Documentation & Liability across the continuum !

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Agenda

I. Litigation claims
II. Knowledge. Competency, Skills
III. Documentation
IV. Communication
V. Discharge Readiness
VI. Case Studies

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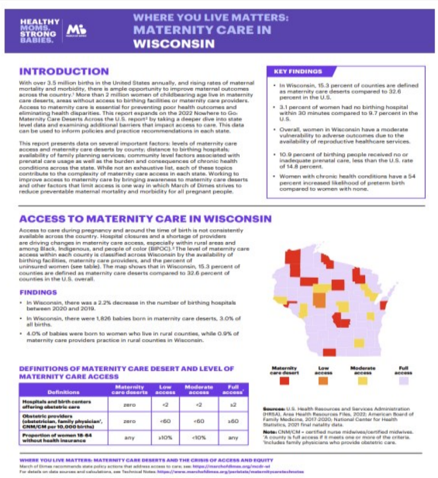
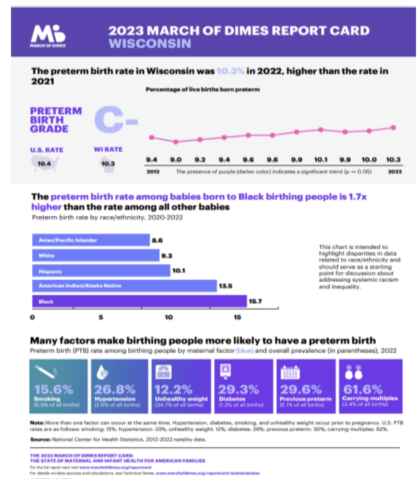
Pulse Check: Wisconsin





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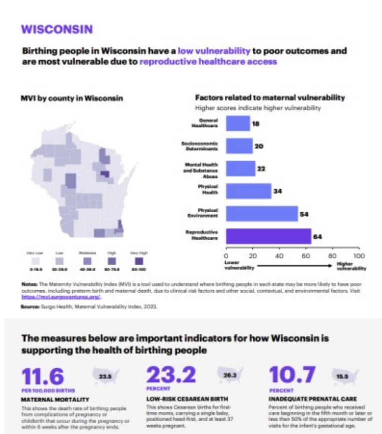
Pulse Check: Arkansas



Wisconsin MMRR

- July 2024 Report
  - 10 cases
  - 90% preventable
- May 2024 Report
  - 11 cases
  - 100% preventable
- March 2024 Report
  - 10 cases
  - 100% preventable
- Jan 2024 Report
- 10 cases
- 90% preventable

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Liability and the OB Nurse

Components of Malpractice

- Medical malpractice
- Negligence

Standard of Care

- Where are they found?

Key Elements of a suit

- Duty to the patient
- Breach of that duty
- Injury to the patient
- Casual link between the breach and the patient's injury

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General Areas of Nursing Cited in Legal Cases

- Improper use of equipment or availability of equipment
- Poor or inadequate communication and or collaboration
- Failure to act as patient advocate and initiate chain of command
- Failure to follow provider orders
- Timely or inaccurate assessment
- Lack of knowledge, skill and or clinical competency

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Legal Issues Unique to Women's Services

- Triage
  - Failure to timely and accurately assess maternal fetal status
  - Failure to initiate the chain of command/consultation or reporting imperative information in a timely manner
- Intrapartum Care
  - Proper administration and usage of uterine stimulants
  - Change in fetal status and intrauterine fetal resuscitation measures
  - Improper management of the second stage
  - Failure to request appropriate personnel to attend the birth
  - Failure to anticipate neonatal compromise

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Legal Issues in Women's Service

- Postpartum Care:
  - Change in maternal/neonatal status, failure to report and escalate
  - Failure to properly manage hypertensive disorders of pregnancy
  - Inaccurate assessment and interventions in obstetric hemorrhage
  - Failure to initiate the chain of command/consultation or reporting imperative information in a timely manner
  - Failure to anticipate neonatal compromise
  - Inappropriate discharge of newborn with complications
  - Inappropriate discharge of postpartum mother without proper prescriptions, instructions or timely follow-up in the literacy level and language the patient can understand

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Strategies to Avoid Malpractice Claims

Guidelines!

