

UCSF Medical Center

UCSF Benioff Children's Hospitals

Evidence Based Postpartum Care that Improves Patient Satisfaction



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Objectives

- Review the supportive evidence and strategies that enhance perinatal patient satisfaction
- Describe how adverse events during childbirth contribute to patient dissatisfaction
- Identify events during childbirth that increase a women's risk for Post-Traumatic Stress Disorder and Postpartum Depression
- Cite three nursing sensitive outcomes that promote patient satisfaction
- Examine evaluation tools that assess women's satisfaction with their OB care.

Overview of Presentation

- Define high quality high value perinatal care
- Brief overview of perinatal care core measures
- Examine postpartum optimality outcomes .
- Examine strategies aimed at improving perinatal care for women, infants, and their families

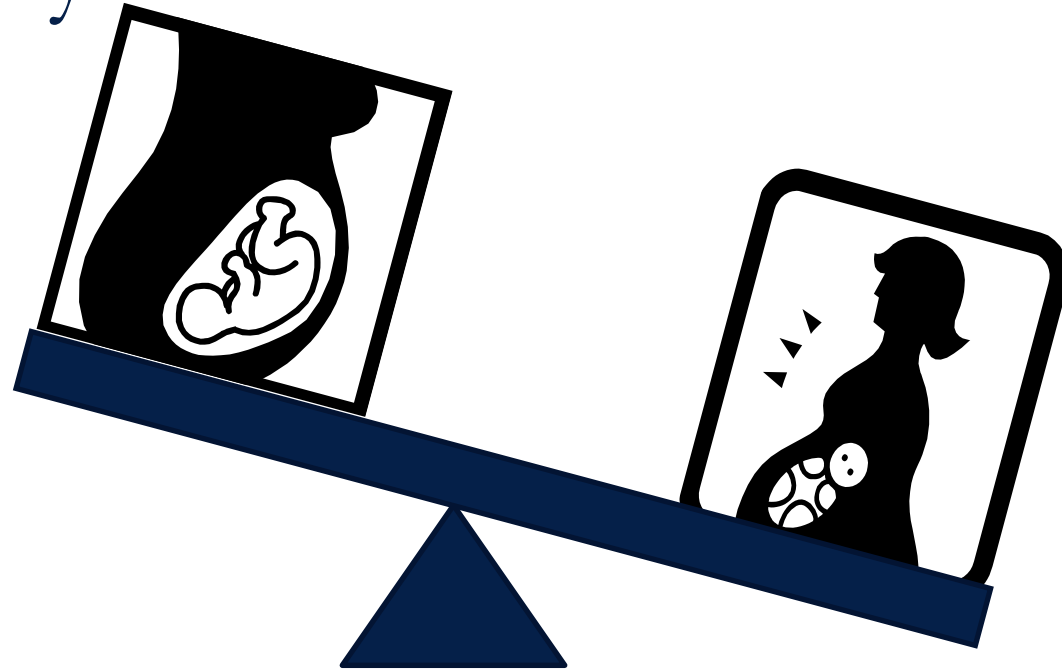
Goal continued

- The ideal maternity system protects promotes and supports physiologic childbirth
- Based on shared decision making
- Respect for informed choice
- Provides care that is coordinated
- Measured for performance and quality
- Promotes a work environment that is satisfying and fulfilling for its caregivers

Patient Preferences

- Personal values
 - What women care about in the context of their lives and families
- Significant disparity to the access of valued options
 - Provider
 - Hospital Practice
 - Insurance

Autonomy



Balancing 2 Principles

1. Autonomy
 - Offering women increased options
2. Beneficence
 - Protecting the welfare of the woman and the infant

Mode of Delivery:

Toward Responsible Inclusion of Patient Preferences

Women bring a rich and varied set of considerations to bear on delivery decisions, including factors as diverse as attitudes about the experience of birth, avoidance of anticipated regret, and, most generally, what enables meaningful birth in the context of their lives.

Preferences for Labor, Birth, and Beyond

- Planned decision making guide
 - Made in collaboration with provider during prenatal visits
- Postpartum Preferences
 - Bonding
 - Breastfeeding
 - Medications
 - Procedures
 - Newborn Care

CMQCC Toolkit to Support Vaginal Birth and Reduce Primary Cesareans, Appendix E, 2016

Shared Decision Making

- The Share Model



- The Decision Talk Model

1.
Choice Talk

2.
Options Talk

3.
Decision Talk

Offering Options

- Patients do not particularly want to be offered more choices concerning their own medical care, nor do they experience such expanded choice as an enhancement of their autonomy.
- Burdened versus liberated
- Value explicit, detailed presentation

Orfali, K. (2004). Parental role in medical decision-making: fact or fiction? *Social Science & Medicine*.

Offering Options

Variations in patients situations impact preferences. Different approaches will be optimal for different women. Bias can be a factor.

- Framing Risks
 - Evidence versus anecdotal experience
- Presenting Options
 - Episiotomy
- Timing Conversations
 - Pain

Question:

What sorts of guidelines, practices, and conversations will best promote and protect women's full inclusion in a safe and positive birth process?

How will we measure this?

The Truth Is:

- Perinatal care has missed the same level of quality scrutiny as other medical specialties because MediCare does not pay for it.
- Childbirth is the largest category for hospital admissions for commercial payers.
- Improving perinatal care hinges on having core measures in place as a means of evaluation of both quality and cost.

Measurement and Public Reporting

■NQF

- Is healthcare spending achieving the best results?
- Promotes quality through measurements and reporting.

■AHRQ

- Improve the quality, safety, efficiency, and effectiveness of health care for all Americans through research and education.

■Leapfrog

- Voluntary program to encourage transparency
- Incentives for hospitals and providers
- Survey

