COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE

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Tuesday, October 14, 2014

Noon Eastern

# Safety Action Series

## Patient, Family and Staff Support Following a Severe Maternal Event


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California Maternal Quality Care Collaborative

Co-Investigator, Maternal Morbidity Experiences: Narratives of Women, Partners and HealthCare Providers


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# Disclosures

- Cynthia Chazotte, MD, FACOG has no real or perceived conflicts of interest.
- Christine Morton, PhD has no real or perceived conflicts of interest.

# Objectives

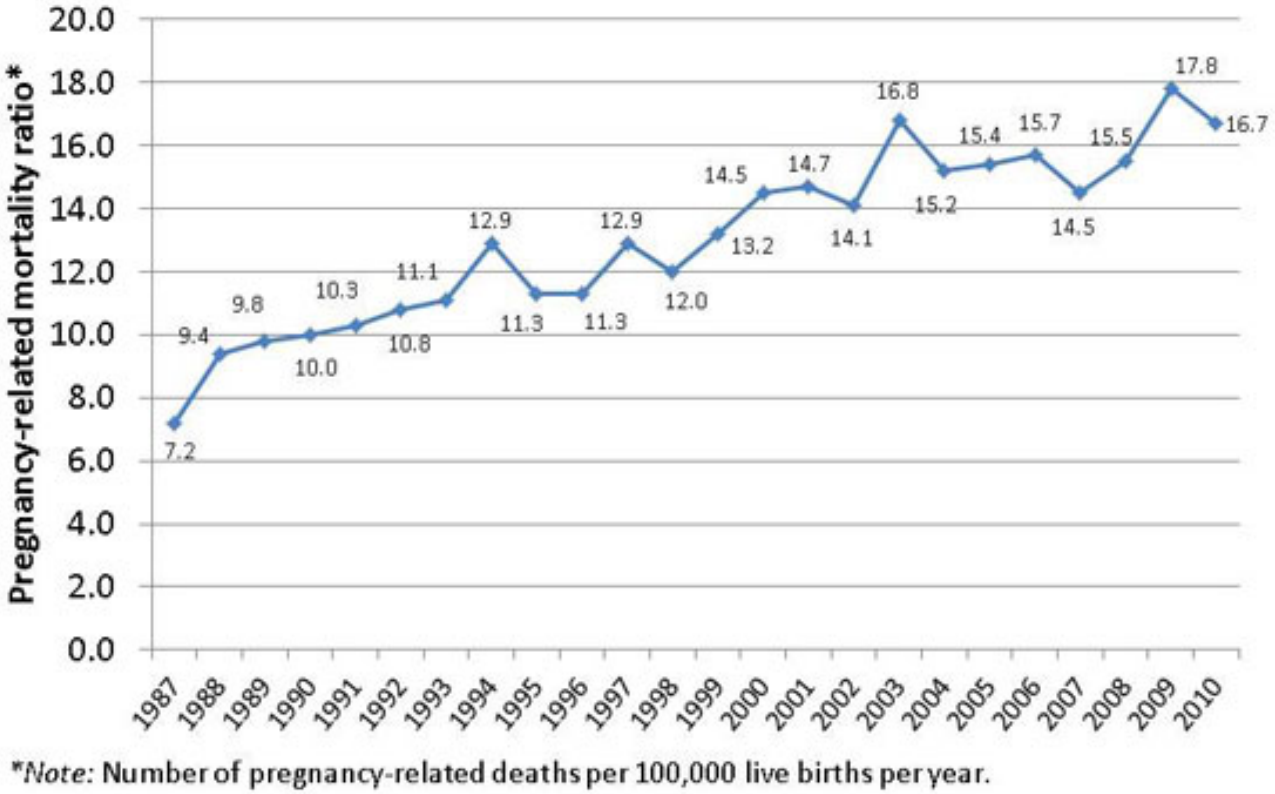
- Acknowledge the Patient, Family & Staff Support Workgroup
- Describe the rationale for the Bundle
  - Rise in severe maternal events (morbidity & mortality)
  - Emotional impact on all involved
- Review research on patient/family needs
- Introduce patient/family tools & resources
- Identify staff-related needs, tools and resources
- Introduce proposed final bundle components