- Review institutional policies, guidelines and protocols ensure they are current and utilizing evidence-based practice
- Perform only skills within your scope of practice
- Establish a culture that supports asking for help, information or clarification
- Report near-misses so we can mitigate future injury or harm to patients

Knowledge, Skills, Competency

- Stay current in OB and with technological advances by attending continuing education conferences, seminars and in-services
- Document using standard terminology

Respectful Care

- BE A PATIENT ADVOCATE AND USE CHAIN OF COMMAND
- Get to know your patients for use of empathy not judgement
- Treat others the way you expect your own family to be treated

Knowledge, Skills, Competency

Joint commission requirements - Obstetric Hemorrhage

1. Complete an assessment using an evidence-based tool for determining maternal hemorrhage risk on admission to labor and delivery and on admission to postpartum
2. Develop written evidence-based procedures for stage-based management of pregnant and postpartum patients who experience maternal hemorrhage
3. Each obstetric unit has a standardized, secured, dedicated hemorrhage supply kit that must be stocked per the organization's defined process
4. Provide role-specific education to all staff and providers who treat pregnant and postpartum patients about the organization's hemorrhage procedure. At a minimum, education occurs at orientation, whenever changes to the processes or procedures occur, or every two years
5. Conduct drills at least annually
6. Provide education to patients… in the both the language and literacy level they can understand

Knowledge, Skills, Competency:

Joint Commission requirements: Hypertensive orders of pregnancy/preeclampsia

Develop written evidence-based procedures for measuring and remeasuring blood pressure.

- Develop written evidence-based procedures for managing pregnant and postpartum patients with severe hypertension/preeclampsia that includes the following: The use of an evidence-based set of emergency response medications that are stocked and immediately available on the obstetric unit
- Provide role-specific education to all staff and providers who treat pregnant/postpartum patients about the hospital's evidence-based severe hypertension/preeclampsia procedure
- Conduct drills at least annually to determine system issues as part of ongoing quality improvement efforts. Severe hypertension/preeclampsia drills include a team debrief.
- Review severe hypertension/preeclampsia cases that meet criteria established by the hospital to evaluate the effectiveness of the care, treatment, and services provided to the patient during the event.
- Provide printed education to patients (and their families including the designated support person whenever possible). At a minimum, education includes:
  - Signs and symptoms of severe hypertension/preeclampsia during hospitalization that alert the patient to seek immediate care
  - Signs and symptoms of severe hypertension/preeclampsia after discharge that alert the patient to seek immediate care

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Respectful Care Decreases Liability!

Perinatal Social Determinants of Health

- Housing
- Physical and Food Environment
- Transportation
- Education
- Childcare
- Healthcare team
- Justice system
- Social and Family Environment
- Income and wealth

Figure 1. Touch points for nursing research in the Interactive Continuum of Maternity Care. *Note.* "Structural inequities and biases include systemic and institutional racism. Interpersonal racism and implicit and explicit bias underlie the social determinants of health for women of color" (National Academies of Sciences, Engineering, and Medicine, 2020, p. S-2). From *Birth Settings in America: Improving Outcomes, Quality Access, and Choice*, by the National Academies of Sciences, Engineering, and Medicine, 2020 (https://doi.org/10.17226/25636). Adapted with permission.

National Academies of Sciences, Engineering, and Medicine. 2020. Birth Settings in America: Outcomes, Quality, Access, and Choice. Washington, DC: The National Academies Press. https://doi.org/10.17226/25636. https://nap.nationalacademies.org/catalog/25636/birth-settings-in-america-outcomes-quality-access-and-choice

AWHONN Respectful Maternity Care Framework

Used with permission from AWHONN, full citation in references

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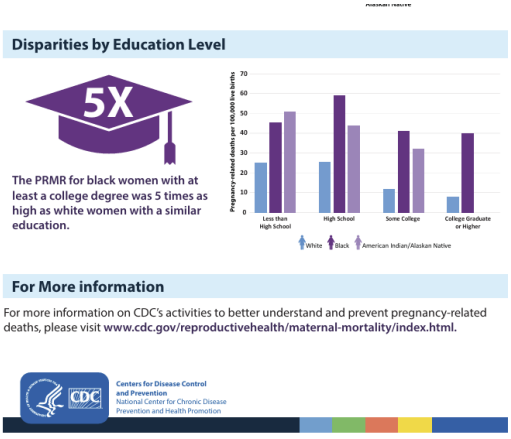
SDOH: Education



