



Leading Change: Innovative Partnering to Advance Emergency Perinatal Care



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Introduction

Safe care of perinatal patients in hospital Emergency Departments (ED) requires accurate triage and effective workflow processes. Obstetric emergencies, primarily unrecognized preeclampsia, require nurses to promptly recognize, apply perinatal knowledge, and access specific resources.

Background

In early 2019 in a large Indiana teaching hospital, ED nurses and hospital leaders identified a gap in triage processes for perinatal patients. Variability in timely and accurate nurse assessment contributed to inconsistent care delivery. No formalized system of collaboration existed between the ED and Labor and Delivery (L&D). Leaders from all organizational levels convened to improve timely care.

Purpose

To design a standardized approach to triaging perinatal patients and determining whether patients would receive care in the ED with obstetrical (OB) collaboration, be triaged to L&D for care, or receive care in the ED with OB response at the bedside.

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Methods

Design: Quality Improvement

Intervention: An interprofessional team developed an assessment-activation algorithm to guide nurses in triaging patients as OB-1, OB-2, or OB Alert.

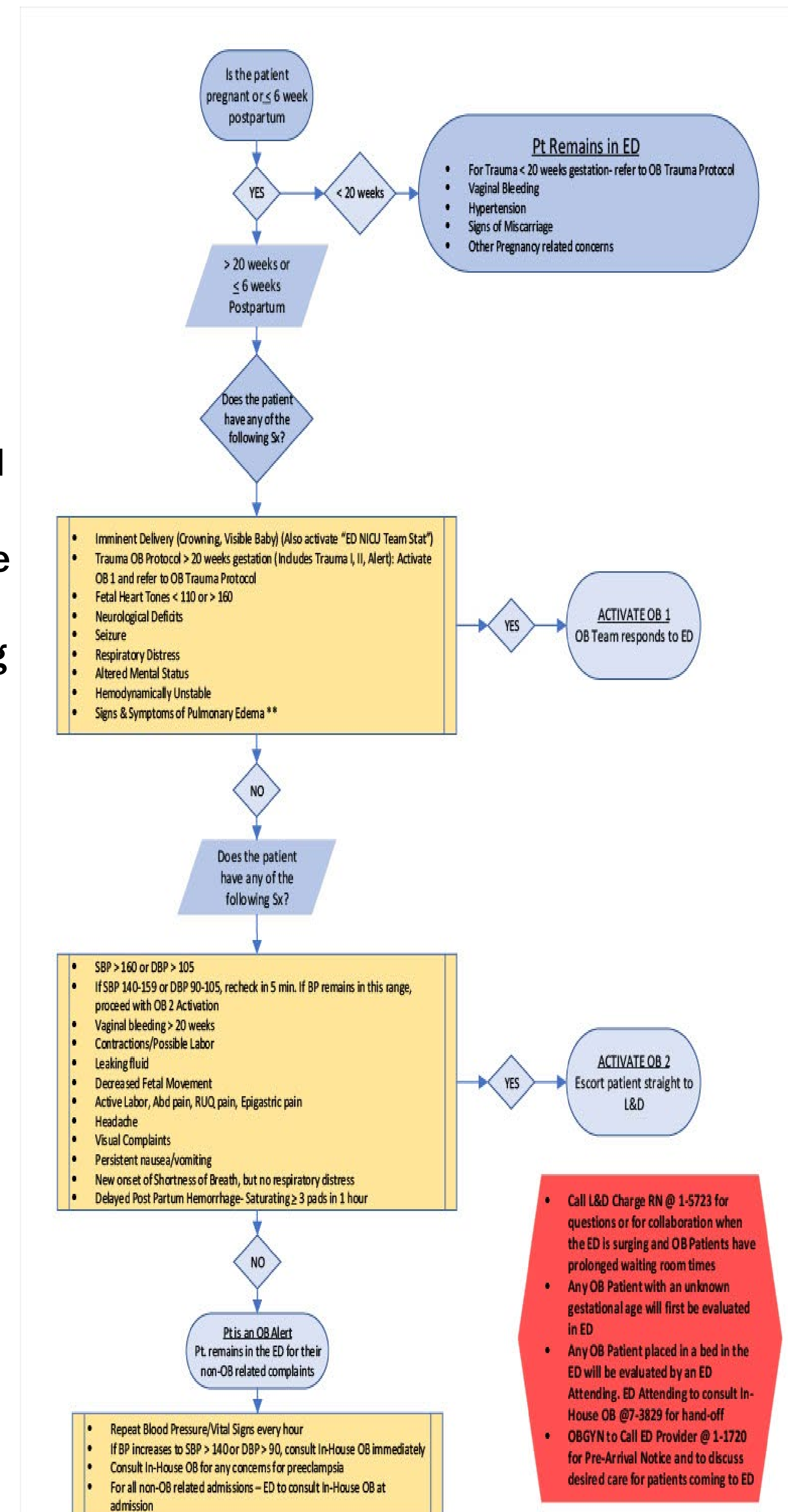
Implementation:

- Unit leaders introduced the algorithm to staff in ED and L&D
- All nurses completed mandatory education, with an ED focus on perinatal assessment and complications.
- Hospital executive leaders supported the initiative, provided resources, and communicated the urgency of improving perinatal care.
- Nurse leaders modeled leadership competencies and collaborative communication.
- L&D staff designed ways to accommodate the increased number of patients arriving from the ED.

Outcome Measure: Door-to-bed time



Assessment-Activation Algorithm



Results

Decrease in door-to-bed time for treatment of perinatal population

Preg DX= Any diagnosis that included pregnancy and then calculated the door to bed time
Visit Reason= Any visit reason that included pregnancy and then calculated door to bed time
All Preg Admits= Any Diagnosis that included pregnancy and then ALL admit units

	Preg DX	Visit Reason	All Preg Admits
	Door to Bed	Door to Bed	Door to Bed
2018	0:46	0:43	0:39
2019	0:39	0:45	0:39
2020	0:29	0:35	0:21

Nurses in both units adopted new protocol within one month.

Conclusions

A standardized algorithm can effectively place OB patients in locales for optimal care in a timely manner. Monthly meetings support continued collaboration between ED and L&D to build relationships and refine the protocol

Implications

Two key lessons learned were the advantage of (a) an alarm button to alert L&D nurses of the arrival in ED of OB-1 patients, rather than calling by phone and (b) educating all nursing staff, including unlicensed staff in both units. The algorithm is applicable to diverse hospitals that can forge strong collaborative processes across the continuum of care to promote adoption of standard work for care of perinatal patients.