# Patient, Family and Staff Support Work Group

Diverse representation and perspectives

| Name | Institution |
|---|---|
| **Cynthia Chazotte, MD, FACOG** | Montefiore/Einstein - NY |
| **Donna Montalto, MPP** | New York ACOG |
| **Christine Morton, PhD** | CMQCC/Stanford University - CA |
| **Eleni Tsigas** | Preeclampsia Foundation |
| **Miranda Klassen** | Amniotic Fluid Embolism Foundation |
| **Andreea Creanga, MD, PhD** | CDC, Division Reproductive Health - GA |
| **Diana Cheng, MD, FACOG** | Maryland Dept. of Health |
| **Catherine Ruhl, RN, CNM** | AWHONN |
| **Michelle Flaum Hall, EdD** | Xavier University - OH |
| **Ilene Corina** | Pulse of New York |
| **Michele Davidson, PhD, CNM, CFN, RN** | George Mason University - VA |
| **Deborah Karsnitz, CNM, DNP** | Frontier Nursing University - KY |
| **Jodi Shaefer, RN, PhD** | ACOG - NFIMR Coordinator |
| **Ryan Hansen** | Tara Hansen Foundation |
| **Steve Pratt, MD** | SOAP – BI Deaconess Boston |
| **Gloria Bachmann, MD** | OB Chair, Rutgers - NJ |

# Trends in pregnancy-related mortality in the United States: 1987–2010




*Note: Number of pregnancy-related deaths per 100,000 live births per year.

CDC, Pregnancy Mortality Surveillance, 2014.

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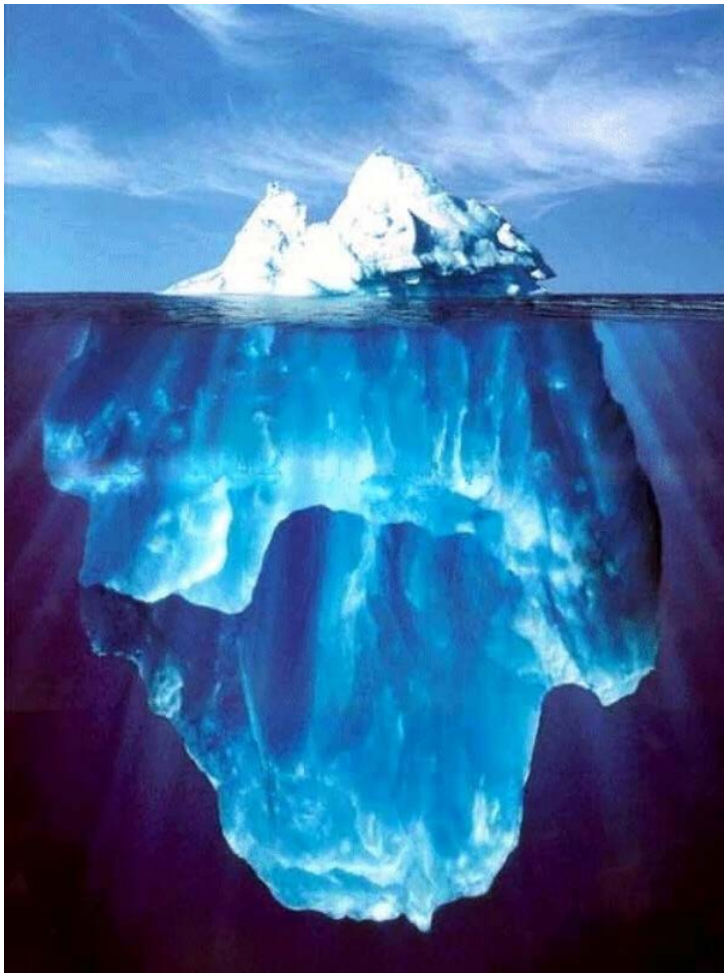
# Maternal Mortality
# The Tip of the Iceberg

