Safety Action Series

Patient, Family, and Staff Support After Obstetric Hemorrhage
Speakers

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Disclosures

- Charlene Collier, MD, MPH, MHS has no real or perceived conflicts of interest.

- Scott E. Hall, PhD, LPCC-s has no real or perceived conflicts of interest.
Objectives

- Share examples of patient and family experiences with Obstetric Hemorrhage and discuss the critical importance of continued support both during and after the event.
- Outline the role of providers and staff related to a patient’s mental health and stress status during and after an obstetric hemorrhage.
- Provide a framework for communication and actionable steps for support that staff may adapt for use when women in their institutions have an obstetric hemorrhage.
Case Presentation

- 34 yo G1P0 @40+1 presented in active labor which started 2 hours prior to arrival
- Membranes spontaneously ruptured, thin meconium
- Exam 9/90/+1, FHT Category I
- 30 min later- Delivered 3665g male infant, Apgars 9/9, EBL 200
- 2nd degree vaginal laceration
- 10 units of IM Oxytocin given
Everyone was happy
Case Presentation

• 1 hour after delivery patient ambulated to bathroom. Passage of large clot
• Fundal massage demonstrated atony
• Bimanual performed, additional clots cleared, fundus then firm and hemostatic
Case Presentation

- Patient was calm and tolerated the exam without complaint, baby skin to skin
- Patient’s mother a little nervous
- Husband curious, wanted a better look at the bleeding
Case Presentation

• 40 minutes later, uterus atonic, peripad saturated, IV placed, additional Oxytocin given, bladder catheterized for 500cc
• Additional bimanual performed- a total of 4 exams performed during hemorrhage
• Hemabate and Misoprostol given
Case Presentation

• Patient was exhausted, tolerating the bimanual exams became increasingly difficult
• Husband concerned, continued to help patient with breastfeeding in between exams
Case Presentation

• Patient later with chills, complaint of severe pressure and pain, intermittent episodes of brisk vaginal bleeding over next hour
• Negative speculum exam, thin stripe on US, fundus remained firm
• Patient given IV pain medication
• Bleeding continued
Case Presentation

• Patient feeling weak, in pain, exhausted and having difficulty ‘paying attention’ from chills and pain medication
• Asked for her OB to be called in
• Grandmother holding baby and increasingly scared
• Husband at bedside comforting patient
Case Presentation

• Primary OB called in
• Taken to OR, vaginal hematoma identified, evacuated and repaired
• Total EBL ~2000 mL
• Hematocrit 38 → 21 in OR, 2 Units given
• Repeat HCT 20, additional 2 units given
• Remained stable, discharged home PPD#2
What I Learned Being: ‘On The Other Side’

• I would have been terrified and more traumatized if not for having:
  – **Knowledge** of what was happening
  – **Power** to influence my care

• Make time to teach not just *tell*
• *Listen and respond*
What I Learned Being: ‘On The Other Side’

- Having a stage-based obstetric hemorrhage management plan based upon quantified blood loss is good for everyone

– Optimal care is expected by patients and family

– Tell patients about your safety program
What I Learned Being: ‘On The Other Side’

- All is *Not* well that ends well
  - Emotional trauma, anxiety, fears may develop in spite of optimal care and outcomes
Maternal Emotional Response from Severe Events

- Feeling close to death
- Fear of dying
- Gratefulness
- Flashbacks
- Helpless
- Lack of information
- Loss of control
- Memory lapses
- Loss of normalcy
- Intrusive thoughts
- Inability to care for self/baby
- Concern over potential or actual loss of baby
- Concern over future of baby and family
- Questioning Care Quality
Treat Patient & Family Perspectives Like a ‘Vital Sign’

• Solicit their input
• Share it back to clinical team
• Act upon it

• Incorporating patient/family interview into SMM reviews and Maternal Mortality Reviews
What I Learned Being: ‘On The Other Side’

• 6 week postpartum visit is too late
  – Early follow up for any mother with a severe event
  – Include/encourage family to attend
Patient, Family and Staff Support after a Severe Maternal Event

- Resources to support patients, family and staff
- Culture where patients are encouraged to speak up
- Assessing, recognizing and responding to emotional trauma
- Communication about severe event
• Women need to experience being listened to and have their experience acknowledged from their own, rather than the clinicians’ perspective.

• Women need to know what happened to them, and why.

• Women’s reactions may not correspond with clinicians’ perception of the level of the severity, or resolution of the complication.
What is Medical Trauma?