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Chain of Command

Chain of Command

- Check your institutions policy on chain of command and be sure it is followed
- Document what is communicated with healthcare provider, their responses and follow-up expected communication, outcomes or interventions

Communication

- **SBAR**, Respectful care, conflict resolution, patient education, plan of care, disclosure, informed consent/respectfully declining

Collaboration

- Providers and institutions need to use evidence-based care, appropriate follow-up and evaluation
- Patient should be included in the plan of care and adjustments made as needed

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EFM: Documentation Mnemonic

Letter Description	
C	Concise Critical thinking Chart near the time that the events occurred
L	Logical and objective and without bias
E	Explicit, direct, always use standardized terminology Express discomfort and offer alternatives
A	Accurate, truthful
R	Responses: document patient's response to interventions and response to escalation requests, continue with reasoning and ratification
R	Ratification: Well informed, precisely the facts, indicates consent

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What are you really saying?

Pt has NSVD viable female *(apgars 2/0/0). Despite aggressive resuscitative measures baby did not survive*

Notified pastoral care and Spanish translator to explain situation in Spanish

Demise baby brought in with translator, FOB also present

Pt states she can not breathe notified Md : No New Orders Pulse Ox 98%

Already medicated not time for more meds, patient states pain is still a 10. Encouraged patient to relax

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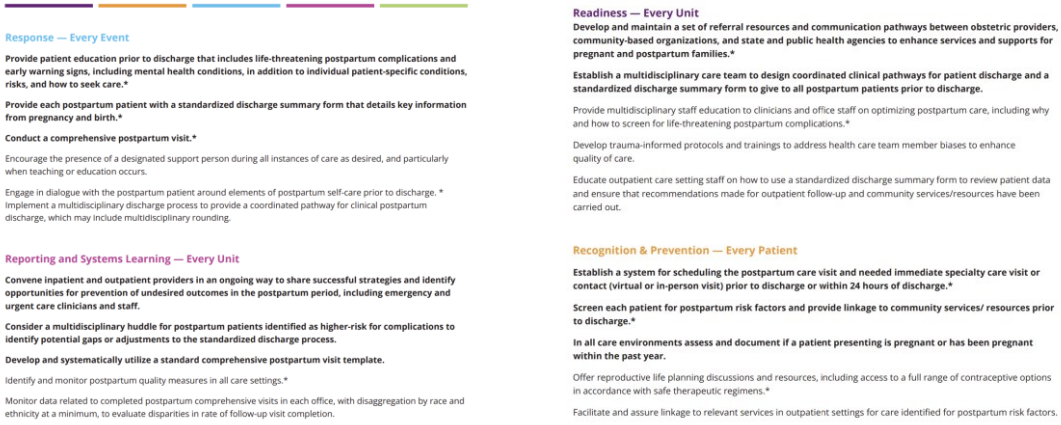
Discharge Readiness



Response — Every Event

Provide patient education prior to discharge that includes life-threatening postpartum complications and early warning signs, including mental health conditions, in addition to individual patient-specific conditions, risks, and how to seek care.*

Provide each postpartum patient with a standardized discharge summary form that details key information from pregnancy and birth.*

Conduct a comprehensive postpartum visit.*

Encourage the presence of a designated support person during all instances of care as desired, and particularly when teaching or education occurs.

Engage in dialogue with the postpartum patient around elements of postpartum self-care prior to discharge. * Implement a multidisciplinary discharge process to provide a coordinated pathway for clinical postpartum discharge, which may include multidisciplinary rounding.

Reporting and Systems Learning — Every Unit

Convene inpatient and outpatient providers in an ongoing way to share successful strategies and identify opportunities for prevention of undesired outcomes in the postpartum period, including emergency and urgent care clinicians and staff.

Consider a multidisciplinary huddle for postpartum patients identified as higher-risk for complications to identify potential gaps or adjustments to the standardized discharge process.

Develop and systematically utilize a standard comprehensive postpartum visit template.

Identify and monitor postpartum quality measures in all care settings.*

Monitor data related to completed postpartum comprehensive visits in each office, with disaggregation by race and ethnicity at a minimum, to evaluate disparities in rate of follow-up visit completion.

Readiness — Every Unit

Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families.*

Establish a multidisciplinary care team to design coordinated clinical pathways for patient discharge and a standardized discharge summary form to give to all postpartum patients prior to discharge.