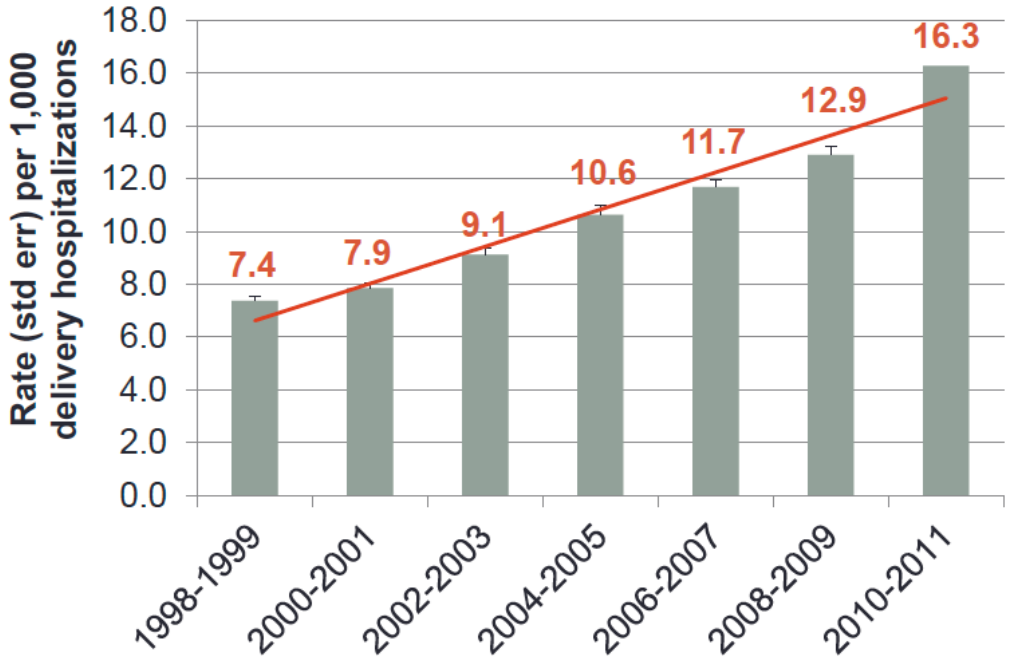


# Severe Maternal Events

- Many definitions
- At minimum
  - Transfusion of ≥ 4 units of blood products
  - Maternal ICU admission
- Expanded list from CDC may include:

| Severe Maternal Morbidity Indicator |
|---|
| 1. Acute myocardial infarction |
| 2. Acute renal failure |
| 3. Adult respiratory distress syndrome |
| 4. Amniotic fluid embolism |
| 5. Aneurysm |
| 6. Cardiac arrest/ventricular fibrillation |
| 7. Disseminated intravascular coagulation |
| 8. Eclampsia |
| 9. Heart failure during procedure or surgery |
| 10. Internal injuries of thorax, abdomen, and pelvis |
| 11. Intracranial injuries |
| 12. Puerperal cerebrovascular disorders |
| 13. Pulmonary edema |
| 14. Severe anesthesia complications |
| 15. Sepsis |
| 16. Shock |
| 17. Sickle cell anemia with crisis |
| 18. Thrombotic embolism |
| 19. Blood transfusion |
| 20. Cardio monitoring |
| 21. Conversion of cardiac rhythm |
| 22. Hysterectomy |
| 23. Operations on heart and pericardium |
| 24. Temporary tracheostomy |
| 25. Ventilation |

# Trends in severe maternal morbidity during delivery hospitalizations: United States, 1998-2011




- severe morbidity during delivery hospitalizations more than doubled
- blood transfusion, hysterectomy & eclampsia accounted for ~75% of severe morbidity

Callaghan, Creanga & Kuklina. Severe maternal morbidity among delivery and postpartum hospitalizations in the United States. (2012) *Obstet Gynecol*, 120(5):1029-36.

Pulled from: Creanga. (2014, January). *Why isn't pregnancy getting safer for women in the United States?* PowerPoint presentation on CDC webinar.



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# Maternal Mortality and Severe Morbidity

Approximate distributions, compiled from multiple studies

| Cause | Mortality (1-2 per 10,000) | ICU Admit (1-2 per 1,000) | Severe Morbidity (1-2 per 100) |
|---|---|---|---|
| VTE and AFE | 15% | 5% | 2% |
| Infection | 10% | 5% | 5% |
| Hemorrhage | 15% | 30% | 45% |
| Preeclampsia | 15% | 30% | 30% |
| Cardiac Disease | 25% | 20% | 10% |

# Background - Building Consensus

- ACOG-CDC Maternal Mortality/Severe Morbidity Action Meeting occurred in Atlanta - November 2012
- Participants identified key priorities:

| Core Patient Safety Bundles |
| --- |
| Obstetric Hemorrhage |
| Severe Hypertension in Pregnancy |
| Venous Thromboembolism Prevention in Pregnancy |

| Supplemental Patient Safety Bundles |
| --- |
| Maternal Early Warning Criteria |
| Facility Review |
| **Patient, Family and Staff Support** |

