



PQC-VT 2023 Webinar Series

Train the Trainer: Drills and Simulations

VT AIM

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Disclosures

- None to share!

Wendy Conway, MD, FACOG

- Associate Professor of Obstetrics and Gynecology, Robert Larner, M.D. College of Medicine at the University of Vermont
- Generalist and Hospitalist
- Director of Inpatient and Outpatient Quality
- Veteran, USAF, Major, 7 years active duty stationed in PACAF (Tokyo, Japan) and USAFES. Stationed and served on the quality board at Landstuhl Regional Medical Center (Landstuhl, Germany), the only certified Level One Trauma Center located overseas and the obstetrical regional transport center for all of Europe and Africa.
- Experience working in 4 community hospitals in Vermont
- SFMFM Critical Care Obstetric Course Faculty Debriefers- trained specifically to debrief and discuss simulations
- Highly motivated to make simulations easy, fun, and non-threatening.

What is AIM?



ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

AIM develops multidisciplinary, clinical-condition specific patient safety bundles to support best practices that make birth safer.

Planning

- AIM Safety Bundles
 - Based on a review of our hospital data and requirements from JC, UVMMMC chose to focus on the Hypertension and Obstetric Hemorrhage Patient Safety Bundles.
 - Those are the topics that the drills focus on, with a plan to add more topics as we move forward and embed quick drills into our unit culture.
 - Each unit/hospital should feel empowered to work on the safety issues/concerns most applicable to them.



Obstetric Hemorrhage



Severe Hypertension in Pregnancy



Safe Reduction of Primary Cesarean Birth



Cardiac Conditions in Obstetrical Care



Care for Pregnant and Postpartum People with Substance Use Disorder



Perinatal Mental Health Conditions - in development



Postpartum Discharge Transition



Sepsis in Obstetrical Care

Current AIM Safety Bundles

OBSTETRIC HEMORRHAGE

READINESS



RECOGNITION & PREVENTION



RESPONSE



REPORTING & SYSTEMS LEARNING



RESPECTFUL, EQUITABLE &
SUPPORTIVE CARE



QUICK LINKS

- [Printable Bundle \(2022\) \(PDF\)](#)
- [Bundle Implementation Details \(2022\) \(PDF\)](#)
- [Bundle Implementation Resources \(2022\) \(PDF\)](#)
- [Obstetric Hemorrhage Implementation Webinar](#)
- [Obstetric Hemorrhage Data Collection Plan \(2022\)](#)
- [Obstetric Hemorrhage Change Package \(2022\) \(PDF\)](#)

OBSTETRIC HEMORRHAGE

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Champions/Buy-in

- Who is running the drills?
 - Providers/Charge Nurses/Educators/Managers?
 - Does unit leadership have a full understanding and is in support?
 - Is there a need for unit wide education to increase buy-in and participation?
 - Who is initiating, running and tracking (might not all be the same person)

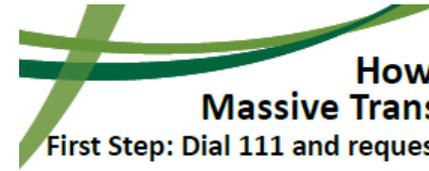
Preparation

- Familiarize yourself with the Resource Binder
 - What is included in the AIM Safety Bundles, is your organization meeting the recommendations?
 - What are you doing well? What needs to be developed more or changed completely?



Preparation

- Understand your own organizations policies and procedures
 - Do you have a Mass Transfusion Policy?
 - Do you know all the steps to obtaining emergency release blood products?
 - Do you have a PPH cart? Does everyone know what is in it and the expectations for use?
 - Virtual Pyxis kit



How to Activate a Massive Transfusion Protocol (MTP)

First Step: Dial 111 and request a MTP

Information you will need to provide to the code operator:

- Patient Name
- Patient Date of Birth
- Patient MRN
- Patient location
- Name of physician or APP requesting the MTP
- Name of caller and call back phone number

Second Step: Place “Mass Transfusion Protocol” order in to EPIC (this is how you will get lab orders)

Who does the MTP Response Activate?

Code operator will call Blood Bank and page the following MTP Team members:

- Blood Bank
- Patient Support
- Emergency Response Nurse
- Pharmacy
- Hematology lab
- ANC

So What Happens Next?