Provide multidisciplinary staff education to clinicians and office staff on optimizing postpartum care, including why and how to screen for life-threatening postpartum complications.*

Develop trauma-informed protocols and trainings to address health care team member biases to enhance quality of care.

Educate outpatient care setting staff on how to use a standardized discharge summary form to review patient data and ensure that recommendations made for outpatient follow-up and community services/resources have been carried out.

Recognition & Prevention — Every Patient

Establish a system for scheduling the postpartum care visit and needed immediate specialty care visit or contact (virtual or in-person visit) prior to discharge or within 24 hours of discharge.*

Screen each patient for postpartum risk factors and provide linkage to community services/ resources prior to discharge.*

In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year.

Offer reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens.*

Facilitate and assure linkage to relevant services in outpatient settings for care identified for postpartum risk factors.

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Patient Education: Element of Performance (EP) 7

EP 7: Provide printed education to patients (and their families including the designated support person whenever possible). At a minimum, education includes:

AWHONN Post-birth Warning Signs Tools

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Patient Education: (EP) 6 Maternal Severe hypertension/preeclampsia

EP 6: Provide printed education to patients (and their families including the designated support person whenever possible). At a minimum, education includes:

Signs & symptoms of severe htn/PEC during hospitalization that alert the patient to seek immediate care, after discharge and when to schedule a post discharge follow-up appointment

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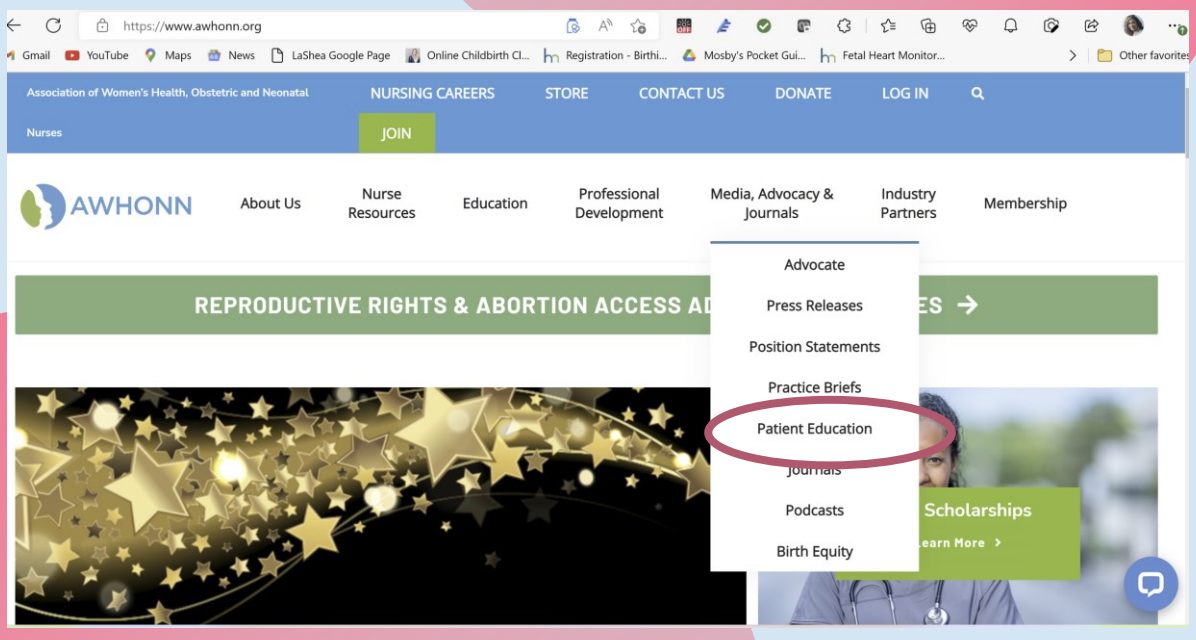