- 6 multidisciplinary working groups were formed



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# National Partnership for Maternal Safety: Confluence of Multiple Efforts-
## May 2013 ACOG Annual Clinical Meeting

- CDC / ACOG Maternal Mortality Work Group
- SMFM: Putting M back into MFM Work Group
- AWHONN: Safety Projects
- State Quality Collaboratives
- Merck for Mothers
- HRSA/Maternal Child Health Branch—Putting M back into MCH
- CDC: Maternal Mortality Reviews and Maternal Morbidity Projects

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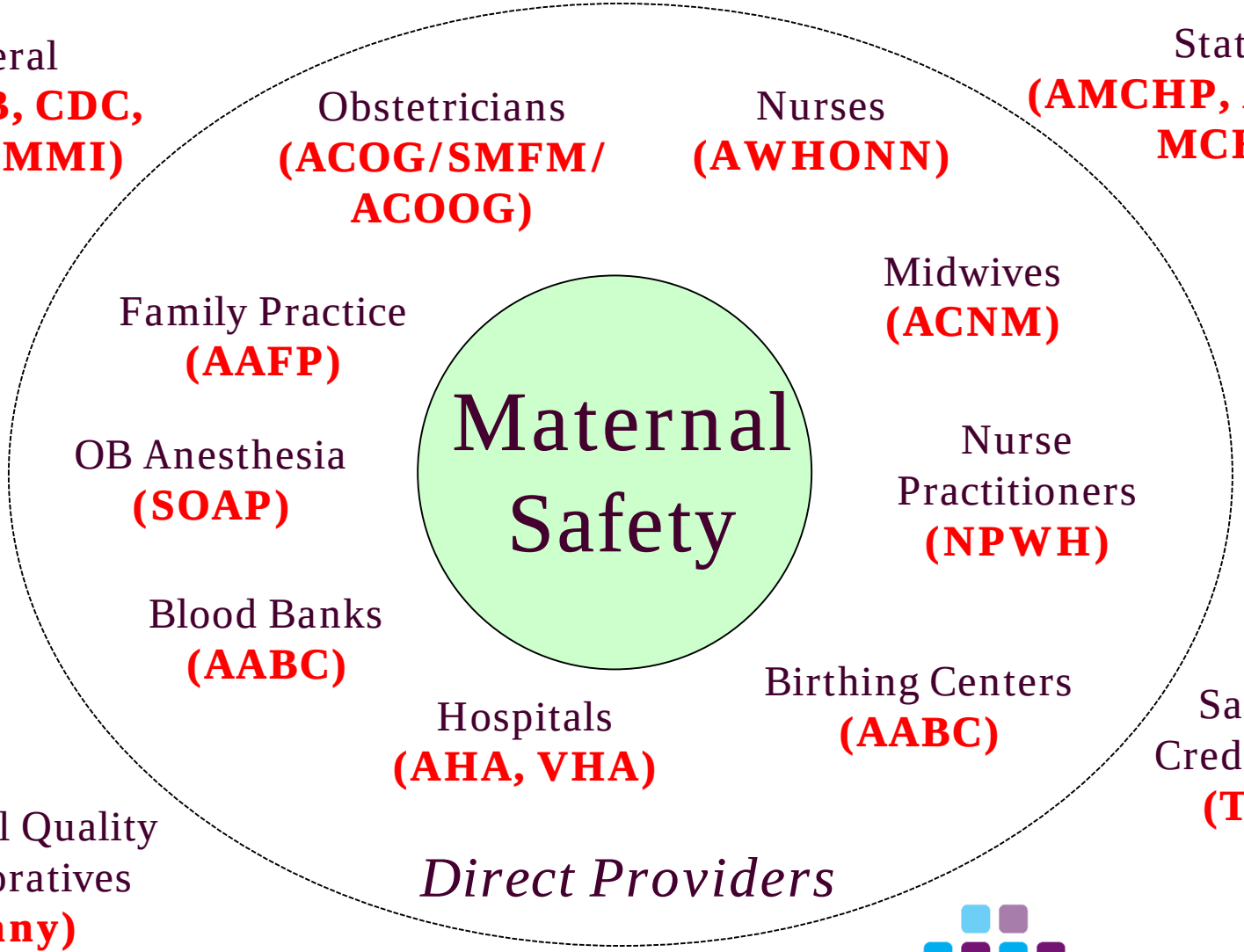
# National Partnership for Maternal Safety

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# Council on Patient Safety: July 2013

