



PACC

POSTPARTUM ACCESS & CONTINUITY OF CARE

Patient Saves Spotlight

Hospitals are seeing a difference in patient outcomes through their work with FPQC quality improvement initiatives. Since launching PACC in January 2023, we have received numerous patient saves from hospitals as a direct result of the PACC change package. PACC focuses on educating patients about postpartum warning signs and when to seek medical help. It also aims to improve practices such as doing a postpartum risk assessment, checking vital signs before discharge to make sure mothers are stable, and scheduling and educating patients about the benefits of the 2-week Post Birth Health check (PBHC) before discharge. Hospitals are proud of this work and have given us permission to share the following stories.

AdventHealth Orlando: Discharge Vital Signs Check

As a result of PACC, our campuses implemented a discharge vital screening and have blood pressure (BP) parameters in our standard procedures. This weekend, the discharge vital screening caught an elevated BP and discharge was cancelled. The patient was transferred to our high-risk unit and started on medications. Before PACC, she would have gone home.

AdventHealth Tampa: Discharge Vital Signs Check

Our campus implemented discharge screening to include discharge vitals and parameters prior to discharge. We had a patient that was ready for discharge and upon completing vitals they were outside of the parameters and the OB was notified. The patient was started on medication and monitored for 4 more hours before being discharged. Her OB gave her an appointment for close follow up. By doing simple discharge vitals, we were able to manage her blood pressure before she was discharged.

AdventHealth Winter Park: Postpartum (PP) Warning Signs - Patient Education

We recently had a NICU mom that recognized a warning sign 9 days postpartum and went to the ER and was diagnosed with cardiomyopathy. She went to the ICU for a few days, recovered, and then went home. This event triggered a conversation among our NICU team as to 'what exactly are our mothers being taught as the Post Birth Warning Signs (PBWS)?' Historically, we as NICU nurses know when a mother complains of headaches, vision changes, significant bleeding, we tell her to call her OB... many may not know the most updated information. We now have the PBWS within our NICU.

Baptist Hospital of Miami: Postpartum (PP) Warning Signs - Patient Education

Our patient delivered and was discharged after 2 days. We later found that she was readmitted 4 days later and upon rounding she told us she knew exactly what to do thanks to the Post Birth Warning Signs (PBWS) that were given to her during her discharge education. She was able to receive magnesium therapy and was very thankful to go back home to her new baby girl. I am so thankful to be part of this great initiative.

HCA Florida West Hospital: Discharge Vital Signs Check

Our hospital initiated the PACC Initiative discharge check list, which includes a full set of vital signs within 1 hour prior to discharge. We had a patient who was preparing for discharge, but the patient fell outside parameters for discharge based on the newly implemented checklist. She was not happy and considered leaving against medical advice. Overnight, her condition worsened, and a rapid response was called. She ended up in the ICU and being intubated. If this step had been omitted, her elevated blood pressures would not have been caught and the patient may have been discharged home and had a stroke. Following this new protocol saved this mother's life.

Hospital Name Undisclosed: 2-week Post-Birth Health Check (PBHC)

Our patient had a spontaneous vaginal birth and no high-risk factors. We scheduled her for her 2-week PBHC appointment prior to discharge from our hospital. When she came in for her appointment, it was determined that she was 'very depressed, overwhelmed, and had feelings of wanting to harm herself.' The patient was readmitted to the hospital for care and required transfer and admission to a psychiatric care facility for further treatment for severe postpartum depression.

Lakeland Regional Health: 2-week Post-Birth Health Check (PBHC)

During a touch base with one of our outside clinics we were able to hear about a patient save they had recently during a 2-week PBHC. The patient attended their 2-week appointment with no complaints at the time, but they found her blood pressure readings were extremely high (180-190's/100-110's). They sent her immediately to our OB Emergency Department to be evaluated and we were able to get her treated appropriately in a timely manner. We love the work we do for our patients!

Mount Sinai Medical Center: 2-week Post-Birth Health Check (PBHC)

We had a patient go for her postpartum follow up at 2 weeks. She did not have any history of hypertension, but during this visit she had elevated blood pressures. She was sent straight to the hospital from the office where she was placed on magnesium sulfate and given medication for high blood pressure. We've been seeing this happen more often since we started PACC.

Mount Sinai Medical Center: Postpartum (PP) Warning Signs - Patient Education

Before our postpartum (PP) patients leave the hospital, we teach them about signs and symptoms to watch for and when to present to the ED or call their provider. We also give "I Gave Birth" wrist bands to all patients to wear for 3 months. Recently, more patients have been coming to our emergency department. We had one patient who had symptoms of headache and chest pain. When she arrived at the ED, she became unresponsive. After being admitted and cared for by our team, she went home happy and healthy. She stated if she had not had the PP Education she would not have come to ED. The outcome could have been very different.

North Okaloosa Medical Center: Discharge Vital Sign Check

A patient was admitted for induction of labor. Elevated blood pressure readings required antihypertensive medications. Preeclampsia labs were normal. She was placed on magnesium sulfate therapy. She had a vaginal birth and remained on magnesium sulfate for 24 hours and antihypertensive medication. She was prepared for discharge day 2 after her birth. Blood pressure readings obtained prior to discharge were 168/102, 183/107, 173/95. Her MD was notified, and discharge was held. Medication adjustments were made. The patient was discharged home the following day and followed up in her provider's office at the end of the week. She visited us a couple of weeks later for a visit and was doing very well.

WELLcome Home Team, Baptist Health: 2-week Post-Birth Health Check (PBHC)

A patient was induced for hypertension. She delivered vaginally and was discharged in 2 days. The WELLcome Home Nurse spoke to her 4 days after discharge and she stated she had a temperature/chills and did not feel well. She was instructed to call her OB. Her OB advised her to go to the ER. The same day she was admitted for 5 days. Her admission diagnosis was endometritis, fever, and pyelonephritis.

WELLcome Home Team, Baptist Health: 2-week Post Birth Health Check (PBHC)

A patient delivered via repeat cesarean section at 37 weeks gestation. The mother had a history of hypertension and is a type 1 diabetic. She was discharged in 2 days. The WELLcome Home Nurse left her a message on day 4 after discharge. On day 5, the WELLcome Home Nurse spoke to the patient. When asked about her blood pressures (BPs) she stated, 'I have had a few high BPs since being discharged.' She had not taken her BP that day. She was instructed to take her BP and if the value was high to call her OB. The next day the WELLcome Home nurse called back to check in. The mother stated when she spoke to the OB office, they did not think her BP readings were too high. Our nurse instructed the mother to call them back and inform them that these are not normal ranges for her and now her BP is 140/100. She went to the hospital per her OB office and was readmitted for pre-eclampsia with severe features.

WELLcome Home Team, Baptist Health: 2-week Post Birth Health Check (PBHC)

A 38-year-old patient with chronic hypertension delivered at 37 weeks gestation via cesarean section. She was admitted for 4 days and the WELLcome Home Nurse left a message on day 4 after discharge. The next day the WELLcome Home Nurse spoke to the husband with the mother in the room. She was sent home on Labetalol and was taking her blood pressures (BPs). She stated they were in the 170's /100 and that she had taken an extra half dose to lower it. Her BP was now 140/100. The mother denied headache, epigastric pain, or visual changes. Her husband stated that she was "wheezing". The mother denied shortness of breath. The WELLcome Home Nurse instructed them to call the OB office now. The OB office told the mother to go to the ER. The mother was admitted with chest pain, fluid overload, and hypertension.

New patient saves are continuously being added.

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