Progeny Newsletter

Iowa's Statewide Perinatal Care Program

December 2022

Upcoming Education

Advertising Space Available:

Please send your fliers:
Conferences
Fetal Monitoring
STABLE
NRP

IMQCC Electronic Fetal Monitoring Education Series

Third Wednesday of each month
4-5PM CT

CE is provided through Iowa AWHONN

All are invited, please share the link
https://uiowa.zoom.us/j/95461796378?pwd=VXdBZndHNW9SWUxQcVR4Nk0vWnREdz09&from=addon

Simulation Pre-brief

Simulation has become a necessary step in staff development training and can be an effective strategy to improve patient outcomes. Obstetric emergencies are high risk situations that occur infrequently. Poor outcomes have been shown to be the result of a breakdown in team communication and teamwork. Simulation is a powerful tool to strengthen and review effective team performance. It can be used to introduce new management guidelines or bring standardized algorithms into practice (Deering et al., 2019).

A solid pre-simulation briefing ensures a successful simulation experience and initiates the process of creating a safe environment for participants. The pre-brief is an opportunity to set the tone of the learning activity and the debrief. The goal is to provide a space where participants are comfortable sharing their thoughts and concerns about the upcoming activity. Simulation is a process for learning and designed to urge participants to the edge of their comfort zone where mistakes are likely to be made. It is important for facilitators to explain that the activity is not intended to "catch" mistakes that lead to punitive actions. The pre-brief is the platform to set the participants up for success by reducing any insecurities or anxiety for the activity and avoid defensive behaviors (Rudolph et al., 2014; Rutherford-Hemming). Participants will learn the benefits and limitations of the simulation setting, understand the expectations, and become informed of the activity's process.

Components to create a safe environment

Participants should understand why the activity is happening and the goals of the simulation. Facilitators should offer what they would like to achieve and learn what the participants hope to get out of the activity. A general overview of the objectives should be provided. Facilitators may not want to give the specific objectives depending on the desired outcome. For example, a facilitator may want to see how the team works through their hemorrhage management plan and ultimately place a uterine tamponade device. If the team knows that the end point is to place a device, they may omit essential steps of the management plan to reach the desired goal.

Address logistics and expectations

Facilitators and participants have busy schedules and efficient use of time should be considered. Inform the participants of the approximate length of time the simulation and the debrief will take. Encourage participants to be respectful of other's schedules. If the simulation is started on time they will finish on time.

Facilitators and participants should introduce themselves to the simulation team members. This is important especially when participants are from different departments and may not know each other. Name tags with roles identified may be helpful to promote closed loop communication during the simulation when names may be forgotten.

Providing clear expectations allows participants to have a sense of control and clarity of the event and will assist in participant engagement. Facilitators should communicate clearly and be a role model for professional integrity and respectful behavior. Ask participants to silence personal phones and pagers for the duration of the activity if possible. Remind participants, that they will get the most out of the experience when they fully immerse themselves in the activity. If the simulation will be recorded, explain that the recording will only be used for educational purposes

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UIHC Fetal Monitoring 2023

Basic:
- February 28
- March 28
- May 2
- June 6
- June 27

Intermediate:
- February 1
- March 1
- March 22
- May 3
- September 6
- November 15

Advanced:
- January 31
- May 31
- August 2
- September 12
- December 13

Watch for these courses at University of Iowa Roy J. and Lucille A. Carver College of Medicine Continuing Education (cloud-cme.com)

and destroyed after the activity. It is not intended to be used for pointing out individual errors, but to collectively learn as a team how to solve problems. Remind the team that the simulation should not be discussed outside of the activity. This maintains the integrity of the scenario and encourages confidentiality. To promote accountability, ask the participants to sign a confidentiality form.

Propose a "fiction contract" with the participants. Simulation will not be exactly like real life, but facilitators and participants will collectively do the best they can to make it real. Encourage them to do the things they would do when interacting with an actual patient, like explaining what is happening and the plan of care. Don't trivialize the challenges participants face to buy-in to the realism of the simulation. Facilitators should acknowledge these challenges and orient the participants to the simulation equipment or task trainer. Explain how to perform tasks such as simulating Foley catheter placement or palpating a firm and boggy uterus. Orient participants to the simulation room, equipment, supplies, and their locations. If medications are needed, indicate where these are located and how to administer. Will IM medications be administered verbally or actually drawn up using a simulated medication and injected into an orange? Will participants change IV pump settings, or will there be note cards indicating pump rate changes? How will vital signs be displayed and changed throughout the simulation? Convey how they will communicate if additional help is needed, actually use the call light or telephone. If so, discuss the need to notify the person answering that this is for the simulation before continuing to ask for the needed personnel or equipment. Maybe the team will verbalize to the facilitator when they need more obstetric provider assistance or the rapid response team.

Immediately before the simulation

Participants will generally act in the same role as their professional position. Facilitators may indicate which role participants will play, for example which nurse will be the primary nurse and who will come to help. It is important to indicate who will be observing and facilitating the simulation. Introduce participants to any standardized patient actors or confederates serving as patient significant others, if not already done.

Introduce the scenario. This is the case stem or backstory for the scenario providing enough information for the participants to work through the case. It can be presented as a change of shift handoff to the oncoming nurse while the rest of the team waits outside of the patient or simulation room. Perhaps it is presented as a patient history to the whole team. Match this to your objectives, would you like to assess the SBAR communication between team members or evaluate procedural skills? Utilizing these techniques will provide participants with a safe environment and promote engagement.

References

Deering, S., Auguste, T. C., & Goffman, D. (2019). *Comprehensive Healthcare Simulation: Obstetrics and Gynecology*. Springer International Publishing AG.