■CMQCC

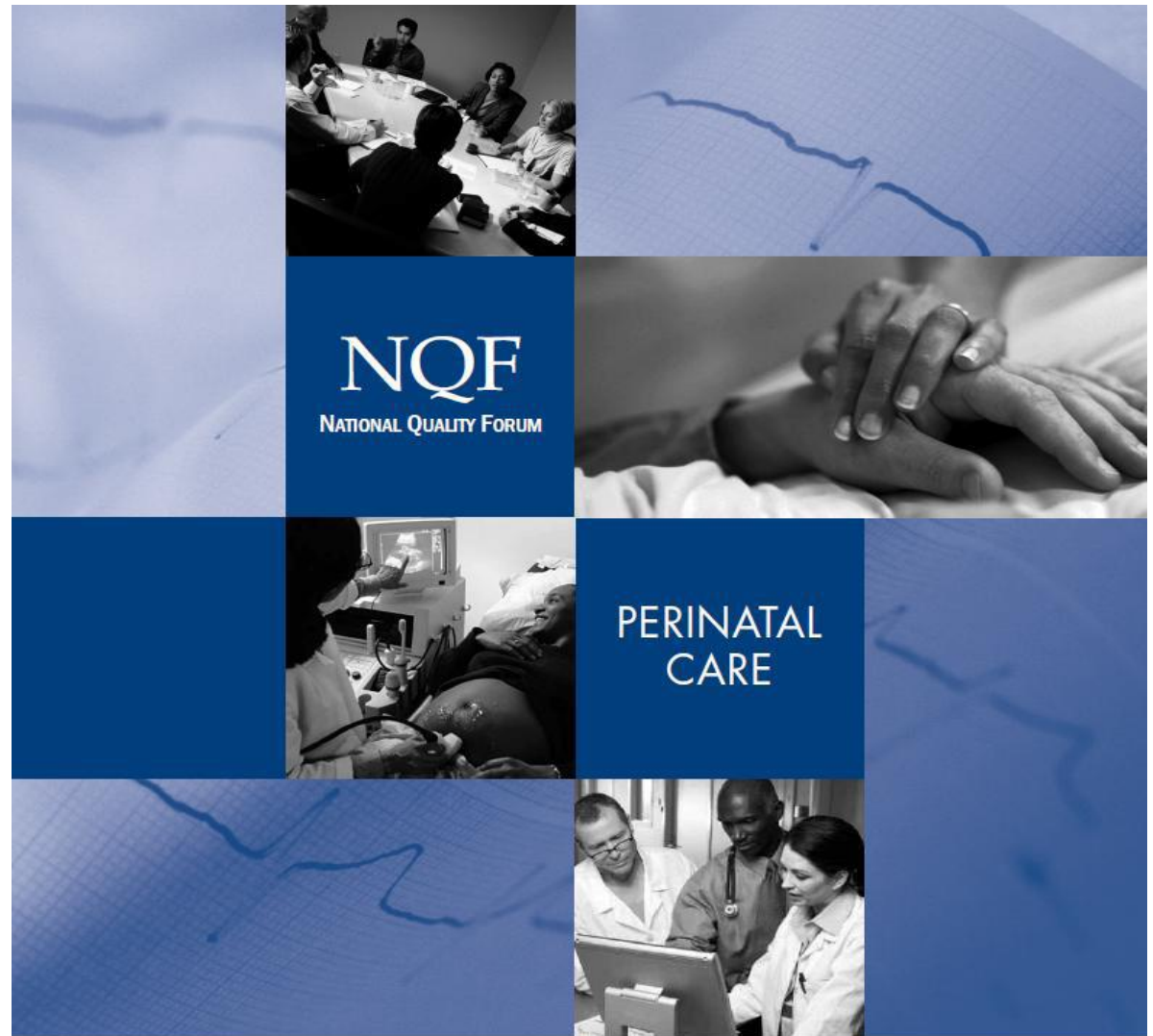
- dedicated to improving childbirth outcomes

National Quality Forum (NQF)

- Hospital Corporation of America (HCA)
- Approved a set of national voluntary consensus standards
- Majority of these are endorsed by The Joint Commission
- October 2008 released 17 measures for assessing quality of care around time of birth

2008 Consensus Report

Standards for Perinatal Care



NQF
NATIONAL QUALITY FORUM

**PERINATAL
CARE**

National Voluntary Consensus Standards
for Perinatal Care 2008

A CONSENSUS REPORT

— Women & Children's Hospital

Joint Commission Perinatal Measures

- Pregnancy related core measure set retired 3/30/10
 1. VBAC
 2. Inpatient Neonatal Mortality
 3. Third or fourth degree laceration
- *2010 Perinatal Care Core measure set replaced*
 1. Elective delivery
 2. Cesarean Section
 3. Antenatal Steroids
 4. Health care-associated bloodstream infections in newborns
 5. Exclusive breast milk feeding

Nursing Care Quality



- The actions of nurses have significant effects on patient outcomes.
- Nurses' expert knowledge shapes the care environment and influences the decisions of patients.
- AWHONN's development of NCQ measures will help nurses to identify the impact of evidence-based independent nursing care practice on the quality of care.

AWHONN's Nursing Care Quality Draft Measures

Draft Measures

01	Triage of a Pregnant Woman
02	2nd Stage of Labor: Mother Initiated Spontaneous Pushing
03	Skin-to-skin is Initiated Following Birth ★
04	Duration of Uninterrupted Skin-to-skin Contact ★
05	No Supplementation of Breastfeeding Newborns Without Medical Indication ★
06	Ensuring Human Milk As the Primary Diet of Premature Infants in the NICU ★
07	Initial Contact with Parents Following a Neonatal Transport ★
08	Perinatal Grief Support ★
09	Health and Wellness Coordination ★
10	Continuous Labor Support
11	Some Labor Support
12	Freedom of Movement

Current Regulations

- Hospitals are required to make patient satisfaction surveys available to the public in order to secure financial reimbursement from governmental sources

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Communication with nurses
- Communication with doctors
- Responsiveness of hospital staff
- Pain management
- Communication about medicines

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

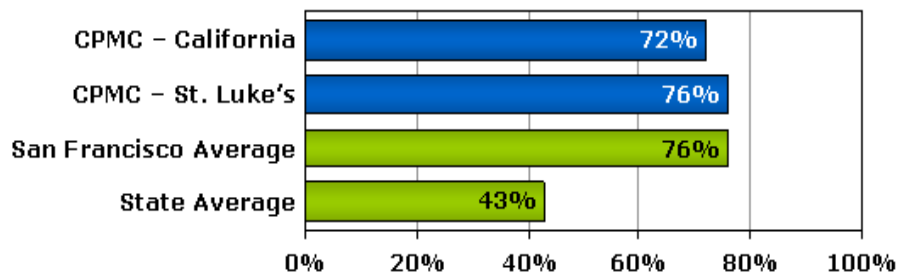
- Discharge information
- Cleanliness of hospital environment
- Quietness of hospital environment
- Overall rating of hospital
- Willingness to recommend hospital

Benchmarking

- Patient satisfaction is a critical benchmark in achievement and maintenance of a hospital's reputation for superior health care

Exclusive Breastfeeding at Discharge

(Jan – Dec 2007)



Level of achievement
“Good” versus “Less Good”

- Exclusive Breastfeeding
- Primary Low Risk
- Cesarean Birth

Patient Satisfaction

- Important indicator of quality of care
- Healthcare facilities are interested in achieving high levels of patient satisfaction in order to stay competitive in the healthcare market
- Nursing care has a prominent role in patient satisfaction “crucial”
- Nursing care  overall patient satisfaction
- Wagner D., and Bear M. (2008) *Journal of Advanced Nursing*.