## Endorsed the concept: 3 Maternal Safety Bundles

"What every birthing facility in the US should have…"

*The bundles represent outlines of recommended protocols and materials important to safe care* ***BUT*** *the* ***specific contents and protocols should be individualized to meet local capabilities****.*

**Patient, Family, and Staff Support**

http://www.safehealthcareforeverywoman.org/

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# WOMEN & FAMILY SUPPORT FOLLOWING A SEVERE MATERNAL EVENT



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# What Women & Families Expect When They're Expecting

- They expect the birth to result in a live baby (and it usually does)
- For most women, the greatest fear around birth is potential harm to the baby, not themselves
- Most women do NOT expect to experience a severe maternal event, **even if they were high risk**

# We use a variety of terms

- None of which capture the totality of women's experience
  - Near miss
  - Near death
  - Serious complication
  - Severe maternal morbidity
- Or how women label their experience
  - Traumatic
  - Unexpected
  - Ordeal

# Research on Women's Experience

- Common themes
  - Women seek to understand what happened to them, and to understand how it might have been prevented
  - Women seek comparative frameworks through (online) support groups or advocacy organizations to connect with others who share & understand their experience
  - Women consider short- and long-term health implications as well as future childbearing

# Women's narrative*

*I just never even thought that it existed, the possibility. And I feel like there should be some – not to scare people to death, but – that if we're giving out all these warnings about everything else, no matter how minor – the soft cheese and the lunch meat and things like that, that we all hear countless times – but there's no mention of the more serious things that do happen and you just don't realize they do.*

– (Terri Ames, W14)

*Morton CH, Nack A, Banker J. *The social invisibility of maternal morbidities in US motherhood narratives: Giving voice to lived experience.* Motherhood Conference; March 6–8, 2014; New York: MOM Museum 2014.

# Women's narrative

*I sought out the March of Dimes and the Preeclampsia Foundation, because I think that was my form of therapy, to find other women who had been through circumstances with the prematurity and the preeclampsia. It normalized it in a lot of ways so I could talk about it and I could figure out, "Oh hey! I wasn't alone in this."*

- (Jane Campbell, W4)



Morton CH, Nack A, Banker J. *The social invisibility of maternal morbidities in US motherhood narratives: Giving voice to lived experience.* Motherhood Conference; March 6–8, 2014; New York: MOM Museum 2014.

# Research on Women's Experiences

- Women report
  - not receiving adequate information about their condition and recovery (short & long term, physical & emotional)
  - feeling grateful to health professionals for the life saving care provided to them & their babies
- Few receive postpartum mental health referrals

# E.g., after significant postpartum hemorrhage

- 20% of women (N=206) did not receive care that consistently met their needs for acknowledgement, reassurance, and information **while in the hospital**, and
- 37% believed the hemorrhage might have been prevented with different care.



Thompson JF, Ford JB et al. Women's Experiences of Care and Their Concerns and Needs Following a Significant Primary Postpartum Hemorrhage. (2011) *Birth*, 38(4):327-35.

# Women's narratives

*I must have used the portable toilet four times in that Emergency Room. The nurse never weighed that blood. And that's a common thing: people don't realize you're hemorrhaging because they don't even keep track.*

– (Beth Plummer, W3)



Morton CH, Nack A, Banker J. *The social invisibility of maternal morbidities in US motherhood narratives: Giving voice to lived experience.* Motherhood Conference; March 6–8, 2014; New York: MOM Museum 2014.

# Women's narratives

*I had some great nurses who spent a lot of time talking to me and they were very helpful, very caring, just would listen, talk with me. My doctor pretty much just wanted to prescribe the anti-depressants and move on.*

– (Terri Ames, W14)



Morton CH, Nack A, Banker J. *The social invisibility of maternal morbidities in US motherhood narratives: Giving voice to lived experience.* Motherhood Conference; March 6–8, 2014; New York: MOM Museum 2014.

# Women's narratives

*And my milk wouldn't come in, my colostrum wouldn't either. So we were released. They never told me that it might be delayed because of HELLP Syndrome. I found that out later doing my own research.*

– (Jodie Albers, W8)



Morton CH, Nack A, Banker J. *The social invisibility of maternal morbidities in US motherhood narratives: Giving voice to lived experience.* Motherhood Conference; March 6–8, 2014; New York: MOM Museum 2014.

