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Quality Healthcare: Measuring NP Performance

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Quality Healthcare: Measuring NP Performance

An Advanced Practice Nurse (APN) should provide effective primary care accessible and convenient for the patients to control costs. This goal is accomplished through different patient interventions that are measured through the quality of care. This paper will focus on prenatal and postpartum care, which involves care provided to expected mothers before delivery and the mother and infant's medical services after delivery. Prenatal and postpartum care was selected due to the high prevalence of postpartum maternal and infant mortality worldwide, especially in sub-Saharan Africa (Esopo et al., 2020). The high mortality rate is associated with negligence in prenatal and postpartum care in this region. Therefore, implementing some patient strategies will enhance prenatal and postpartum care. Additionally, the paper will include outcomes measures for this performance measure in clinical practice. It will also discuss how implementing the primary care interventions will improve patient outcomes and save healthcare costs. Finally, the paper will include how the three interventions will improve NP patient ratings.

Patient Interventions

Patient interventions play a significant role in addressing various clinical issues and improving the quality of patient care. Similarly, implementing three patient strategies including will improve prenatal and postpartum care.

Intervention One: Patient Engagement in Prenatal Care

Patient engagement involves allowing patients and their families to participate in their delivery to improve overall health outcomes. Expectant mothers and their families are educated about the benefits and risks of various birth methods, thereby enabling them to make an informed decision. Initially, expectantly mothers sought information from less reliable sources such as the internet and social media, where they were misinformed. Consequently, pregnant mothers made

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wrong decisions, especially regarding delivery methods where most of them opted for unnecessary cesareans and early elective deliveries. These deliveries are costly and increase the risk of the mother and the infant compared to vaginal birth. According to Tadevosyan et al. (2019), children delivered through cesarean section are at a higher risk of developing breathing complications than those delivered vaginal birth. Pregnant women can be engaged through various platforms, including mobile health applications and shared decision-making. These two platforms will be implemented in primary care to engage expectant mothers during prenatal care to make informed decisions about their care, specifically delivery methods.

This intervention will be measured through unnecessary cesareans and early elective deliveries. A substantial decline in unnecessary cesareans and early elective deliveries in primary care will indicate the efficacy of this intervention. On the contrary, high cases of unnecessary cesareans and early elective deliveries in primary care will reflect the inefficacy of patient engagement in antenatal care.

Intervention Two: Detection and Treatment of Maternal Anemia

Maternal anemia that occurs after childbirth is a worldwide healthcare challenge. This problem resolves within a short duration in some women. However, postpartum anemia leads to maternal morbidity and mortality, especially in resource-poor countries. Maternal anemia is attributed to various factors, including malaria or parasitic infection and inadequate dietary intake. This condition is exacerbated by the physiological impacts of pregnancy and loss of blood during childbirth. Maternal anemia affects a patient's level of energy, mental alertness, concentration, and physical strength. Additionally, it increases the risk of predisposition to post-natal depression (Chua et al., 2017). For this reason, some strategies will be implemented in primary care to prevent this condition. Postpartum anemia will be managed through iron

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supplementation and erythropoietin hormone in acute cases (Hb > 8 g/dL). On the contrary, cases of severe maternal anemia (Hb < 8 g/dL) will be managed through blood transfusion and intravenous (IV) iron therapy. According to Chua et al. (2017), red blood cell (RBC) transfusions effectively manage severe postpartum anemia. However, intravenous (IV) iron therapy can replace allogeneic blood transfusion and restore hemoglobin levels by 2.5 g/dL within 5 days after the infusion (Chua et al., 2017). Therefore, detecting maternal anemia and implementing iron supplementation, erythropoietin, and blood transfusion will treat postpartum anemia in primary care effectively.

This intervention will be measured through the patient's energy level, mental alertness, concentration, physical strength, and predisposition to post-natal depression. An increase in patient's level of energy, physical strength, improved mental alertness, high concentration, and a decline in predisposition to post-natal depression associated with maternal anemia will indicate the efficacy of this intervention in enhancing postpartum care. On the contrary, a decline in patient's level of energy, physical weakness, decreased mental alertness, poor concentration, and an increase in predisposition to post-natal depression attributed to maternal anemia will reflect the inefficacy of this intervention in improving postpartum care.