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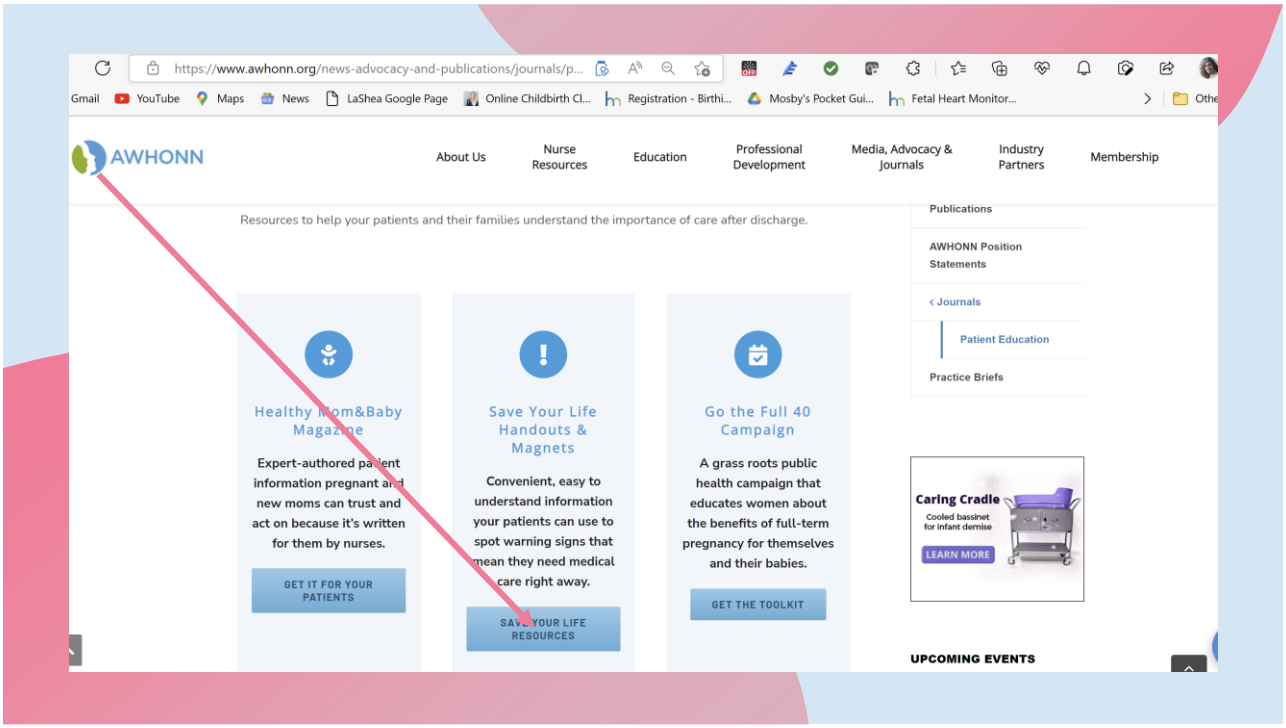

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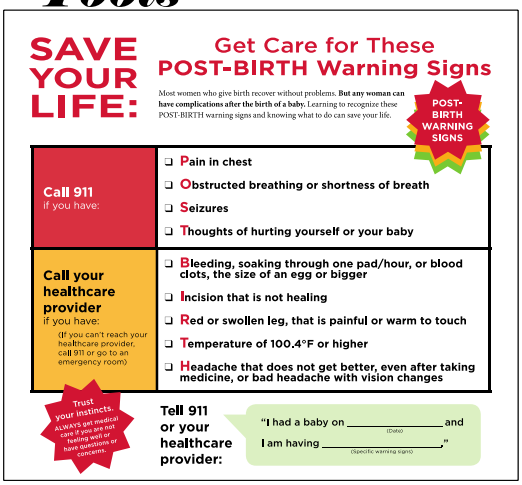
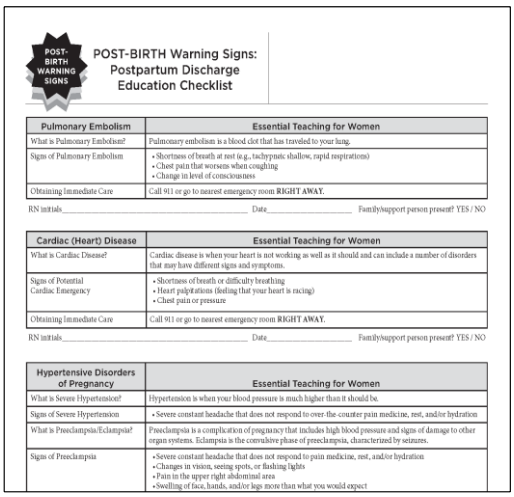
AWHONN Post-birth Warning Signs Tools





Suplee, P. D., Kleppel, L., Santa-Donato, A., & Bingham, D. (December 2016/January 2017). Improving postpartum education about warning signs of maternal morbidity and mortality. *Nursing for Women's Health*, (553-567). Permissions given by AWHONN for use of this slide