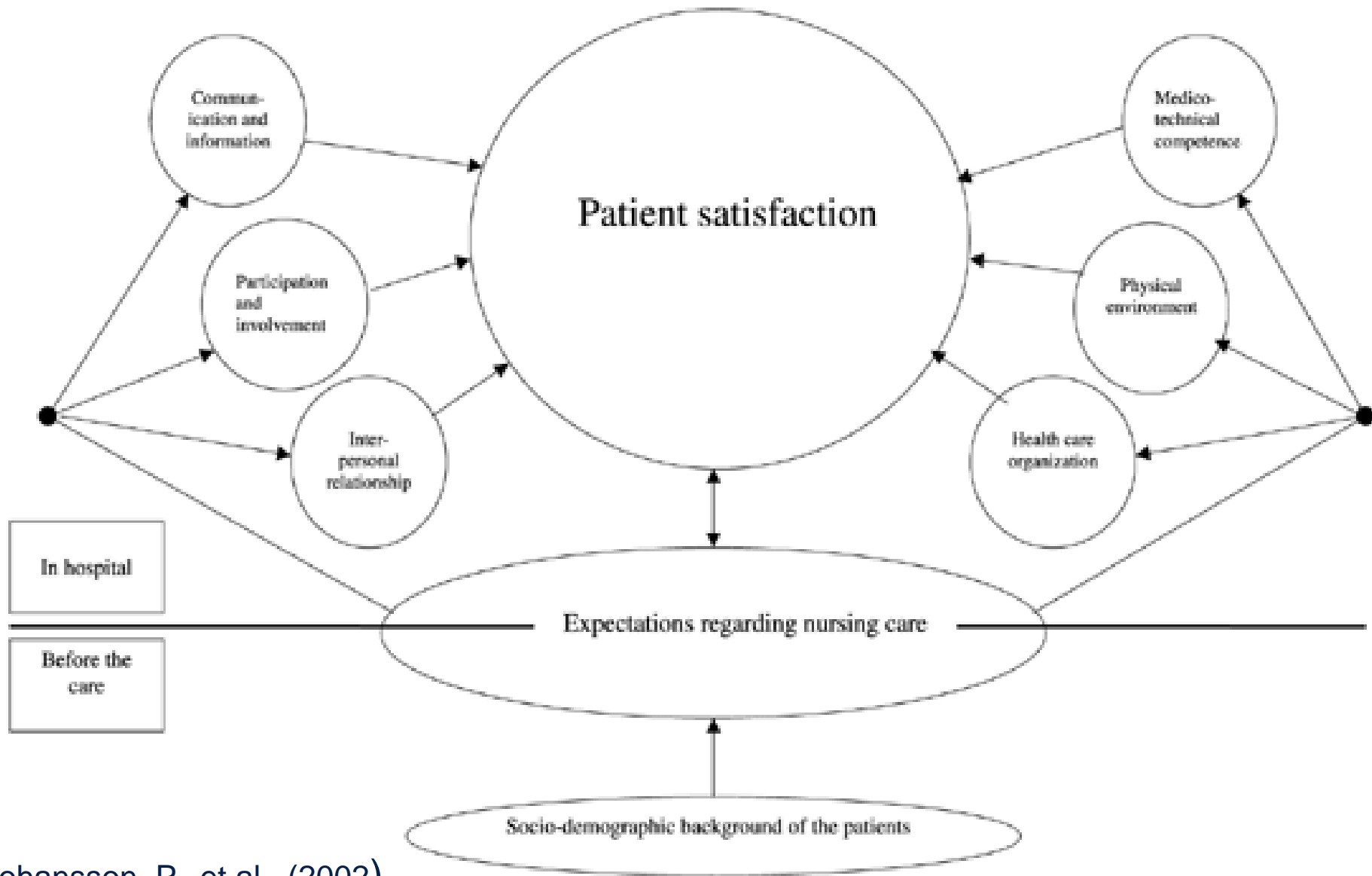
Clarify the Concept

- What influences patient satisfaction from the perspective of the patient?
- What is it that makes the patient perceive the nursing care was high quality?

Changes in Health Care

- Healthcare delivery is becoming increasingly more competitive
- Historically patients were regarded as recipients  now as consumers
- To be competitive: hospital staff need to understand what influences healthcare consumers:
 - How do pregnant women define high quality care?
 - How can nurses provide care that promotes pt satisfaction
-  Hospital Profits

Patient Perception of Satisfaction or Dissatisfaction



Question?

- What can we as nurses do to personalize care and promote patient satisfaction?

The IOM's Six Aims

- Safe – avoid injury
- Effective – evidence based
- Patient centered - respectful
- Timely – reduce harmful delays
- Efficient – avoid waste
- Equitable – consistent for all women

Personalized Care: Responsive Nursing

- Be attentive
- Show empathy
- Respect the patient
- Care about the patient
- Be patient
- Be considerate
- Be dedicated
- Be honest
- Be responsive
 - Be friendly
 - Be calm
 - Be encouraging
- Listen
 - Show interest
 - Understand the pt

Birth Plan: Tickets to the OR?

Shelley White-Corey, MSN, RN 2013, MCN

■ Historical perspective

- 1930 Birth moved from home to hospital
 - Control was relinquished from woman → physician
 - Emphasis: interventions, technology, impersonal care
- 1970 Childbirth Educators introduced Birth Plan
 - Help Women take back control

■ Assumptions

- Education & self discovery will ↑ confidence re: birth,
- Empower, facilitate communication, promote trust

Birth Plan: Tickets to the OR?

Shelley White-Corey, MSN, RN 2013, MCN

■ Nursing Clinical Implications

- Birth outcomes and satisfaction are improved for women with birth plans
- Nurses should know how to support unmedicated labor and birth
- Nurse patient communication re birth plan should be open throughout labor and birth
- During labor nurses should involve women in the decision process → offer choices
- Providers should speak out about superstitions re women and birth plans
- Hospital policies should be transparent for the public

Birth Partnership

- **Call To Action** – DeBeats, M., AJOG: January 2017
- From birth plan to birth partnership:
 - enhancing communication in childbirth
 - Move away from one sided checklist style
 - Proactive communication
 - Build a patient provider partnership
 - OB Providers should talk with their patients
 - Educate their patients
 - Listen to their values

The Birth Satisfaction Scale

Caroline Hollins Martin and Valerie Fleming

School of Health, Glasgow Caledonian University, Glasgow, UK

- Purpose – Develop a psychometric scale – *birth satisfaction*
- (BSS) – for assessing women’s birth perceptions.
 - Findings – **3 themes** were identified:
 - 1. Service Provision**
 - Helped the woman to feel “in charge”
 - Supported by partner
 - Not unnecessarily medicalized
 - 2. Personal Attributes**
 - Fear and anxiety
 - Need to control
 - Voice their preferences
 - 3. Stress – ability to cope**
 - Pain from labor or incurred injury
 - Length of labor
 - Baby health

The Birth Satisfaction Scale

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- **Implications**

- The Scores measure the woman's perceived quality of service.

- **With further development:**

- The BSS could be used to identify birth dissatisfaction

- The BSS could be used to improve perinatal care

The Birth Satisfaction Scale

Caroline Hollins Martin and Valerie Fleming

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- **Issues to consider:**
- Who collects the data
- Where will assessments take place?
- When will the assessments take place?

Patient Satisfaction Postpartum

How can nurses identify methods to promote and support adaptation after childbirth that will enhance competence and satisfaction in the maternal role?

Listening to Mothers III Pregnancy and Birth



Report of the Third National U.S. Survey of Women's Childbearing Experiences

Eugene R. Declercq, Carol Sakala, Maureen P. Corry,
Sandra Applebaum, Ariel Herrlich, May 2013

Patient Satisfaction Postpartum “Top Ten”

1. Fall Risk
 2. Uterus: Bleeding, Prolapse, Endometritis
 3. Perineum: Hematoma, Hemorrhoids, Lacerations
 4. Bladder Care
 5. Pain Mgmt: Multimodal, alternating meds, set times, PCA
 6. Breastfeeding: Current recommendations/ tips
 7. Sleep: Respite Nursery, Coordinated care, Hourly rounding
 8. Emotional Support: Hormones/Postpartum depression -
Traumatic Birth /PTSD
 9. Nutrition for wound healing, Yoga, Support group, Individual counseling
 10. Discharge teaching: Infant Care, Teaching sheets
- * Readmission to hospital

Postpartum Care / Patient Satisfaction Fall Risk

Heafner, L. et al., (2013) Development of a Tool to Assess Risk for Falls in Women in Hospital Obstetric Units. *Nursing for Women's Health*

- Evaluate each patient for fall risk – thorough assessment
- Use evidence based framework – identify risk factors
- Report and track patient falls