Intervention Three: Prevention and Management of Postpartum Sepsis

An infection might enter the uterus during delivery leading to the inflammation of the womb's lining known as postpartum endometritis or puerperal sepsis. The risk of postpartum endometritis is also increased by multiple vaginal examinations and prolonged rupture of membranes. Puerperal sepsis is experienced in between 1 and 3% of vaginal births (Rouse et al., 2019). Additionally, puerperal sepsis is experienced in approximately 27% of cesarean deliveries (Rouse et al., 2019). Consequently, postpartum endometritis causes more than 10% of maternal

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deaths globally, with a higher mortality rate in low- and middle-income countries (LMICs) (Rouse et al., 2019). Additionally, the prevalence of morbidity among the survivors is substantially high. The high morbidity and mortality rates necessitate an effective intervention to prevent infections during delivery, thereby reducing the chances of postpartum endometritis. According to Greer et al. (2019), administering intravenous antibiotics among patients with prolonged labor or prolonged rupture of membrane prevents infections that might cause postpartum endometritis. Additionally, therapeutic antibiotics are effective in managing puerperal sepsis. Therefore, intravenous antibiotics among patients with prolonged labor or prolonged rupture of the membrane prevent postpartum endometritis in the primary care setting.

This intervention will be measured through mortality and morbidity rates associated with postpartum endometritis. A mortality rate below 10% will indicate the efficacy of this intervention in preventing and managing postpartum sepsis in primary care. On the contrary, the mortality rate of 10% or higher will indicate that the intervention was ineffective in preventing and managing postpartum sepsis in primary care.

Improved Patient Outcomes

These primary care interventions would improve patient outcomes. First, patient engagement in prenatal care would improve prenatal care, delivery, and infant health. Engaging expectant mothers through mobile health applications and shared decision-making will enable them to make informed decisions such as avoiding unnecessary cesareans and early elective deliveries. These decisions will then reduce infant complications such as breathing difficulties, common among children born through cesarean section (Tadevosyan et al., 2019). Secondly, detecting and treating maternal anemia will raise blood circulation, thereby enhancing the patient's level of energy, physical strength, mental alertness, and concentration. Finally,

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prevention and management of postpartum sepsis will enhance wound healing in cesarean deliveries.

Cost Saving

Implementing these interventions will save costs for the primary care practice. First, patient engagement in prenatal care would prevent unnecessary cesareans and early elective deliveries, which are costly compared to vaginal birth. Cesareans have an adverse effect on maternal and neonatal health outcomes, raising the cost of hysterectomy, hospitalization in the ICU, and blood transfusion (Entringer et al., 2019). Therefore, making informed decisions about delivery methods would eliminate these costs. Additionally, detection and treatment of maternal anemia would save costs of treating postpartum depression caused by maternal anemia. Lastly, prevention and management of postpartum sepsis would reduce the high cost of treating patients with this condition due to increased hospital stay. Additionally, funds will be required to treat other conditions associated with postpartum sepsis.

Patient Ratings

The three interventions would improve patient ratings in a primary care setting. Patients will be satisfied with improved healthcare outcomes following the implementation of this patient intervention. For instance, patients will be satisfied with the improvement in their safety and that of their infants due to patient engagement in maternal care. Additionally, patients would be satisfied if they are prevented from sepsis that is likely to occur due to infection in prolonged labor. According to Stephansson et al. (2015), women who experience prolonged second-stage labor are prone to maternal infections. Therefore, patient satisfaction with received care and health outcomes would improve patient ratings.

Conclusion

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Prenatal and postpartum care is a key performance measure in primary care. It can be improved by implementing three interventions, including patient engagement in prenatal care, detection and treatment of maternal anemia, and prevention and management of postpartum sepsis. Additionally, these interventions would improve patient outcomes and ratings and save costs of care.

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