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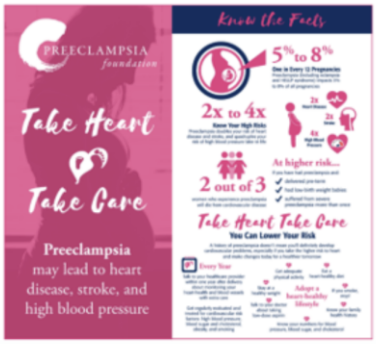
CMQCC

Patient Education Materials



www.preeclampsia.org

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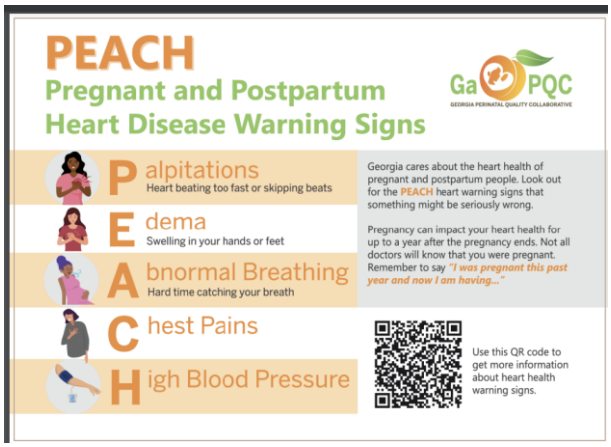
Cardiac Consultations & Proper Follow-up
https://georgiapqc.org/cardiac-education



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Postpartum Follow-up Checklist

Md appts	Medicaid expansion	Specialist
Transportation	Resources (literacy and language)	Collaboration with case management, social work, mental health care providers

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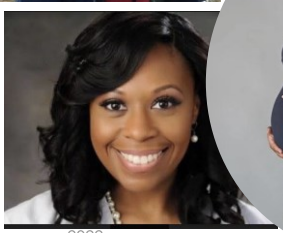
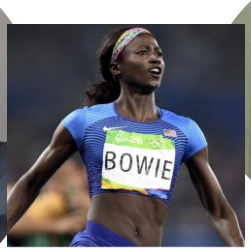
Case Studies





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NSVD 27yo G3P2 Postpartum patient

0031- 147/92 (RN notified)

00:46 - 151/98

01:16 - 161/110 (RN notified. Pt vomiting, will continue to monitor)

0900 - Dr. Smiley on unit assessing patient aware of vital signs. Lopressor ordered patient updated on POC.

1345 - Elevated BP pharmacy notified for need for prn hydralazine

15:40 - 157/95 PRN hydralazine given

1945 - 167/111 Reported to RN

29

2131 – 156/114 Reported to RN, DR. Smiley notified , orders received

4/04/13 14:15 187/118 5 mg hydralazine given

1420 – 161/108 10 mg hydralazine given IVP

1425 – 153/96 patient states pain is 10 ache, abdomen, constant

2129 - 183/119 Nurse made aware of blood pressure, ambulate to bathroom

21:50 – 181/106 Pt declined walk to NICU, pt did remove dressing in the shower understands needs to come off tonight

30

22:56 - Dr. Smiley on unit changed hydralazine order

0005 - 181/111 Nurse is aware of BP

0030 - 186/11 Pt denies need for pain medication

0403 - 166/102 Pt denies need for medication

0600 – 171/111 PT states pain 5

0755 – 171/100 Page to Dr. Smiley 25 mg hydralazine given

08:21- Pt states had severe HA since 0500, reports she sees stars out of her right eye, charge nurse and manager notified. left side of head throbbing

0909 – Pt has right flank pain, Dr. Smiley off campus, rapid response called, Pt taken to CT scan and transferred to Neuro ICU

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Case study: PP complained of C/O significant amount of pain repeatedly for 2 days

- Constant ongoing pain stated and charted throughout patient stay that was medicated but not addressed with MD. Patient with normal vaginal delivery shouldn't have constant ongoing pain for 2 days without further investigation
- 06/13 0612 pain was 5
- 06/13 1435 pain 8 ongoing constant pain stated, (should have escalated that assessment to charge nurse or Md) there was not appropriate one hour follow-up with increased pain score
- 1435 pain 8 ongoing constant pain stated, (should have escalated that assessment to charge nurse or Md) there was not appropriate one hour follow-up with increased pain score
- 1630 Heart rate 123, 1637 HR 136, 1639 HR 129
- 1749 pain 5 patient still states pain is constant and ongoing.
- 1911 pain documented 7 (ongoing on Pain assessment)
- 0338 pain score is 10. Patient states this is different from other 7 deliveries.

