

Maternal Levels of Care Survey May 16th & 17th

What you need to know... For L&D

Chart Review – The surveyor will spend a few hours reviewing 4-5 charts looking for documentation of care provided to high-risk patients: preeclampsia, postpartum hemorrhage, shoulder dystocia, category II or III tracing, management of PTL- betamethasone

Be prepared to speak to our processes:

- Assessments during Magnesium bolus and beyond (OB Magnesium Assessment flowsheet)
- Pitocin dosing; documentation of FHR before adjusting dose
- PPROM management – antibiotics/betamethasone
- PPH – checklist, PPH cart
- Placenta Acreta Spectrum (PAS) cases performed in HVN coordinated with many services
- Multidisciplinary management of critical patients (in ICU) and the maternal and fetal care program (identified on the OR/IOL schedule by icons)
 - Mobile fetal monitor w/surveillance
 - MFM rounds daily in ICU

Know charting requirements:

- Individualized care plan and education
- Pain assessment w/vitals
- All admission screening completed
- Language barrier screened on admission, documented under Patient Education, documentation of interpreter name, ID #, and purpose of translation under 'Interpreter Services' in Daily Care flowsheet

Policies:

All policies found on the Bridge. L&D policies under 'Unit Specific, L&D'

Quality Improvement Projects:

- Reducing SSI after cesarean – back to basics bundle, CHG treatment on admission and daily
- Standardized response to PPH-checklist, hemorrhage cart, QBL all deliveries (QBL calculator)
- Reducing primary cesareans in nullips (non-medically indicated IOLs are sched. at 40+ weeks; Spinning babies training)
- We participate in Florida Perinatal Quality Collaborative (FPQC) Initiatives:
 - PP Hemorrhage
 - Hypertension in Pregnancy
 - PROVIDE – reducing C-Section in term, nullip, singleton pregnancies
 - PACC – (current) Postpartum Access to Care to see patients sooner after delivery
 - We have an active Unit Practice Council (UPC) that meets monthly