Nursing Committee Minutes

COMMITTEE; OB Hemorrhage Task Force Attendees: Dr. Samuel Bauer, Dr. Dotun Ogunyemi, Dr. David Hodge, Cathleen Meikle, RN, Monica Taubitz, RN, Rose Lenglet, RN, Marley Shook, NP, Patricia Veresh, NP, Kelley McMillan, RN, Janice Davis, RN, Marisa Engel, RN, Patricia Heitz, RN, Angeline Raczkiewicz, RN, Andrea Zinke, RN	Date: 5/20/2014 Time Called to Order: 0740 Time Adjourned: 1045 Location of Meeting: Troy suite 400/conference call

TOPIC	DISCUSSION	ACTIONS/RECOMMENTATIONS/FOLLOW-UP (WHO/WHAT/WHEN)
Overview of Initiative	Dr Bauer presented vision for this task force to look at current practices, current evidence and initiate changes to enhance treatment of hemorrhage. Task force to include a multidisciplinary team to include physicians, nursing leadership, nurses, maternal fetal medicine, anesthesia, blood bank Group to look at current practices, current staff/physician education, steps for implementation and methods to audit	

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Hemorrhage Protocol	Admission Risk Assessment – can start soon to utilize a risk assessment. Recommended to put patients in 2 categories – those needing a type and screen and those needing type and cross (high risk). Evaluated CMQCC recommendations and made a few changes Hemorrhage protocol table chart – will use the CMQCC table as a starting point and will modify to fit system needs – each site may need to make site specific	Kelley will type changes and forward to Dr. Bauer and Dr. Ogunyemi for approval. Dr. Bauer to take to OB business meetings to present to physicians. NP's/MD's to add to admitting H&P the hemorrhage risk Kelley will work on a first draft and will circulate for input
Hemorrhage Cart	Would like to develop a hemorrhage cart for each area where a hemorrhage could occur. Will use the document handed out as a basis. After cart is together will have staff and physicians review the cart for completion Cart should be able to be locked, have a notation on when first item expires, have content checklist and system for checking to make sure supplied Would like a bar over the top to hang hemorrhage protocol for easy visualization Medications – would like to have bag in pyxis refrigerator with methergine, hemabate, and misoprostil	Troy – Cathy will check into getting one or more carts to begin this process. Monica will look at supply list and review for instruments that may need to be ordered. RO and GP – to evaluate their unit needs for this cart Each site to work with pharmacy for ease of accessing hemorrhage medications
Vital Sign Trigger chart	Discussed the benefits of having a vital sign trigger chart for nurses to review for when to notify physician of issues. Physicians will need to evaluate to make sure there is agreement on selected triggers	Kelley to use CMQCC example, make a draft and forward to Dr. Bauer for review and physician leadership approval
Massive Transfusion Protocol	There is some uncertainty of actual protocol at each site. Each site may also have different processes for activation. Recommend a separate meeting with blood bank at each site to review current process	Each site to set up meeting with blood bank
Vaginal delivery under buttocks drape	Drapes are made that have an easier method for evaluating blood loss	Monica will check with Rep to see about pricing

Team Identification	Discussed who would be on a hemorrhage team and their role Primary nurse – identifies hemorrhage, calls for help and keeps team informed of patients history and the history of this hemorrhage. Secondary nurse – starts IV, gives medications Documenter – records care given Runner – RN, Surgical tech, unit secretary, NA – runs for equipment/supplies Family support – nursing leadership or designee. Discusses care with family and keeps them aware of situation Charge nurse – assists with initial coordination of resources, continues to manage unit Laborist/In house physician – lead physician, evaluates patient, guides next steps Primary physician – does primary care of patient Other team members – anesthesiologist, CRNA, surgical tech Will look at role clarification	Ongoing as hemorrhage protocol develops
Handoffs of Care	Troy and RO use a paper handoff tool for shift to shift report and report to mother baby staff. Would like to add EBL and hemorrhage risk to hand off tool	Each site to work on updating handoff tools Andrea at Troy to work on Troy form
Long Term Goals (below)		
Epic Changes	Would like to have hemorrhage order set, electronic risk assessment, electronic hemorrhage charting document	Will work with Stork IT group to add to enhancement list. Dr. Ogunyemi to attend next Stork call to engage IT assistance in quality improvement initiatives
Future Projects	Define trigger for pad weighing for high risk patient and patients actively hemorrhaging Physician and staff education on active management of third stage of labor Hemorrhage staff and physician education Simulation Development of OB rapid response Team – who is on the team, group page, when to initiate Meet with anesthesia about hemorrhage initiatives Consider ultrasound training for endometrial stripe for Laborists Evaluate need for specific consent for patients at high risk for hemorrhage	
Next meeting		Will schedule for one month