Rudolph, J. W., Raemer, D. B., & Simon, R. (2014). Establishing a safe container for learning in simulation: The role of the presimulation briefing. *Simulation in Healthcare : Journal of the Society for Medical Simulation*, *9*(6), 339–349. https://doi.org/10.1097/SIH.0000000000000047

Rutherford-Hemming, T., Lioce, L., & Breymier, T. (2019). Guidelines and essential elements for prebriefing. *Simulation in Healthcare : Journal of the Society for Medical Simulation*, *14*(6), 409–414. https://doi.org/10.1097/SIH.0000000000000403

*For more information, contact Amy Dunbar, BSN, RNC-OB, C-EFM, amy-brandt@uiowa.edu

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Interested in certification? Learn more at National Certification Corporation (nccwebsite.org)

Check out these free tracing games
EFM Tracing Game (ncc-efm.org)

National Maternal Mental Health Hotline | MCHB (hrsa.gov)

IMQCC Update

The Iowa AIM Obstetric Hemorrhage Collaborative has started! We kicked off with our **first in-person** event for Learning Session 1 in October. It was a huge success. We really enjoyed getting to work with teams face-to-face. Kelly Garcia, Director of the Iowa Department of Health and Human Services, opened the day by welcoming our teams and applauding the important work we are doing to improve the care provided to the birthing people of Iowa. Getting to work, we reviewed the collaborative learning process, discussed obstetric hemorrhage, and the current best practices that can be implemented to improve maternal outcomes.

All reporting is at the Simple QI website, Login | Account | User Account | SimpleQI. Each month your improvement coach would like to see your data for the rates of obstetric hemorrhage, risk assessment completion, and cases with quantitative blood loss measured. Coaches would also like to see your status reports and your PDSAs. Tell us about the work you are doing. We want to share the amazing developments you are creating. Large or small, your change may be just the thing another team needs to achieve their goals.

Has your team viewed the IMQCC website, Homepage | Iowa State University Extension and Outreach Iowa Maternal Quality Care Collaborative (imqcc.org) to validate the data for hysterectomies and transfusions. Facilities may see a discrepancy between the data obtained from the birth certificate worksheet and the data from hospital billing. The data at the site is individualized by facility. If you do not know your hospital number, check with your coach, they can give it to you. You can also review your archived data from the NTSV cesarean section data.

Please contact us if you have any questions: Dr. Radke, stephanie-radke@uiowa.edu, Stephanie Trusty, stephanie.trusty@idph.iowa.gov, Kristal Graves, kristal-graves@uiowa.edu, Nicole Anderson, Nicole-anderson@uiowa.edu or Amy Dunbar, amy-brandt@uiowa.edu.

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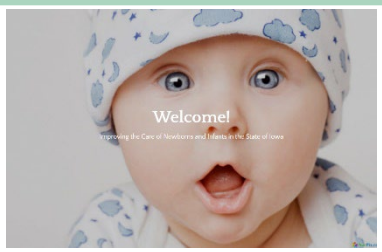

INQC Update

Twenty-four Iowa birthing hospitals are currently engaged in the collaborative. We are pleased to welcome our newest hospital team from Mary Greeley Medical Center in Ames. At the last full collaborative meeting in November, Dr. Rosenblum provided an update on data collection for the **NAS QI project**. As of Nov. 1, 2022, hospital teams have collected retrospective data from 1343 patient records and prospective data from 638 patients. Prospective data collection will continue through March 31, 2023, including 43 data fields related to perinatal substance exposure and management of newborns with Neonatal Abstinence Syndrome. This data will be extremely valuable as the collaborative aims to create a guideline for all Iowa birthing hospitals that includes potentially better practices for management of infants with NAS. Goals for the guideline will be to: 1) simplify the evaluation process, 2) potentiate the use of nonpharmacologic interventions for early hospital care, 3) decrease the need for transfer of NAS babies to a higher level of care, 4) decrease parent-infant separation related to NAS. For more information on this project and the other ongoing quality improvement work of INQC, visit the website **HERE**.

The INQC Board of Directors was notified in September that our state was not selected as one of the 22 states to receive a CDC grant to support the development of statewide perinatal quality collaboratives. This was disappointing news for both INQC and IMQCC, as the grant would have guaranteed significant funding for the next 5 years. On Nov. 14, the INQC board met with Dr. Stephanie Radke, medical director of IMQCC and Stephanie Trusty from the Iowa Department of Health and Human Services to discuss the plan moving forward to merge the collaboratives into one Perinatal Quality Collaborative (PQC) without the grant funding. INQC recently received tax exemption from the IRS as a fully incorporated 501(c)(3). This tax exempt status will allow the PQC to seek funding from outside sources in order to be a self-sustaining collaborative and support future quality improvement work. Leaders from INQC and IMQCC will meet again in February 2023 to discuss potential funding sources and the plan moving forward.

If your hospital is not currently engaged in the collaborative and you would like more information, please contact Penny Smith, RNC-NIC, penny-smith@uiowa.edu or Dennis Rosenblum, MD, dennis.rosenblum@unitypoint.org.

NEW **Online Training UPDATES**!

We are so excited to share with you the release of the newest **Period of PURPLE Crying®** training courses. Find out more below or visit **training.dontshake.org** to get registered.

Period of PURPLE Crying Training for Implementation

2022-23 Training Officially Released

The newest ***PURPLE*** training has been released! This training is directed at organizations that are interested in or are currently implementing the *Period of PURPLE Crying* program. It will provide the evidence backing the program model and will provide you with best practices for the implementation of the ***PURPLE*** program. The training is only one hour long and provides **continuing education** for Nurses and Social Workers through the Ohio Nurses Association and the National Association of Social Workers.

Register Now

**The Statewide Perinatal Care Program is funded by the Iowa Department of Health and Human Services*