

Perinatal Safety Drills - Improving Patient Outcomes
Cheryl Lynn DeGray, RNC, BSN, MHA
JPS Health Network

Problem: To improve the staff performance level with critical situations and to identify weaknesses in the system, coordinated drills were planned and executed. Areas that were focused on were Antepartum, Post Partum and Labor and Delivery units. Having varying units within the service line provided us opportunities to validate and ensure that in emergent situations the staff had the equipment, supplies and knowledge to handle the event. Drills conducted were, prolapsed cord, post partum hemorrhage, maternal code, infant abduction and OB operating room fire.

Evidence: In 2004 Joint Commission issued a risk reduction strategy for decreasing perinatal death or permanent injury (Sherrill 2007). This information came from facilities reporting injuries to both mothers and infants during and after birth.

Strategy: To keep the drills as realistic as possible, two team members, the nurse manager and the 4th year physician resident, had knowledge of the drills content, location and time. Once the drills were conducted and complete, all participants were debriefed. A report was then comprised and results and opportunities for improvement were recommended and forwarded to the physician quality committee and nursing leadership.

Evaluation: Time measurement was performed on each drill to determine if situation was handled in appropriate time frame as set forth by governing agencies as reasonable and prudent.

Results: Communication, access of providers not routine to the OB setting, supplies, pharmaceuticals and facility design considerations for the future were identified opportunities as a result of these drills. The process of performing drills has been determined to be highly successful. Perinatal safety drills will be continued to improve service areas and to facilitate collaboration between nursing and medicine.

Recommendations: Recommended practice changes and opportunities for improvement included supply box for emergent hemorrhage, changes in emergency drug availability, and communication among caregivers.

Bibliography:

Sorensen, BSN, MHL, RNC (2007). Emergency drills in obstetrics: reducing risk of perinatal death or permanent injury. *JONA's Healthcare, Law, Ethics, and Regulation* 9(1), pp 9-16