# Patient & Family Needs

- Women and families need information and emotional support before, during and after severe maternal events.
- Women need to be listened to and have their experience acknowledged from their own, rather than the clinicians' perspective.
- Women need to know what happened to them, and why, but the content and timeline will vary. Formal discussions about their experience and prognosis should occur throughout their hospitalization and during postpartum follow up visits.

# Family Needs

- Families and support persons should be given the opportunity to remain present during treatment and/or resuscitation efforts, and be given information and emotional support.

# Supporting Patients & Families

- The bundle will include resources outlining informational and emotional support needs of women & their families, drawn from research literature in psychology, nursing, sociology and medicine.

# Discharge Planning For Women With Complications During The Birth Hospital Stay

- List of symptoms that warrant *immediate* call to provider
- Routine follow-up care
  - Early postpartum check
  - Breastfeeding support
- Specialty follow-up care
  - Medicine
  - Mental health


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# Clinical assessment of traumatic stress response in women following severe event

- Clinicians should learn how to assess behavior or emotional states in women that are outside the normal range of postpartum responses.
  - The specific nature of the severe maternal event (hemorrhage, preeclampsia, thromboembolism, etc.) may not affect women's emotional response: *"Trauma is in the eye of the beholder"*

    – Cheryl Tatano Beck
  - Clinicians can provide women (and families) with a validated, self-assessment tool (Breslau short screening scale for PTSD)
- Clinicians should know how and when to make a mental health referral while in hospital and have local resources for postpartum referrals.

**Forthcoming resource:**
**A GUIDE TO RECOGNIZING ACUTE STRESS DISORDER IN POSTPARTUM WOMEN IN THE HOSPITAL SETTING**
Michelle Flaum Hall, EdD, LPCC-S



Breslau N, Peterson EL, Kessler RC, Schultz LR. Short screening scale for DSM-IV Posttraumatic Stress Disorder. *Am J Psychiatry* 1999;156(6):908–11

# Resources for Women, Families

## For Condition-Specific Birth Experiences

- **The Preeclampsia Foundation**
  - (http://www.preeclampsia.org/) The Preeclampsia Foundation is an empowered community of patients and experts, with a diverse array of resources and support. They provide support and advocacy for the people whose lives have been or will be affected by the condition – mothers, babies, fathers and their families.
- **My Heart Sisters (Cardiomyopathy)**
  - (http://www.myheartsisters.com/) Developed to raise awareness about heart failure in pregnancy and provide support for heart sisters through storytelling and friendship
- **The Amniotic Fluid Embolism Foundation**
  - (http://afesupport.org/) is the only patient advocacy organization, serving those affected or devastated by amniotic fluid embolism. Their mission is to fund research, raise public awareness and provide support for those whose lives have been touched by this often-fatal maternal health complication.
- **HealthTalk.org (UK resource)**
  - Information, stories, teaching and learning resources about conditions that threaten women' lives in pregnancy and childbirth (hemorrhage, sepsis, amniotic fluid embolism, blood pressure disorders, placental problem, blood clots)

# Resources for Women, Families

## For Traumatic Childbirth Experiences

- **PATTCh** http://pattch.org/
  - PATTCh is a collective of birth and mental health experts dedicated to the prevention and treatment of traumatic childbirth. Resources for women, families and health care providers, including a comprehensive *Traumatic Birth Prevention & Resource Guide*
- **Solace for Mothers** http://www.solaceformothers.org/
  - Solace for Mothers is an organization designed for the sole purpose of providing and creating support for women who have experienced childbirth as traumatic.

## For Traumatic Medical Experiences (not birth specific; and for clinicians and patients)

- **MITSS (Medically Induced Trauma Support Services)**
  - (http://www.mitss.org/) is a non-profit organization whose mission is "To Support Healing and Restore Hope to patients, families, and clinicians impacted by medical errors and adverse medical events."