Postpartum Care / Patient Satisfaction Hemorrhage

- Thompson, et al. (2011). Women's experiences of care and their concerns and needs following a significant primary postpartum hemorrhage. *Birth*
- Australia 206 Women Primary PPH >1500 mL
- Written questionnaire 1st week and 2 and 4 months
- 4 Themes:
 1. Adequacy of care
 2. Emotional response
 3. Future Implications
 4. Concern for the baby
- Findings: pay particular attention to informational and emotional need of women who experience significant PPH

Maternal Early Warning Criteria

The Maternal Early Warning Criteria	
Measure	Value
Systolic Blood Pressure (mm Hg)	<90 or >160
Diastolic Blood Pressure (mm Hg)	>100
Heart rate (beats per minute)	<50 or >120
Respiratory rate (breaths per min)	<10 or >30
Oxygen saturation on room air, at sea level %	<95
Oliguria, mL/hr for ≥ 2 hrs	<35
Maternal agitation, confusion, or unresponsiveness	
Woman with preeclampsia reporting a non-remitting headache or shortness of breath	

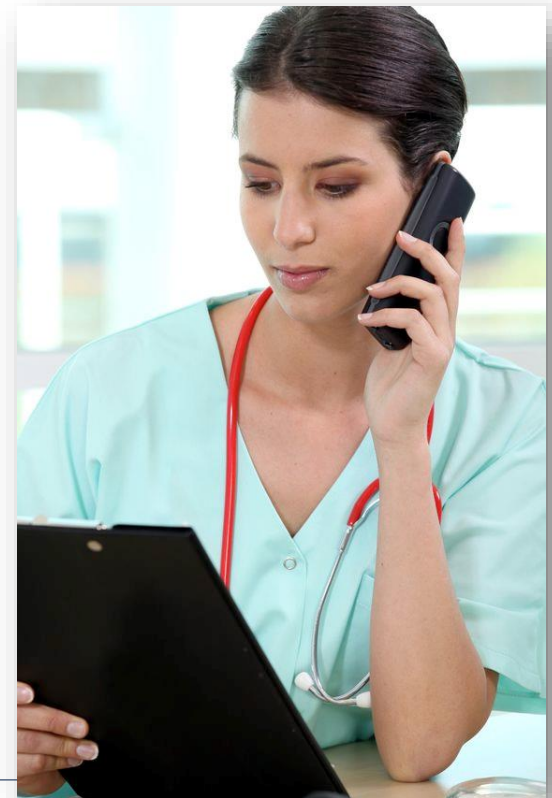
The Maternal Early Warning Criteria: A Proposal From the National Partnership for Maternal Safety.

Mhyre, Jill; DOria, Robyn; MA, RNC; Hameed, Afshan; Lappen, Justin; Holley, Sharon; CNM, DPN; Hunter, Stephen; MD, PhD; Jones, Robin; King, Jeffrey; DALton, Mary



Escalation

- An abnormal parameter requires:
 - Prompt reporting to a physician or other qualified clinician
 - Prompt bedside evaluation by a physician or other qualified clinical provider with the ability to activate resources in order to initiate emergency diagnostic and therapeutic interventions as needed



Where do we go from here

- Immediate post-op plan
 - Treat anemia
 - Care of newborn
- Long term patient follow-up
 - Negative impact on patient
 - Hemorrhage during childbirth
 - Unexpected hysterectomy
 - Near death experience





Informational Webinar AWHONN's Postpartum Hemorrhage (PPH) Project January 2014



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 623 • February 2015 (*Replaces Committee Opinion Number 514, December 2011*)

Committee on Obstetric Practice

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Emergent Therapy for Acute-Onset, Severe Hypertension During Pregnancy and the Postpartum Period

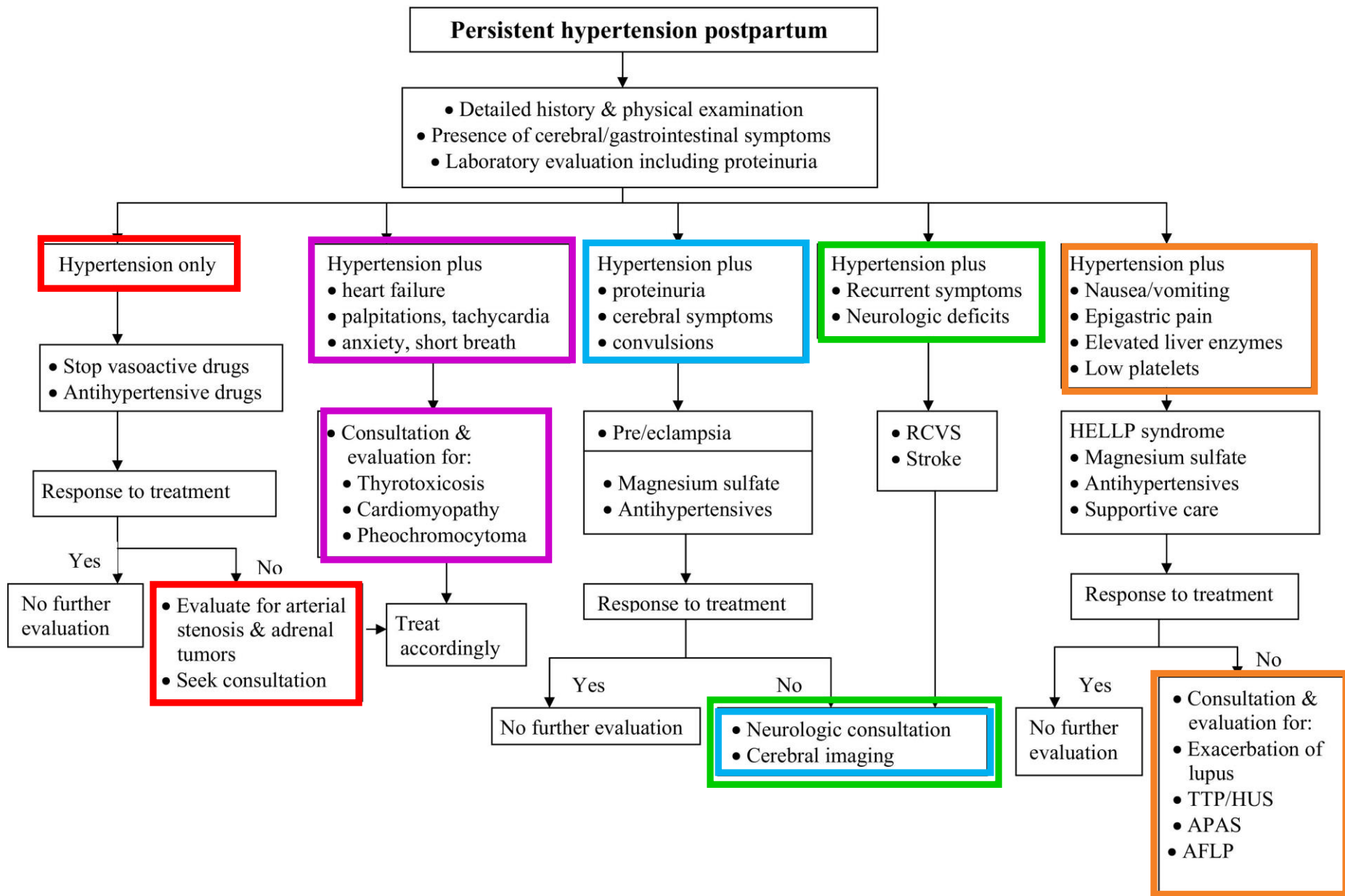
ACOG Executive Summary: Hypertension in Pregnancy