- Patient Support Services will respond directly to the Blood Bank to obtain the First Round of MTP-rounds will now come in Coolers
- The Emergency Response Nurse will respond to the designated area requiring the MTP and help with the MTP
- ANC will respond to the department initiating the MTP to help facilitate transfer to a higher level care if needed
- Request additional rounds of MTP from Blood Bank as needed

Third Step: When the MTP is complete-Dial 111 and request a “Complete MTP” page to be sent

- Return all unused blood products to Blood Bank
- **Complete blood product slips and place in chart/return to Blood Bank**
- Document total volume in EPIC I/O Flowsheet

Preparation

- Debriefing and Reporting
 - Is there a system already in place?
 - Do people use it?

Obstetric Hemorrhage Debrief Form

Criteria for multidisciplinary debrief:

1. Request of any team member
2. For any PPH EBL > 1L
3. Severe Maternal Morbidity: received >4u PRBC (unanticipated; excludes uncomplicated planned cesarean hysterectomy); unplanned cesarean hysterectomy, patient admission to ICU
4. Maternal Death

When: As soon after event as possible

Who: As many people as possible that were part of event. Ideally debrief is done together but by separate interviews can occur as needed. At a minimum: Obstetric provider, Charge RN, and anesthesiology provider should be included.

How: The attending provider and/or Charge RN should call the team together and initiate the debrief session as well as collaborate to fill out the debrief form. Either the McClure 7 or Baird 7 Nurse Managers and/or the Medical Director for the Birthing Center and Antepartum/Postpartum units can facilitate as needed.

Date: _____

Team Members Present for debrief: _____

	Yes	No	N/A	Comment
1. Was the hemorrhage recognized in a timely fashion?				
2. Were signs of hypovolemia recognized in a timely fashion?				
3. Were transfusions administered in a timely fashion?				
4. Were appropriate interventions (e.g. medications, balloons, sutures, etc.) used?				
5. Were modifiable risk factors (e.g., Pitocin, induction, chorioamnionitis, delay in delivery) managed appropriately?				
6. Was sufficient assistance (e.g. additional doctors, nurses, or others) requested and received?				

Preparation

- Review the scenarios
 - Be familiar with the content of each scenario
 - What are the objectives for participants?
 - What needs to happen for the scenario to end?
 - Aside from the scenario and the tools that come with it (VS, FHR tracings, fake blood products) what else do you need to make the activity more realistic and how much detail do you want to get into.
 - Practice IV supplies
 - Demo medications
 - Fake blood
 - Manikin or actor?



Develop Your Resources

- The binders come with examples of checklists and medication/workflow algorithms.
- Does your hospital already have checklists for PPH and HTN crisis?
 - Are folks used to utilizing them?
 - Do you have medication algorithms? Where are there located?
- Do you have a PPH cart?
 - What is in it?
 - When do you use it?
 - Do providers and nurses know what the expectations for use are?

Running a Drill

- The prebrief:
 - Just as important as the content of the scenario itself
 - Drills do not need to be a surprise and I've found they are more well received when folks are prepped
 - Drills are not a test, they are an opportunity to learn and practice
 - Reinforce that the drill is “open book” – familiarize yourself with and utilize your resources (point out before hand what the resources are and how they can be used)
 - Be clear about roles and expectations – utilize the role cards so that everyone has a clear understanding of what is expected of them
 - Whenever possible, maintain the roles that people actually fill in real life
 - Clearly explain your roles as the facilitators as well

Running a Drill

- The scenario
 - Share the details of the pt case with the primary nurse *prior* to entering the room
 - Be familiar with the expectations of each role
 - Use the checklists and algorithms
 - Follow the flow chart built into the scenarios
 - Take notes being especially mindful to note any actions/interventions that were not correct (omitting to address incorrect actions reinforces them)

Debrief

- Do you have a debrief form you're already using on your unit?
 - If so, use that form! Have the group debrief themselves as they would after a real event
 - After the group has debriefed the facilitators can then debrief the whole activity
 - What worked well, what was challenging, what questions remain?

Tracking

- Very helpful to have a log of date/time/location/subject and participants
 - This is for internal tracking and to report out to AIM/JC
 - Have unit manager or educator manage the log and keep an electronic version in a location where facilitators can access it too

Incentives!

- Everyone loves a prize!
 - \$5 cafeteria coupons, gift cards, chocolate, enter into a raffle to be drawn at the end of the year for all drill participants?