# CLINICAL STAFF SUPPORT FOLLOWING A SEVERE MATERNAL EVENT

MATERNAL SAFETY BUNDLE

# Tool for Staff after Severe Morbidity or Maternal Death

## STEP 1 CLINICAL CARE:

- ☐ Assure patient stability
- ☐ Call for support for care of other patients & provider support (colleagues and leadership)
- ☐ Call for patient/family support and comfort (social worker, clergy, other staff member)

## STEP 2a PLAN INITIAL PATIENT/FAMILY MEETING:

### GATHER THE FACTS AND DEBRIEF:

- ☐ Review all medical records
- ☐ Review with other health care providers who were involved
- ☐ Clarify and understand the facts
- ☐ Avoid speculation and blame
- ☐ Assess cultural/religious practices and prep team

### WHO SHOULD ATTEND THE MEETING:

- ☐ Patient and patient approved family members
- ☐ Other health care providers directly involved
- ☐ Skilled communicators, if needed
- ☐ Non-family member translator
- ☐ Meet any special needs of your patient
- ☐ Decide who will lead the discussion

### LOCATION OF MEETING:

- ☐ Set the time and place for the meeting as soon as possible
- ☐ Choose a setting where you can meet face to face, seated
- ☐ Find a comfortable environment with confidentiality/privacy

## Step 2b Planning What to Say:

### Organize your thoughts and consider how you

- ☐ Manage your own emotions (but don't be afraid to show sorrow)
- ☐ Acknowledge that something unexpected has happened
- ☐ Express your concern and regret
- ☐ Respond to your patient's emotional reactions
- ☐ Respond to questions your patient is likely to ask
- ☐ Explain the process for any analysis of the adverse event

## Step 3 Initial Patient/Family Meeting:

### During Meeting:

- ☐ Find out what your patient/family already knows
- ☐ Acknowledge patient suffering and convey empathy
- ☐ Set agenda for the meeting
- ☐ Present the existing facts
- ☐ Describe clinical condition as it now exists
- ☐ Describe any future care requirements
- ☐ Express your concern and regret as appropriate
- ☐ Try not to overload with too much information
- ☐ Repeat key aspects, if needed
- ☐ Communicate in a clear, sensitive, and empathetic manner
- ☐ Welcome note taking, support persons, and questions
- ☐ Discuss how seriously you are taking the situation

### End of Meeting:

- ☐ Confirm the clinical next steps
- ☐ Summarize the discussion
- ☐ Test for understanding of information with open-ended questions
- ☐ Define what the next steps will be in process
- ☐ Answer any questions about how/why the event occurred
- ☐ Provide contact information
- ☐ Arrange a follow-up meeting

MATERNAL SAFETY BUNDLE

# Tool for Staff after Severe Morbidity or Maternal Death

## STEP 4 FOLLOW UP AND RECOVERY:

### PATIENT/FAMILY:

- ☐ Keep patient and family aware of patient condition
- ☐ Continue to provide clinical and emotional support
- ☐ Ask what resources patient/family is using
- ☐ Provide resources for patient/family (religious, social, cultural as needed)
- ☐ Convey newly uncovered facts to your patient
- ☐ Discuss what steps have been taken to prevent similar harm
- ☐ Provide a further expression of regret

### PROVIDERS:

- ☐ Inform Risk Management
- ☐ Inform primary providers of patient condition
- ☐ Arrange appropriate emotional support for all those involved
- ☐ Document the clinical care and discussions in a factual way

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Modified from:


Obstetric Communication Response Team (OCRT) Checklist, Montefiore Medical Center, 2014

Checklist for Disclosure. The Canadian Medical Protective Association (CMPA) 2008. http://www.cmpa-acpm.ca/cmpapd04/docs/resource_files/ml_guides/disclosure/checklist/index-e.html

Guidelines for Disclosure after an Adverse Event. Institute for Professionalism & Ethical Practice. The Risk Management Foundation of the Harvard Medical Institutions, Inc. 2009 https://www.rmf.harvard.edu/~/media/Files/_Global/KC/PDFs/adverse_event_guidelines.pdf

Disclosure and discussion of adverse events. Committee Opinion No. 520. American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;119:686–9.


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# Healing Ourselves
# What is the "Second Victim"?

- Defined as a health care provider (HCP) involved in:
  - Unanticipated adverse patient event
  - Medical error
  - Patient-related injury
- HCP becomes victimized in the sense that he/she is traumatized by the event
- Second victim feels:
  - Personally responsible for unexpected patient outcomes
  - They have failed their patient
  - Second-guessing their clinical skills and knowledge base

University of Missouri second victim provider support program: www.muhealth.org/secondvictim

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# Stages of Recovery

| Stage | Definition | Feelings & Actions | Internal Thoughts |
|---|---|---|---|
| 1. Chaos & Accident | Error realized/ event recognized | • Tell someone. Get help.<br>• Stabilize & treat patient.<br>• May not be able to continue care of patient.<br>• Distracted. | • How did that happen?<br>• Why did that happen? |
| 2. Intrusive reflection | Re-evaluate scenario | • Self isolate.<br>• Haunted re-enactments of event.<br>• Feelings of internal inadequacy. | • What did I miss?<br>• Could this have been prevented? |

