PPH Simulation Team

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Thank you Sim team:

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Obstetric Hemorrhage Initiative

Global aim: Improve maternal health through hospital-facilitated timely recognition and treatment of obstetric hemorrhage during labor, delivery and the postpartum period.

Secondary Drivers

Aim

By 12/2026, participating hospitals will increase by 20% the percentage of delivery admissions with:

- Hemorrhage risk assessments completed on admission to L&D, pre-birth and on admission to postpartum
- Quantitative and cumulative blood loss measurement from birth through recovery

*Respectful care is a universal component of every driver and activity

Primary Drivers

Readiness:

Implementation of standard protocols/processes (EVERY UNIT)

Recognition:

Early identification and assessment (EVERY PATIENT)

Response:

Management for every pregnant or PP woman w/ OB hemorrhage (EVERY EVENT)

Develop standardized, facility-wide, stage-based OB hemorrhage emergency management plans

Ensure rapid access to medications and maintain readily available hemorrhage cart or equivalent

Conduct interprofessional, interdepartmental team-based training and drills to prepare for recognition and treatment of OB hemorrhage

Implement a process for timely access to supplies, equipment and procedures for QBL documentation and communication at every birth

Assess hemorrhage risk on admission to L&D, Pre-Birth and on admission to postpartum and prepare based on risk level

Measure blood loss with quantitative and cumulative techniques

Manage 3rd stage of labor

Provide verbal and written education to all patients on OB hemorrhage risk factors, early warning signs, postpartum complications risk, with added counseling for patients at higher OB hemorrhage risk

Use a standardized, facility-wide, stage-based, OB hemorrhage emergency management plan with checklists and escalation policies

Debrief and Huddle

Provide trauma-informed support for patients, their support network, and staff for all OB hemorrhages, including debriefs, follow-up, resources, and appointments

Interprofessional Simulation Team Training

- Improves patient outcomes (Bienstock & Heuer, 2022)
- Promotes clinical skills expertise in safe environment
- Improves teamwork and communication. Close looped communication is emphasized
- Optimizes collaboration
- Provides opportunity to enhance RMC skills



TJC Maternal Safety Standards

- **EP 4**: Conduct **drills** at least annually to determine system issues as part of ongoing quality improvement efforts. Include a team debrief (TJC PC 06.01.01)
 - Interdisciplinary in situ drills provide opportunity to practice skills and identify any system issues
 - All disciplines who care for OB patients need to have representation
 - Areas of opportunity must be shared among all disciplines (communicate findings)

TJC Perinatal Safety Standards



TJC requires facilities to develop written evidence-based procedures that include the following:

- Identification of required response team members
- Their roles in the event of OB Emergencies
- How the response team and procedures are activated

Pit Crew Model

- Designed to improve teamwork during an emergent situation (Peltonen et al., 2022).
- Focus is on educating clinicians regarding their specific role and responsibilities when responding to an obstetric emergency.
- Pre-assign positions, roles, and tasks.
- Team organizes themselves in 360° around the patient



Pit Crew Model

Anesthesia Provider (prn): Airway

Reminders:

- Role Designation
- Closed loop communication

Support Person:

 Provides support, communicates with clinicians

Support RN:

 Equipment "Runner" (e.g., medications, equipment, supplies)



Primary RN:

- Provide report to team
- Lead role to Support RN until provider arrives
- Supports patient
- Communicates with family

Recorder:

- Document team arrivals, interventions, patient response
- Timekeeper

Provider:

- Consider causes
- Directs order of interventions
- Leads resuscitation

Peer Reviewers:

 Observe interventions, communication, teamwork



Simulation Pre-Brief

Each team member is assigned a role:

- **1. Facilitator**: Designates roles, reads scenario, provides data as requested, conducts debrief with Team
- 2. Primary RN: Begins the scenario
- **3. Patient:** (Or high-fidelity simulator)
- **4. Support person:** (Family/doula)
- **5. Support RN/clinician:** Assists with various tasks
- 6. Obstetric Care Provider: Team Lead upon arrival
- 7. Event Recorder: Documents events, interventions, medications
- **8. Peer evaluator:** Observes simulation, provides observations during debrief
- **9. Other optional roles**: Additional support RN, Tech, Chaplain, Social Worker, Anesthesiologist, ED or ICU RN

Team Debrief

A retrospective analysis of an event used to identify essential elements related to individual and team performance. Participants benefit from the retrospective review of their own actions, the actions of others, and feedback that is shared.

Facilitator leads: All can be trained to be a facilitator.

Do not wait for Manager to lead.

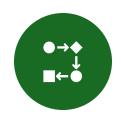
Numerous debrief forms are available. Customize for your hospital.

A focused team debrief immediately after an event is different from a more comprehensive peer review or an RCA.

Debrief Components



What went well-always start here!



What might have been done differently?



Any areas of opportunity or processes needing improvement?



Any system, environmental, or equipment issues that prevented you or the team from performing optimally?



Share key findings, observations, personal insights.



How was communication with the team, patient, and family?



A plan can then be created for future follow-up of identified issues.

OHI 2.0 Simulation Objectives

- 1. Demonstrate how to recognize and treat PPH
- 2. Practice interprofessional collaboration and communication
- 3. Demonstrate principles of traumainformed care into the management of patient with PPH to support the psychological well-being of patients.
- 4. Participate in a comprehensive simulation debrief.

Let's Begin our Simulation!