



GARDNER-WEBB UNIVERSITY
HUNT SCHOOL *of* NURSING

DEVELOPMENT OF CODE-OB RAPID RESPONSE TEAM

NINA D. WILLIAMS

DR. JILL PARKER- CHAIR



Team Acknowledgement



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Committee Partner

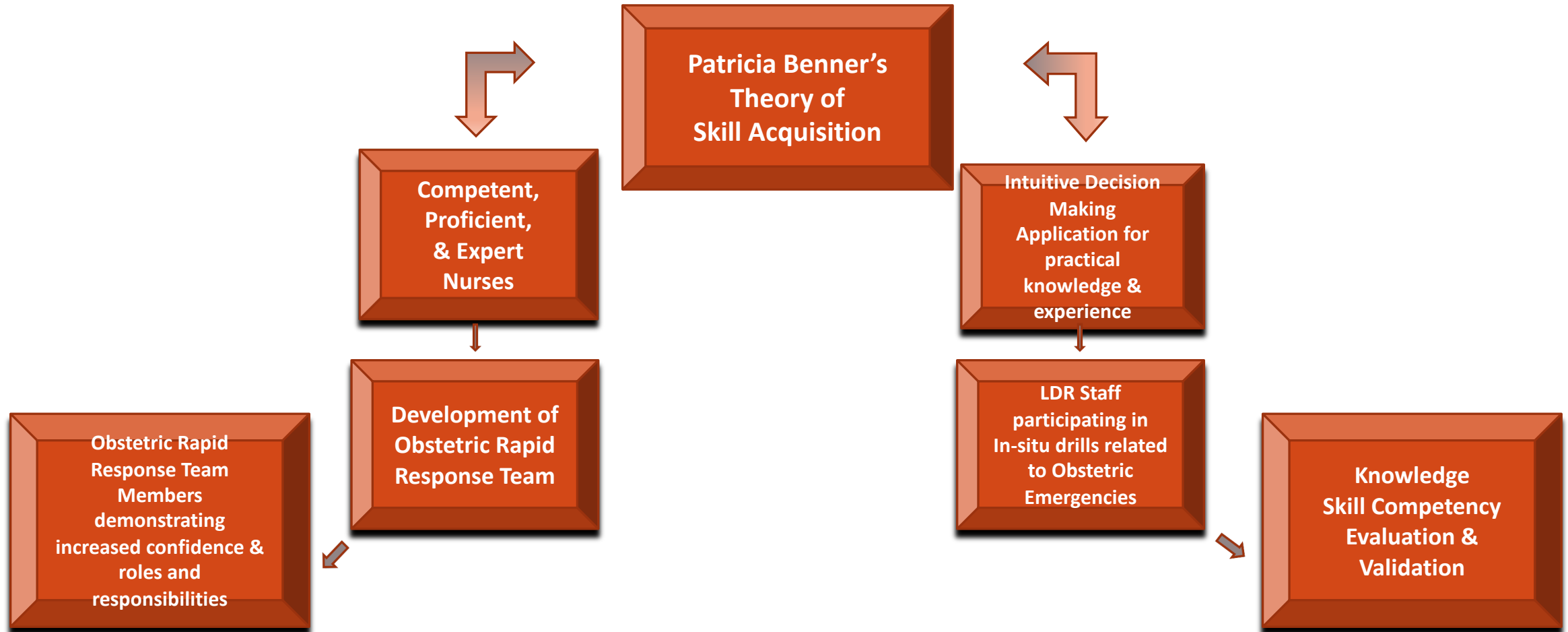
Problem Identification



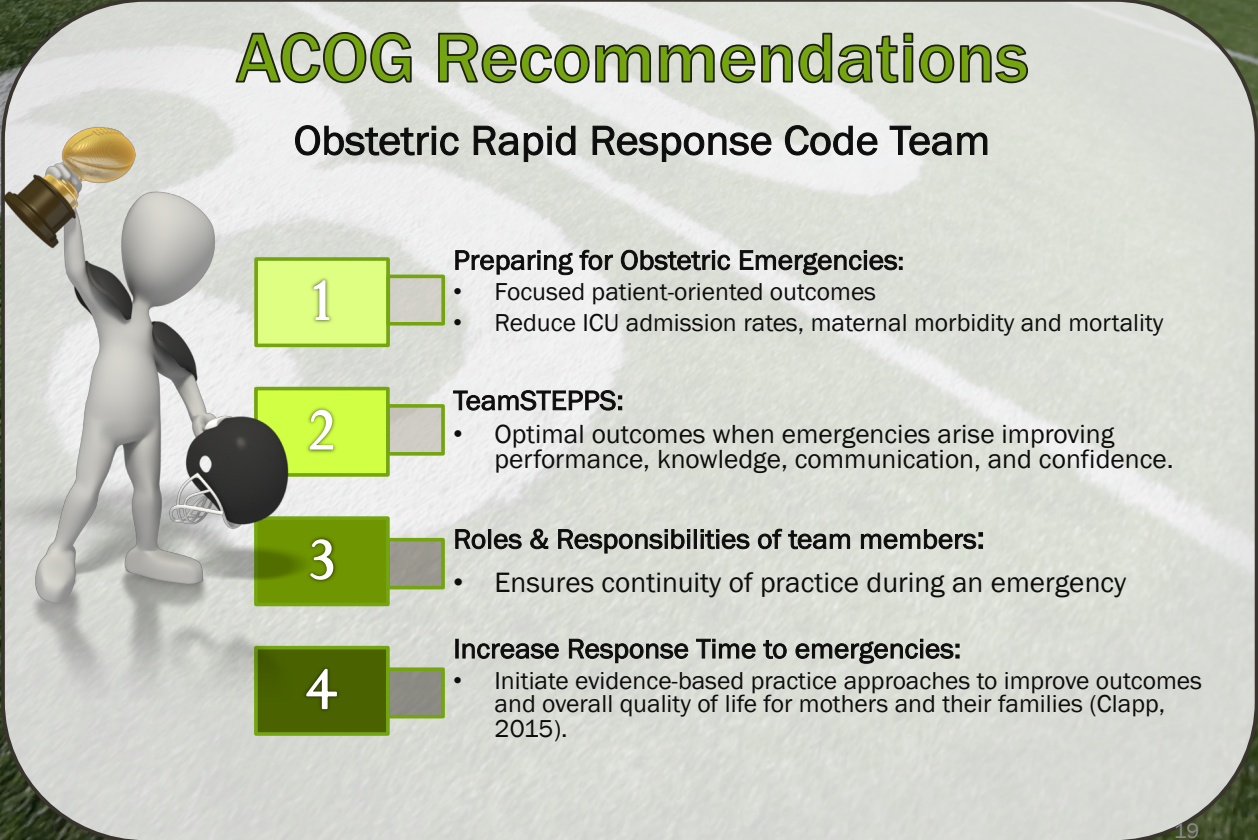
Every **minute** a woman dies from complications related to pregnancy or childbirth. According to the World Health Organization, the United States continues to rank poorly compared to other countries. Evidence and data have shown that up to **50%** of maternal deaths reported could have been **Prevented !**



Theoretical Framework



Literature Review



ACOG Recommendations

Obstetric Rapid Response Code Team

- 1** **Preparing for Obstetric Emergencies:**
 - Focused patient-oriented outcomes
 - Reduce ICU admission rates, maternal morbidity and mortality
- 2** **TeamSTEPPS:**
 - Optimal outcomes when emergencies arise improving performance, knowledge, communication, and confidence.
- 3** **Roles & Responsibilities of team members:**
 - Ensures continuity of practice during an emergency
- 4** **Increase Response Time to emergencies:**
 - Initiate evidence-based practice approaches to improve outcomes and overall quality of life for mothers and their families (Clapp, 2015).