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PP complained of C/O significant amount of pain repeatedly for 2 days

PT was unable to use BR alone needed assistance from 2 more nurses

PT ultrasound noted large amount of blood in abdomen @1115am .

Chain of command escalated to charge nurse but not until resolved and MD wasn't paged stat until uterine rupture at 1651 pm.

Pt was not transferred to OR until 06/14 5:59pm

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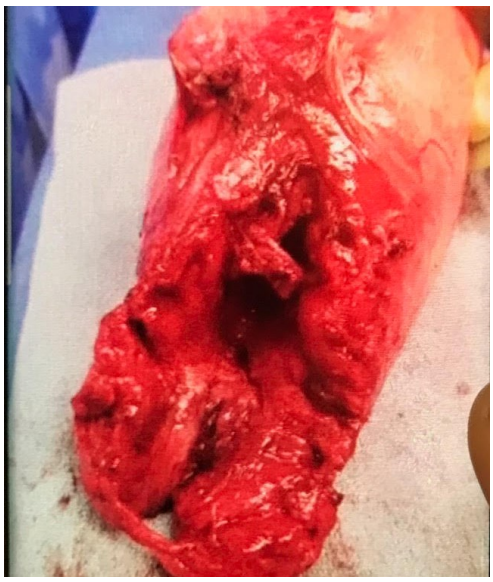
This feels different from any of my other delivieries



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7 days PP Gestational Htn received Mag therapy

210	1222	1335	1355	1701	1738	1815	1926	2041	2205	0000	0205	0420	0437	0605	0802	0803
				97.7 ... Oral			96.2 ... Oral	98 (3... Oral		98.7 ... Oral					99.4 ... Oral	
84	75	85		90			88	84		91			85 93		99	99
18 167/97	20 169/102	20 172/119	148/97	18 160/108			18 166/105	18 135/92		18 123/79			143/89 155/100		18 160/105	18 145/97

"*md on floor at front desk and aware of continued elevated blood pressures Plan in place for evaluating meds*" (1pm)

"*md aware of continued elevated blood pressures and will discuss plan with patient*" (5pm) (*Md note the next morning*)

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Discharge B/P's

Pt was readmitted PP cardiomyopathy, F/U was for one week, D/C labetalol 200mg BID

13:10:48	1420	1508	16:29:54
! 162/104		! 166/102	158/96
98.2 (36.8)			98.2 (36.8)
70		60	78
96			91

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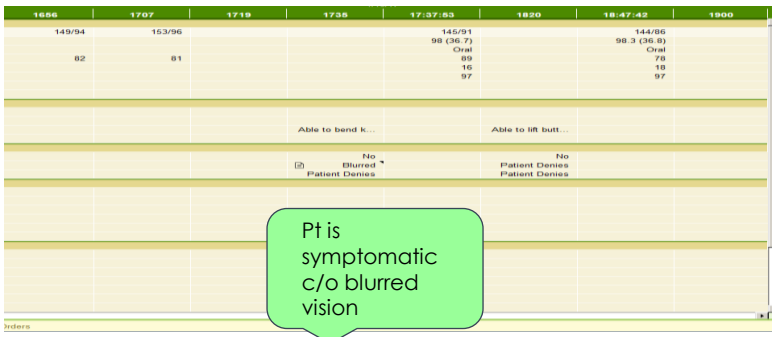
Vaginal Del readmitted High BP's



Pt admitted to missing meds while caring for baby, F/U was in 5 weeks from delivery.

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Their side of the story….