# Stages of Recovery

| Stage | Definition | Feelings & Actions | Internal Thoughts |
|---|---|---|---|
| 3. Restoring Personal Integrity | Acceptance among work/social structure | • Manage gossip/grapevine.<br>• Fear is prevalent. | • What will others think?<br>• Will I ever be trusted?<br>• How much trouble am I in?<br>• How come I can't concentrate? |

# Stages of Recovery

| Stage | Definition | Feelings & Actions | Internal Thoughts |
|---|---|---|---|
| 4. Enduring the Inquisition | Realization of level of seriousness | • Reiterate case scenario.<br>• Respond to multiple "whys" about the event.<br>• Interact with many different responders.<br>• Understanding of event.<br>• Disclosure to patient/family.<br>• Litigation concerns. | • What happens next?<br>• Who can I talk to?<br>• Will I lose my job/license?<br>• How much trouble am I in? |

# Stages of Recovery

| Stage | Definition | Feelings & Actions | Internal Thoughts |
|---|---|---|---|
| 5. Obtaining emotional first aid | Seek personal/ professional support | Getting help/support | • Why did I respond in this manner?<br>• What is wrong with me?<br>• Do I need help?<br>• Where can I turn for help? |

# Stage 6: Moving On
## 3 Possible Outcomes

| Outcome | Definition | Feelings & Actions | Internal Thoughts |
|---|---|---|---|
| Dropping Out | Transfer to a different unit or facility. | • Consider quitting.<br>• Feelings of inadequacy. | • Should I be in this profession?<br>• Can I handle this kind of work? |
| Surviving | Coping but still intrusive thoughts | • Persistent sadness.<br>• Trying to learn from event. | • How could I have prevented this?<br>• Why do I still feel so badly/guilty? |
| Thriving | Maintain life/work balance | • Gain insight/perspective.<br>• Does not base practice/work on one event.<br>• Advocates for patient safety initiatives. | • What can I do to improve patient safety?<br>• How can I learn from this? |

# Resources for Health Care Providers

- University of Missouri second victim provider support program:
  www.muhealth.org/secondvictim
- Resources from AHRQ website:
  www.psnet.ahrq.gov/resource.aspx?resourceID=20869
- Toolkit for staff support from MITSS (Medically Induced Trauma Support Services)
  www.mitsstools.org/tool-kit-for-staff-support-for-healthcare-organizations.html
- Canadian Disclosure Guidelines published in 2008
  www.patientsafetyinstitute.ca
  www.cmpaacpm.ca/cmpapdo4/doc4/docs/resource_files/ml_guide/disclosure/introduction/index-e.html
- Harvard Risk Management Foundation "When Things Go Wrong: Responding to Adverse Events"
  www.rmf.harvard.edu/~/media/Files/_Global/KC/PDFs/adverse_event_guidelines.pdf
- ACOG Healing Our Own: Adverse Events in Obstetrics & Gynecology
  http://www.acog.org/About%20ACOG/ACOG%20Departments/Professional%20Liability/Adverse%20Events.aspx

# Proposed Final Bundle Components (in development)

- Tools to Support Patients & Families
  - Patient/Family self-assessment tool
  - Patient-specific resource guide
  - Postpartum discharge tool for each of the three bundles (OB Hemorrhage; Preeclampsia; VTE)
- Tools to Support Staff
  - Checklist for Staff after Severe Maternal Event
  - Clinician guide to recognize acute stress disorder in patients after severe maternal event
  - Staff-specific Resource Guide
    - "Second victim" Educational Resource

# Q&A Session

## Press ***1** to ask a question

You will enter the question queue

Your line will be unmuted by the operator for your turn

*A recording of this presentation will be made available on our website:*

www.safehealthcareforeverywoman.org

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# Next Safety Action Series

## *Conducting Obstetric Hemorrhage Drills*

## Tuesday, November 18, 2014 | Noon Eastern

**Tamika Auguste, MD, FACOG**
Director, OB/GYN Simulation
MedStar Washington Hospital Center
Associate Professor, Obstetrics & Gynecology
Georgetown University School of Medicine

**Mary Calabrese, MSN, RN**
Director, MedStar Health Clinical Simulation Services
Simulation Training & Education Lab (SiTEL)

Click Here to Register

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