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Best Practice Selection

ACOG

American College of Obstetricians
And Gynecologists

AWHONN

Association of Women's Health
Obstetrics & Neonatal Nurses



Project Objectives and Goals

Goals

- Implement and develop a Quality Improvement Project of an Obstetric Rapid Response Team
- Improve confidence and knowledge of staff during management of Obstetric Emergencies
- Validate staff's confidence and knowledge of Obstetric Emergencies with post drill evaluations



Objectives

- Labor and Delivery staff with greater than two years of experience will participate in Obstetric Emergency drills to gain understanding of roles and responsibilities of an Obstetric Rapid Response Team (Code-OB RRT)
- All eligible staff will recognize and understand management of an obstetric emergency

Project Design: Stakeholders/Participants



Labor & Delivery Team

Nurse Manager

House Supervisors

Chief Executive Officer
CEO
Chief Nursing Officer



OB Department Chair

Medical Team

Anesthesia Team



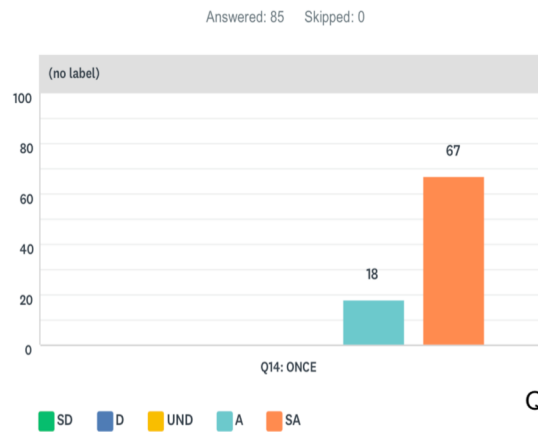
Project Design: What I did



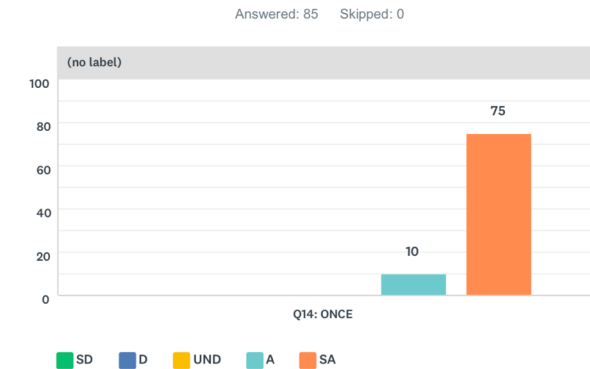
CODE-OB RRT	
TEAM	BACKUP
QB Change Nurse Tania	Tifni
RB Responsible for the bag Anna	Ann
WR Documenter Maggie	Aina
Center Responsible Nurse Bak / Roberts Down	Jessica

Outcomes: Change and Impact

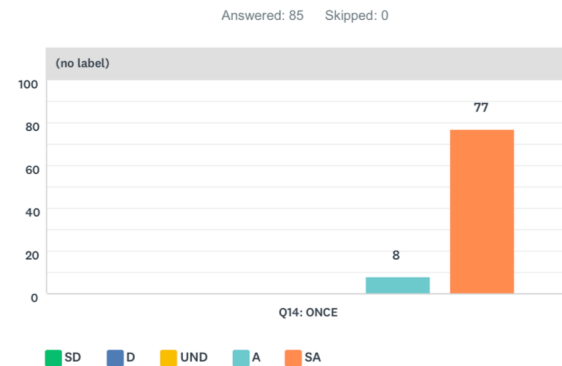
Q6 I AM CONFIDENT THAT I AM MASTERING THE CONTENT OF THE SIMULATION ACTIVITY THAT MY INSTRUCTORS PRESENTED TO ME



Q8 I AM CONFIDENT THAT I AM DEVELOPING THE SKILLS AND OBTAINING THE REQUIRED KNOWLEDGE FROM THIS SIMULATION TO PERFORM NECESSARY TASKS IN A CLINICAL SETTING



Q7 I am confident that this simulation covered critical content necessary for the mastery of the obstetrical curriculum