For women in the **postpartum period** who present with **new onset** hypertension associated with headaches or blurred vision or preeclampsia with severe hypertension, the **parenteral administration of magnesium sulfate** is suggested

ACOG Executive Summary: Hypertension in Pregnancy

For women with persistent hypertension, systolic **BP** \geq **150** or diastolic **BP** \geq **100** on at least 2 occasions 4-6 hours apart, antihypertensive therapy is suggested. Persistent **BP** \geq **160** or diastolic **BP** \geq **110** should be treated within 1 hour





Postpartum Care / Patient Satisfaction Infections / Endometritis

- Temp > 100.4 on 2 occasions 6 hours apart during the first 10 days
- Tachycardia and pain
- 1-3% of vaginal birth
- 10 times more common in CB
- IV antibiotic treatment until afebrile for 48 hours

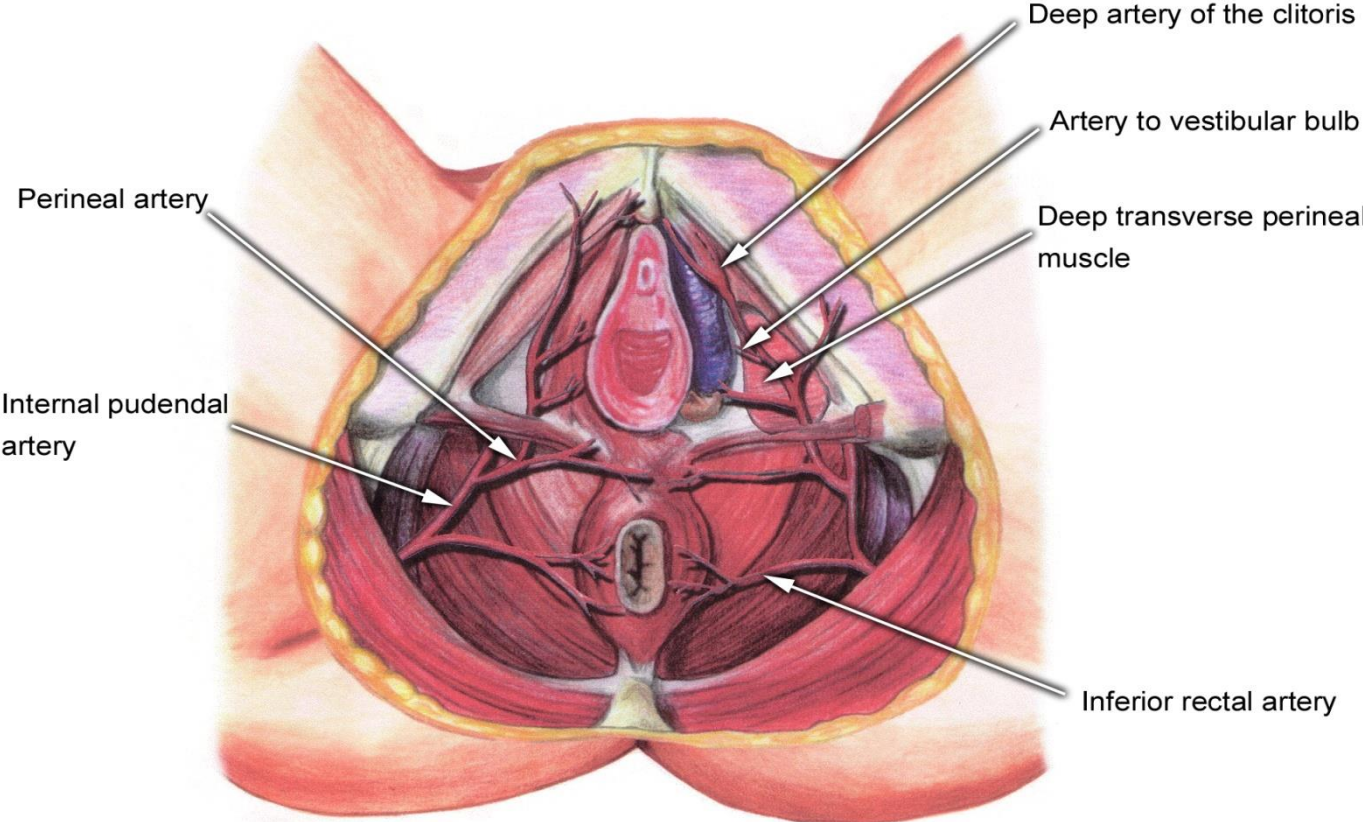
Hastings-Tolsma. (2013). Chorioamnionitis: Prevention and Management.
MCN

- Nursing actions can help reduce rates of chorioamnionitis
- Hand washing
- Avoid unnecessary interventions that are known to contribute to chorio
- Accurate documentation – include all exams

Case Study

- 40 Y/O G3P0, GDM 39 weeks
- Admitted for induction; estimated fetal weight 4200 gms
- After 2 days of induction, NSVD of 9 lb 8 oz boy by forceps with a 4th degree laceration
- She is unable to void; straight catheterized for 400 cc's right after birth
- Duramorph given prior to removal of epidural catheter
- Continues to complain of perineal pain and vaginal pressure
- Nurse applied ice pack to perineum, massaged fundus; small lochia, fundus firm
- Motrin given, patient reassured

