	
		<input type="checkbox"/> Hypothermia \leq 36.0°C (96.8°F)	
		<input type="checkbox"/> WBC \geq 12,000 (14,000 if pregnant) or $>$ 10% immature neutrophils ("bands")	
		<input type="checkbox"/> WBC \leq 4,000	

- ★ *If either hypotension and/or serum lactic acid $>$ 4 mmol/L (36 mg/dL) is found:*
 - deliver an initial minimum of **20 mL/kg of crystalloid** (NS or LR) over 1 hour
 - **antibiotic therapy should be started immediately** after blood cultures are drawn
 - consider placing a central line for fluid and vasopressor administration and CVP monitoring
 - apply vasopressors for hypotension not responding to initial fluid resuscitation to maintain mean arterial pressure (MAP) \geq 65 mmHg

Vigilance

Obstetric Physicians are Key



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'Sunlight is the best disinfectant'



*U.S. Supreme Court Justice
Louis Brandeis*

SAFE ST WOMEN AND NEWBORNS

Illuminate

Talk Openly About Potential and Actual Mistakes



TRANSPARENCY

SAFEST WOMEN AND NEWBORNS

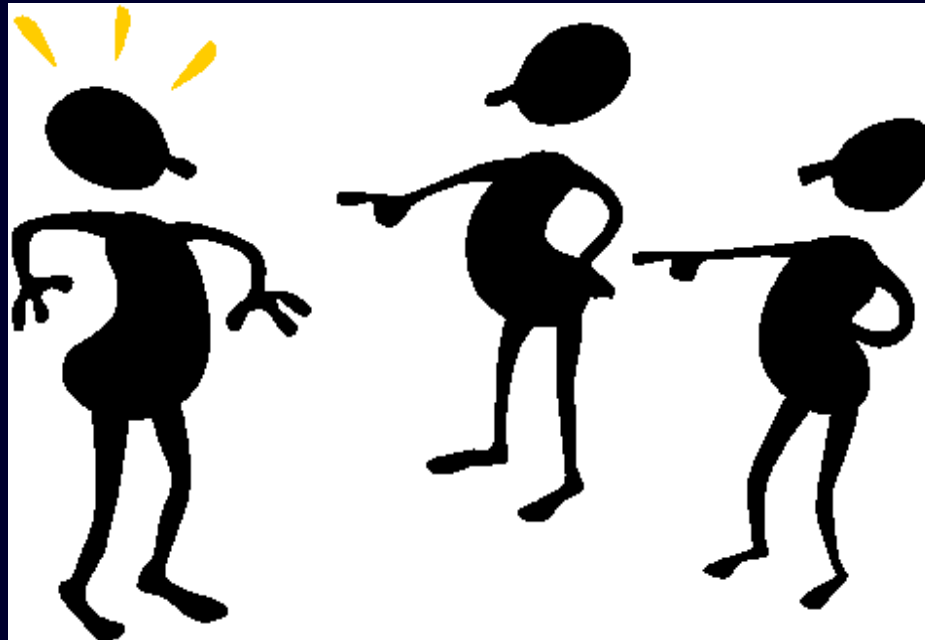
Have a Just Culture



SAFE WOMEN AND NEWBORNS

Just Cultures

Don't blame individuals

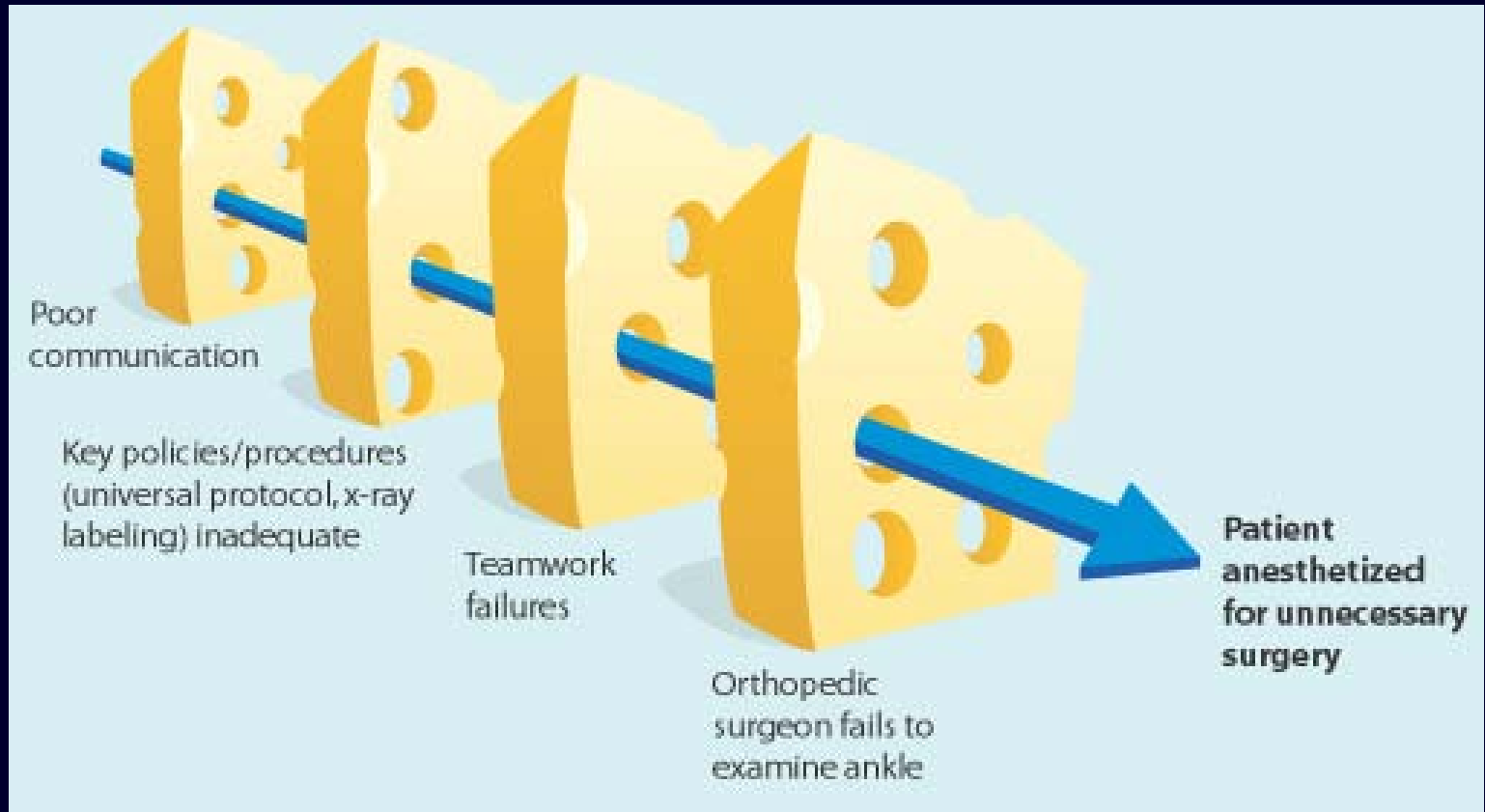


SAFE WOMEN AND NEWBORNS

Just Cultures

- **Recognize that whenever harm has been caused to a patient, multiple steps along the way have gone wrong**
- **Design ways of doing things that make it easy to do the right thing and hard to do the wrong thing**
 - **This involves everyone thinking through their part of the process**

Swiss Cheese



Just Cultures

Hold everyone accountable



SAFE WOMEN AND NEWBORNS

Educate

Learn from Adverse Outcomes and Near Misses

- ***“Every maternal death, and serious untoward incident, should be critically reviewed and the lessons learnt actively disseminated to all clinical staff, risk managers and administrators.”***
- ***“The precise educational actions taken as a result must be recorded, audited and regularly reported to the...board by the clinical governance lead.”***

Educate

Learn from Adverse Outcomes and Near Misses

- **Prompt Reviews**
 - **All elements of care: contributory and noncontributory**
 - **Don't focus on whether the outcome would have been different so much as could the care have been different**
- **Open discussion**
- **Clear action plans**
 - **Responsible parties**
 - **Deadlines**
- **Broad Education**

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