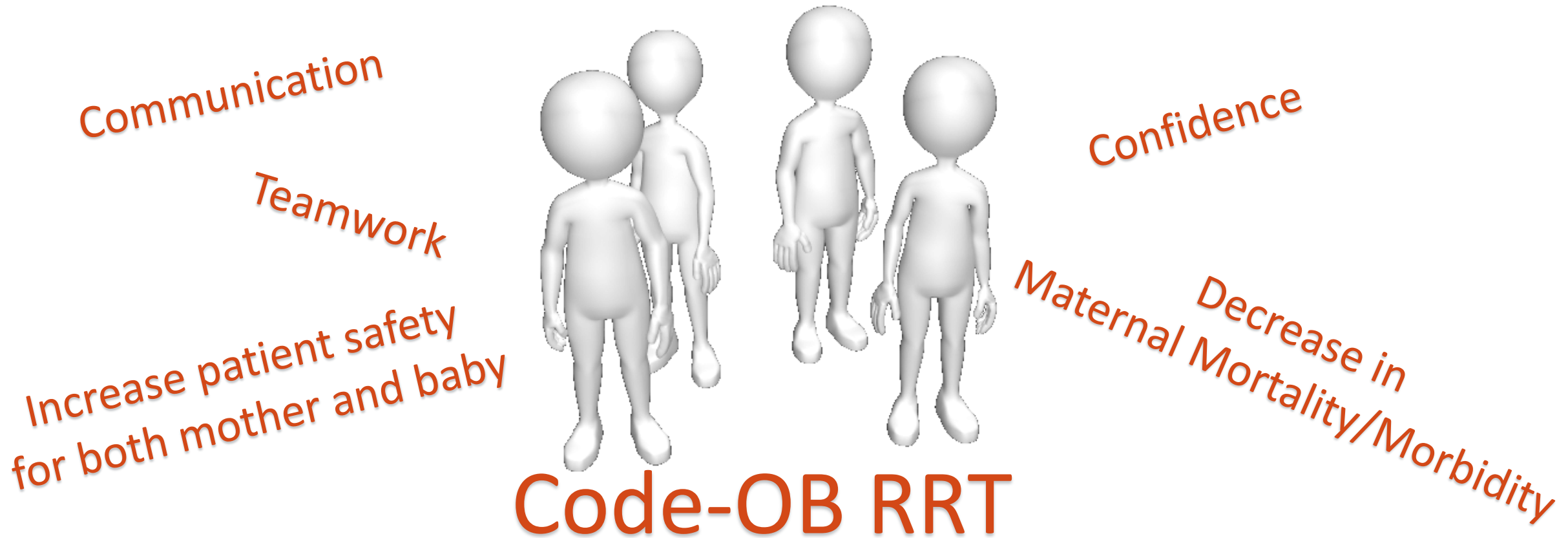
Outcomes: Change and Impact



Pender County mom captured giving birth to baby outside NHRMC on Feb. 13, 2019. (Photo: De'Maya Berry)

Permission to use photo: WWAY News
(<https://www.wwaytv3.com/2019/02/13/oh-baby-pender-mom-gives-birth-in-car-outside-hospital/>)

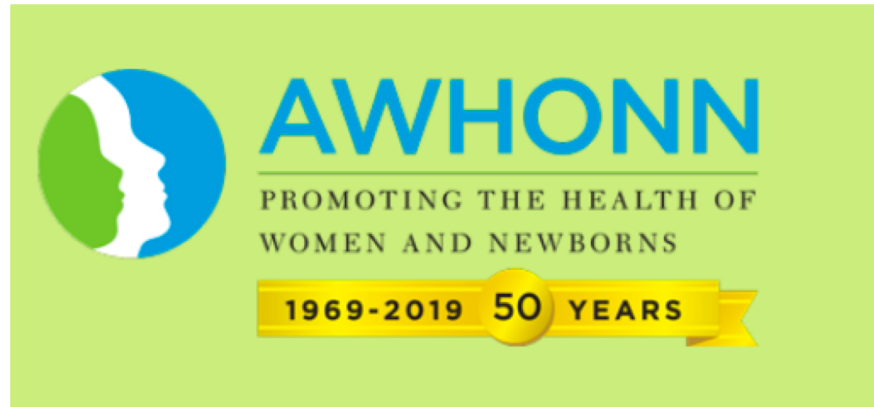
Conclusion: Implications for Practice & Sustainability



Plans for Future Dissemination



July 25-29th 2019, Calgary, Canada



June 7-12th, 2019 Atlanta, Georgia



September 19-20th, 2019
Winston Salem , NC

References



Microsoft
Word Document