Vascular supply of the perineum

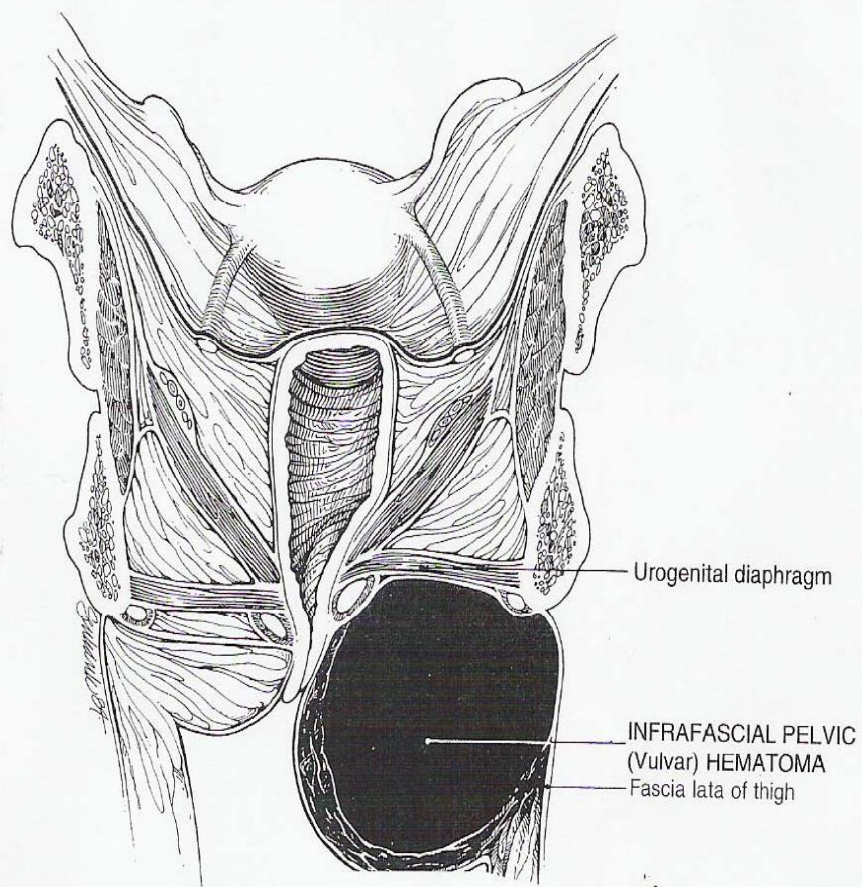


Signs/Symptoms of Hematomas

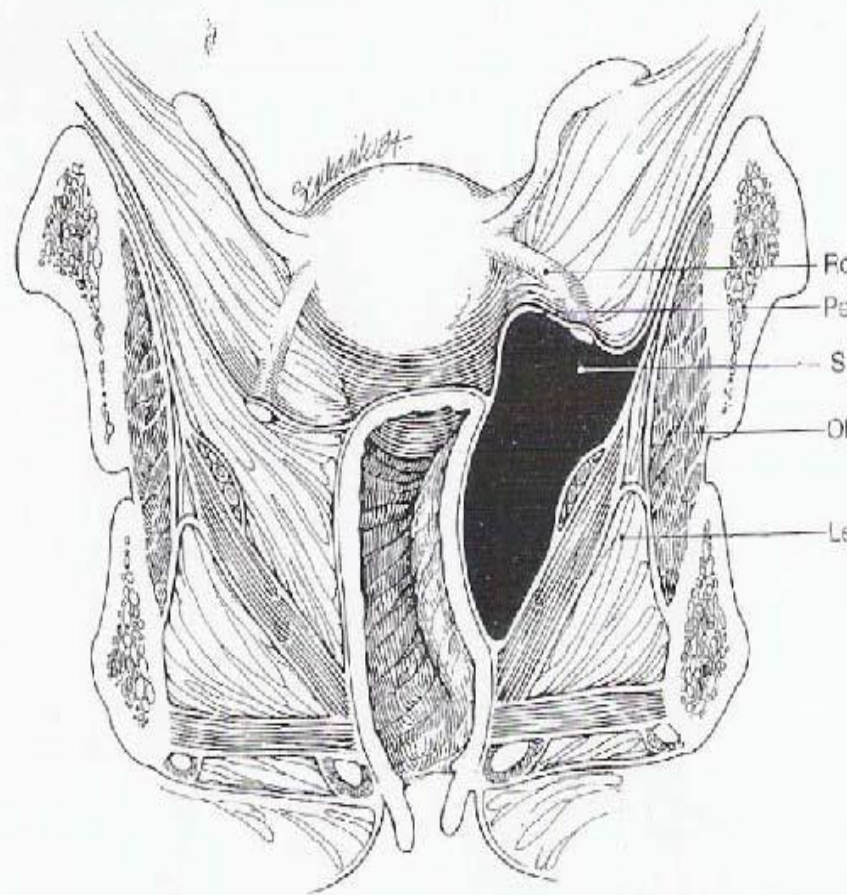
- Vulvar or Vaginal
 - Extreme pain
 - Perineal, vaginal, urethral, bladder, or rectal pressure
 - Tense, fluctuant swelling
 - Bluish or blue-black discoloration of tissue
- Broad Ligament Hematomas
 - Lateral uterine pain that may extend to flank
 - Abdominal distention

Hematomas

Obstetric Hemorrhage 529



530 Intrapartum Care

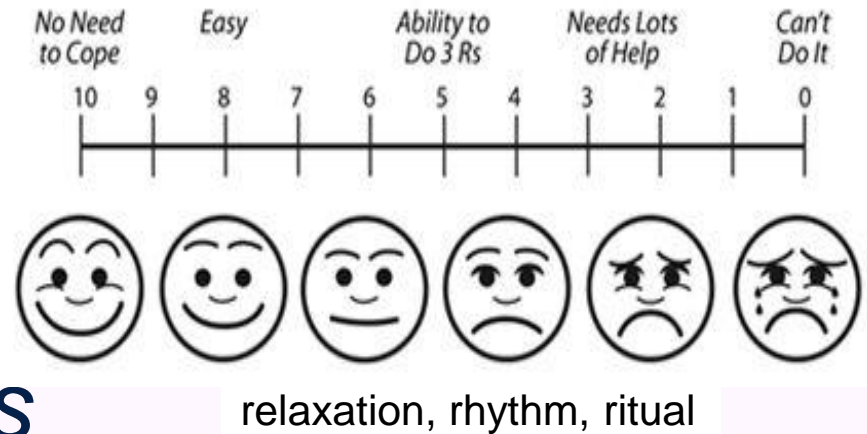


Postpartum Pain Management

- Many women experience
- Goal : Balance relief/cognitive function
 - Non-pharmacologic comfort measures
 - warm, cold
 - Medication
 - Opioids, local anesthetics, NSAID's
 - Diet

Pain Management

- Multimodal
- *Alternating agents*
- *Set times*
- *PCA*
- *Pain Scale / Tool*
- *Individualized assessment and care*



The Nurse Detective



Post Birth Warning signs



Venous Thromboembolism

- Essential Teaching for Women

What is VTE

- VTE is when you develop a blood clot usually in your leg (calf area)

Signs of VTE

- Leg pain, tender to touch, burning or redness, particularly in calf area

Obtaining Immediate Care

- Call healthcare provider immediately for above signs of VTE if no response call 911 or go to nearest hospital emergency department

Skin to Skin Contact



■ Mother Infant Separation

- Historical perspective
 - Western Culture, 20th Century, Industrialization
 - Hospital birth gave rise to routines that separated mother and infant

■ Evidence: Cochrane Database 2009

- 30 studies
- 1,925 mother-infant dyads

Measure 3 ★
Skin to Skin



Skin to Skin Contact

■ Evidence: Cochrane Database 2009

- 30 studies: 1,925 mother-infant dyads
 - Randomized and Quasi Randomized RCT's
 - Compared early SSC with usual hospital care

■ Results:

- Positive effects on BF at 1 and 4 months *
- Positive effects on breastfeeding duration *
- Increased likelihood for infant temp to be in 36.5 to 37.5*
- Improved cardio-respiratory stability and maintenance. *
- Higher blood glucose levels *
- Less infant crying *
- More optimal flexed movements *



Toolkit: *Implementing TJC Perinatal Care Core Measure on Exclusive Breast Milk Feeding*

- The Joint Commission and how the Core Measures work
- How Exclusive Breast Milk Feeding is defined and measured
- USBC Toolkit part 1: Data Collection
- USBC Toolkit part 2: Best Practices
- Take-home points for Coalitions



Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding, Revised Edition

Toolkit: *Implementing TJC Perinatal Care Core Measure on Exclusive Breast Milk Feeding*

- Do not remove infant from mother's body before first breastfeed (WHO recommendations)
- Routine procedures should be performed skin-to-skin:
 - Apgars,
 - Heelsticks,
 - Painful procedures

Measure 4
Duration of uninterrupted
Skin to Skin



Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding, Revised Edition

Known Barriers that separate Mom and Baby



Does your department have a written guideline for these procedures that promotes keeping mom's and babies together?

What is your routine practice ?



Could immediate skin to skin contact be used as an outcome or process measure?