- **Key Principles**
- Advocate for patients that need additional resources
- Advocate for our babies by ensuring pediatric appts are made before discharge
- Ensure discharge instructions are provided to both the parents and grandparents if needed

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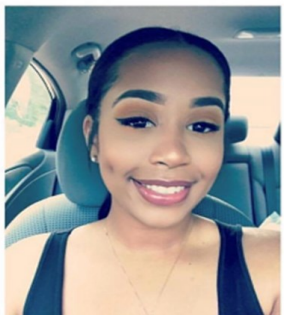
Their side of the story……

Lashonda Hazard



Facebook posts

Dies an hour later

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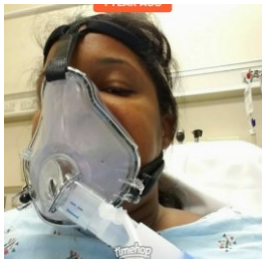
Cardiomyopathy Survivor



G2P1 History of Asthma, had increased Bp's during pregnancy and 5000msl fluid during her L & D stay

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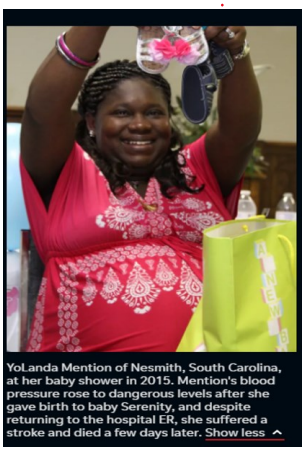
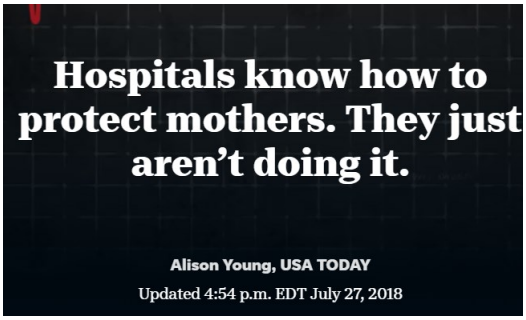
Their side of the story….


YoLanda Mention of Nesmith, South Carolina, at her baby shower in 2015. Mention's blood pressure rose to dangerous levels after she gave birth to baby Serenity, and despite returning to the hospital ER, she suffered a stroke and died a few days later. Show less



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Resources for PPH Survivors

HTTP://WWW.AFTERTHEICU.ORG

HTTP://WWW.AFTERTRAUMA.ORG

HTTP://AFESUPPORT.ORG

HTTP:WWW.HEALTHTALK.ORG

HTTP://WWW.HOPEFORACCRETA.ORG

WWW.MARCHOFDIMES.ORG/PREGNANCY/POSTPARTUM-HEMORRHAGE.ASPX

WWW.POSTPARTUM.NET

WWW.PREECLAMPSIA.ORG

HTTP://PATCH.ORG

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Thank you

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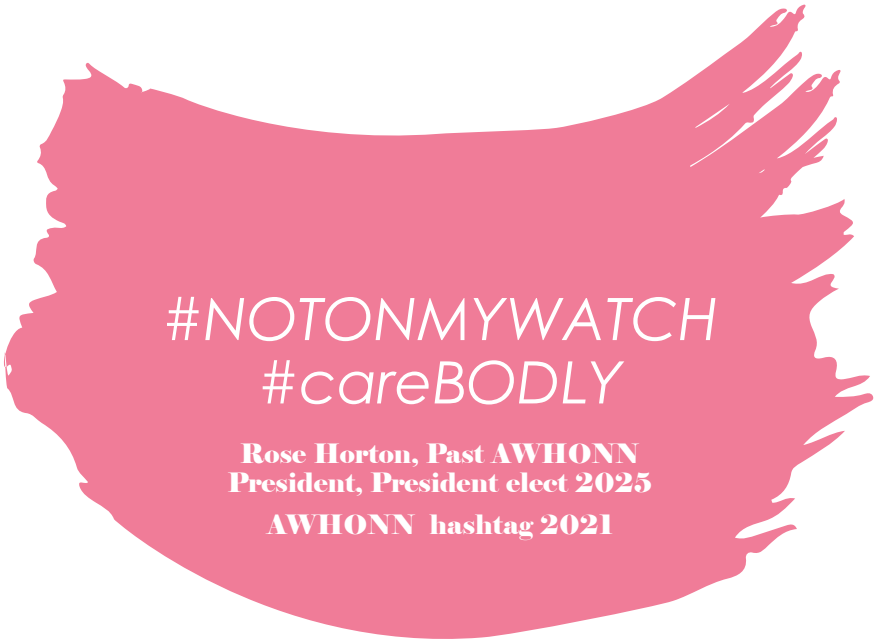
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#careBODLY
Rose Horton, Past AWHONN President, President elect 2025
AWHONN hashtag 2021