- Concurrent nursing assessments and interventions
- Celebrate the joy of childbirth – welcome the new baby
 - Offer to take pictures
 - Accommodate the wishes of the woman /family

Early Skin-to-Skin After Cesarean to Improve Breastfeeding



“With my last child they took her to the nursery right away and she never wanted to latch...but this baby latched right away and he nurses really well... because I had him with me right away.”

Kristina J. Hung, MS, RN, CNS and Ocean Berg, MSN, RN, CNS
(2011). Early Skin-to-Skin After Cesarean to Improve Breastfeeding.

MCN, the American journal of maternal child nursing, 36(5), 318-24.

Evidence: Early Initiation of Breastfeeding

- Ideally within the first 2 hours

Association with:

- Successful latch
- Infant stabilization
- Provides colostrum
- Initiation of lactation
- Maternal satisfaction
- Promotes bonding
- Continuation of full breastfeeding at four months.



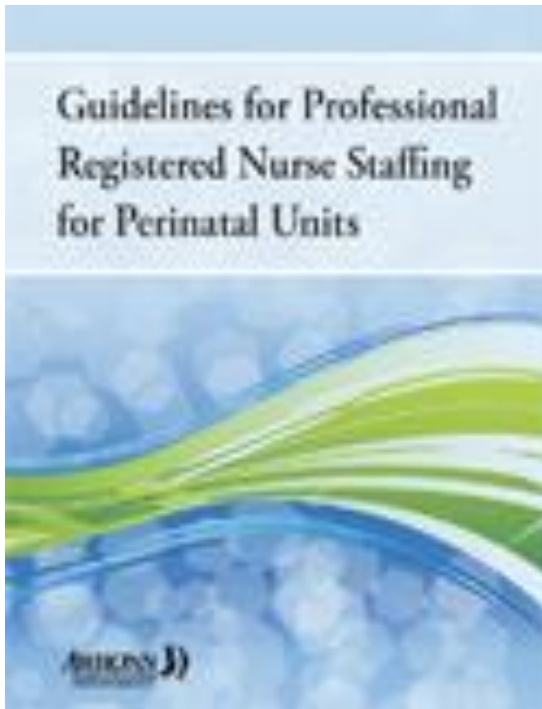
Evidence:

Early Initiation of Breastfeeding

- “I increased the pleasure of childbirth”
- “I felt motherly love”
- “I felt calm”

Early breastfeeding not only increased the proportion of mothers maintaining full breastfeeding, but produced positive mental effects in mothers

1 to 1 Nursing

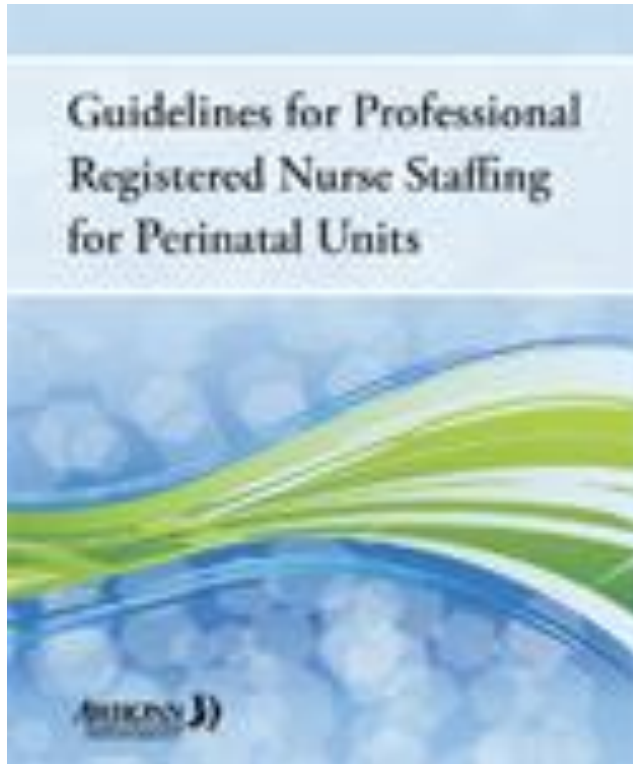


2 Nurses should attend every birth,
1 for the mother and 1 for the baby

• Infant TPR, assessment: color, circulation, tone, respiratory effort, activity should be monitored and recorded at least every 30 minutes. If the mother has chosen to breastfeed, the infant should be placed at the breast within an hour after birth.

Recovery care after vaginal birth w/o regional anesthesia takes at least 2 hours

Nurse Staffing: Postpartum



- Healthy mother and baby should remain together
- Ideally mother and baby are cared for in a single family room
- No more than 2 women on the immediate day of C/S as part of 1 nurse to 3 mother-baby couplets

- Ratios of mother – baby care were based on 16.3% C/S rate from 1983.
Delercq et al., 2006. Listening to Mothers II Survey

Postpartum Physical Assessment

BUBBLERS

- **B** - Breasts
- **U** - Uterus
- **B** - Bladder
- **B** - Bowel
- **L** - Lochia
- **E** - Episiotomy
- **R** - Emotional Response

Urinary Tract Infections



- CAUTI Guidelines
 - Nonpregnant patients
- Epidural Analgesia > 60 %
- Bladder catheterization is standard care
- 40% of hospital acquired infections are UTI's
- Elram et. al., (2008) postpartum bacteriuria rates
 - No difference (28%) in either group (IC or CIF)
- Millet et. al., (2012) 146 women
 - IC rate significantly higher than CIF
 - Confounding variables
 - Bias
- Foley balloon may be a source of potential injury during active labor and second stage.

Urinary Tract Infections



Case Study

- 37 yo G4 P3
- Admitted to L&D in active labor: 5cm/100/
- Epidural for labor analgesia
- Complete 4 hours later
- 7 minute second stage
- Female infant APGAR 8/10 3545g
- Epidural catheter removed – 5 hours later.....
 - Pt has sharp pain suprapubic pain
 - Unable to walk, stand, or move from side to side
 - Unable to urinate with full bladder
- Pelvic X-ray, CT revealed.....

Symphysis Pubis Separation



Marked separation of the pubis



Bulging hematoma
compressing urethra



Resolution of the
separated pubis 4
months later

- Bed rest
- Indwelling Foley catheter
- Strong circular bandage
- Began walking (with great difficulty) 3 days later
- Developed UTI – Enterococcus → tx with IV antibiotics
- Discharged home after 2 weeks with IFC using walker
- Normal bladder function at 8 weeks
- Normal activities at 3 months

Traumatic Childbirth

“process that involves actual or threatened serious injury or death to the mother or her infant. The birthing woman experiences intense fear, helplessness, loss of control and horror”.

- Dehumanizing experience
 - High level of medical interventions, extreme pain
- Stripped of their dignity
- Powerless
- Lack of caring and support from perinatal staff
- Fear of dying



Unexpected Project Conference

- **Unexpected Project Survivors Forum San Jose**
- **4/30/14**
- **8AM - 5PM**

Traumatic Childbirth

Critical Events

Debriefing as a Strategic Tool for Performance Improvement
Corbett et. al., (2012)

- Emergency Cesarean
 - Uterine rupture, bradycardia, prolapse umbilical cord, abruption, bleeding previa
- Postpartum Hemorrhage
- Maternal Seizure
- Shoulder dystocia beyond McRoberts and suprapubic pressure
- Unexpected maternal transfer to higher level of care
- Preterm birth on antepartum unit
- APGAR < 6 at 5 minutes
- Intrapartum fetal demise

Postpartum Post Traumatic Stress Disorder

- May need more reassurance
- Allow verbalization
- Review and clarify
- Assess family situation / support
- Assess for outpatient referral



Spirituality

- Postpartum emergencies can evoke stress
- Nurses can provide effective spiritual care and support
- Spiritually focused interventions can help to reduce stress and anxiety
- UCSF Spiritual Care Services
 - **Emotional support, blessings, meditations, religious or ethical concerns**

Postpartum Depression

Do Nurses think they should offer both screening and counseling? *Segre, L. et al., MCN, 2010.*

- The onset of depression can happen anytime during the pregnancy or the postpartum year
- Nurses should integrate systematic screening into all clinical settings serving pregnant and postpartum women
 - improve detection, referral, and treatment of depression
- Further research is need in this area.

Segre, L. et al. Screening and counseling for postpartum depression by nurses, *MCN*, 2010.

Nursing Rounds



Can hourly rounding:

1. reduce patient falls
2. reduce call light usage
3. increase patient satisfaction

What about patient rest times?

Coordinating care ?

Whiteboard Communication

2007 - TJC declared one of the National Patient Safety Goals is to engage patients in their care.

Whiteboards are for the patient and the family
Bedside nurse manages the
writing and updating daily

Day, Date
Patient Name
Bedside RN
Primary MD
Family Contact, ph #
Goal of the day

May not be used to their fullest

1. Consistency
2. Updated
3. Create an auditing system to monitor use

Timely Discharge

Patient Education

- UCSF Teaching sheets
 - Postpartum Education Record
 - Newborn Education Record

Discharge RN

- Morning Huddle
- After visit Summary (hard copy from EMR)
 - Summary, meds, F/U appointments

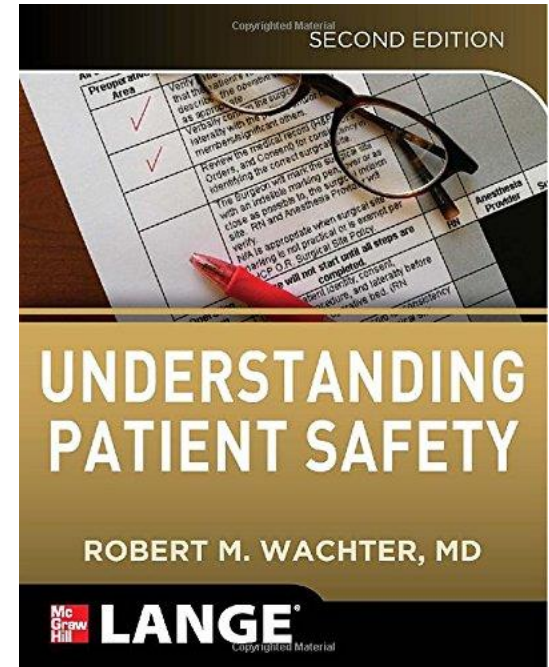
Readmission to Hospital

- Indicator of fragmented health care
 - “Revolving Door”
- Readmissions are costly
- Medicare’s reduction program
 - Financial incentives
 - Penalties

Do we provide safe care?



10+ years later



- 98,000 deaths/year
- Historical focus individual blame
- Hospitals seen as large complex systems
- Focus shifted to systems and prevention

What to do when a mistake is made

- Tell the truth
- Apologize
- Display regret
- Follow-up
- Consider Consultation

ALWAYS GREAT CARE @ UCSF

- Announce
- Listen
- Watch
- Answer
- Yes
- Satisfied

Adolescents' Perception of Inpatient Postpartum Nursing Care

Peterson. W., et al., 2007 *Qualitative Healthcare Research*

- Analyzed data from 14 in-depth interviews
 - **Adolescent mother's satisfaction is dependent on the nurses ability to put them at ease.**
 - **Nursing care qualities included:**
 - Nurses sharing information about themselves
 - Being calm
 - Demonstrating confidence in the mother
 - Speaking to the adolescents in the same way as the adult mothers
 - Anticipating unstated needs

Adolescents' Perception of Inpatient Postpartum Nursing Care

Peterson. W., et al., 2007 *Qualitative Healthcare Research*

Nursing care was perceived as unsatisfactory when it was:

- Too serious
 - Hindered the mother from sharing
- Limited to job required
 - Rushed, only what was required to get done
 - Wasn't really ever in the room to help
- Different from care provided to adult mothers
 - Judgmental tone and content
- When nurses failed to recognize individual needs
 - Mothers felt guilty and misunderstood

Adolescents' Perception of Inpatient Postpartum Nursing Care

Peterson. W., et al., 2007 *Qualitative Healthcare Research*

Four themes emerged

- Friendliness
 - Enjoying their work
 - Beyond small talk
- Patience
 - As much time as needed, not rushed
 - Stayed with her, remained calm
- Respectful
 - Showed confidence
 - Treated me like a new mother
- Understanding the mother's individual needs
 - Anticipated the mother's unique needs

Happy Nurses = Happy Patients

*“If you want happy patients...
you need happy nurses”*

Michelle Cathcart



Theory of Caring

Ranheim et al. (2012)

- 9 Interrelated concepts of interconnectedness
- Barriers are: time pressure, lack of interest
- Increased understanding is needed:
 - **the complexity of caring**
- *Jean Watson - Theory of Human Caring*

Critical Incident

- “A critical incident has been described as any sudden unexpected event that has the power to overwhelm the usual effective coping skills of an individual or a group and can cause significant psychological distress in usually healthy persons”
-Roesler and Short, 2009

Critical Incident: Staff Responses

- An individual experience
- May be influenced by prior exposure/reactions to stressful events
- Guilt
- Fear
- Grief
- Difficulty concentrating
- Loss of sleep; restlessness
- Loss of appetite
- Headaches
- Panic symptoms

Critical Incident: Debriefing

What it is:

- An Opportunity for the Team:
 - To talk about what happened
 - To support each other
 - To begin to recover
- An opportunity for the nurse leader to identify ongoing needs

ACOG Executive Summary: Hypertension in Pregnancy Patient Education Materials

For all women in the postpartum period (**not just women with preeclampsia**), it is suggested that **discharge instructions** include information about the **signs and symptoms** of preeclampsia as well as the importance of **prompt reporting** of this information to their health care providers.

Postpartum Discharge Education Program

**POST-BIRTH
WARNING
SIGNS**



Ask Your Doctor or Midwife

Preeclampsia

What Is It?

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman.

Risks to You

- Seizures
- Stroke
- Organ damage
- Death

Risks to Your Baby

- Premature birth
- Death

Signs of Preeclampsia



Stomach pain



Headaches



Feeling nauseous; throwing up



Seeing spots



Swelling in your hands and face



Gaining more than 5 pounds in a week

What Should You Do?

Call your doctor right away. Finding preeclampsia early is important for you and your baby.

For more information go to www.preeclampsia.org

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UCSF Benioff Children's Hospitals

What Can Nurse Do

- Use the findings from published research articles to evaluate your own practice

- Strategize ways to practice evidence based care that promotes patient satisfaction

- Document patient outcomes with perinatal staff to promote awareness

- Structured these components to help create an organization that supports high quality high value perinatal care



Thinking points

Patient satisfaction with nursing care is an evolving concept and needs further definition and development.

- *Does your job depend on patient satisfaction?*



Thank You!

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