“Medical trauma is a trauma that occurs from direct contact with the medical setting, and develops through a complex interaction between the patient, medical staff, medical environment, and the diagnostic and/or procedural experience that can have powerful psychological impacts due to the patient’s unique interpretation of the event”

(Hall & Hall, 2016)
Assessments

• **Experience of Medical Trauma Scale**
  (part of the *patient family and staff support after a severe maternal event safety bundle*)
  
  Used to assess factors that contribute to a patient’s distress while in a hospital setting and that can heighten a traumatic response to medical care

• **Secondary 7 – Lifestyle Effects Screening**

  Used to assess changes in many areas of a patient’s life as a result of a medical procedure or diagnosis

Experience of Medical Trauma Scale (EMTS)

The EMTS is a questionnaire completed by healthcare professionals to assess factors that contribute to a patient’s distress while in the hospital setting and that can exacerbate a traumatic stress response to medical care. Such factors are distributed in the following categories: Communications with Clinicians, Physical Discomforts, Environmental Discomforts, and Emotional Discomforts.

Instructions to Clinician:
The following questionnaire should be administered by a clinician (nurse, physician, or mental health professional) in the acute care setting following a severe event, sentinel event, or in any circumstance in which a patient may have experienced trauma due to the nature of the illness, procedure, or unique circumstances.

For any items scored a “2” or above, clinicians should create a plan for improvement that includes consultation with the patient. For “Emotional Discomforts” items scored a “1” or above, plan to consult a mental health professional (Clinical Mental Health Counselor, Clinical Social Worker, or Psychologist) immediately.

In the event that a mental health professional is not accessible while the patient is at your facility, ensure that a referral for follow-up mental health care is included in the patient’s discharge plan.

<table>
<thead>
<tr>
<th>Communication</th>
<th>Not Distressing/Not Experienced</th>
<th>Slightly Distressing</th>
<th>Moderately Distressing</th>
<th>Distressing</th>
<th>Extremely Distressing</th>
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</thead>
<tbody>
<tr>
<td>Interactions with medical staff (assistants and technologists)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Interactions with nurses</td>
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<td>Interactions with physicians</td>
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<td>Interactions with surgeons</td>
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<td>Communications too detailed/technical</td>
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<td>Communications too quick/confusing</td>
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<td>Communications too vague</td>
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<td>Communications too infrequent</td>
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<td>Communications too frequent</td>
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Plan of Action to Ameliorate the Patient Experience
For Communications items scored “2” or above:

Patient Remarks: ____________________________________________________________

Provider Response and Plan: ________________________________________________

<table>
<thead>
<tr>
<th>Environmental Discomforts</th>
<th>Not Distressing/Not Experienced</th>
<th>Slightly Distressing</th>
<th>Moderately Distressing</th>
<th>Distressing</th>
<th>Extremely Distressing</th>
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</thead>
<tbody>
<tr>
<td>Restriction of food</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Restriction of water/fluids</td>
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<tr>
<td>Limited personal hygiene</td>
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<td>Limited privacy</td>
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<tr>
<td>Exposure to sounds (monitors, alarms, etc.)</td>
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<td>Exposure to lights (i.e. fluorescent overhead lighting)</td>
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<td>Exposure to odors</td>
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<td>Observing other sick/injured patients</td>
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<td>Threat of germs, infection</td>
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<tr>
<td>Lack of personal clothing</td>
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<table>
<thead>
<tr>
<th>Environmental Discomforts</th>
<th>Not Distressing/Not Experienced</th>
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<th>Moderately Distressing</th>
<th>Distressing</th>
<th>Extremely Distressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of personal space</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Lack of typical routine/schedule</td>
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<td>Lack of typical diet</td>
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<tr>
<td>Exposure to needles</td>
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<td>Exposure to blood</td>
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<td>Experience being monitored (heart rate, blood pressure, etc.)</td>
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<td>Experience of private areas being touched</td>
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<td>Experience of private areas being seen by staff</td>
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<td>Exposure to temperature</td>
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<td>Experience being confined to bed</td>
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**Plan of Action to Ameliorate the Patient Experience**

For **Environmental Discomforts** items scored "2" or above:

- **Patient Remarks:**

  [Text input field]

- **Provider Response and Plan:**

  [Text input field]

<table>
<thead>
<tr>
<th>Emotional Discomforts</th>
<th>Not Distressing/Not Experienced</th>
<th>Slightly Distressing</th>
<th>Moderately Distressing</th>
<th>Distressing</th>
<th>Extremely Distressing</th>
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</thead>
<tbody>
<tr>
<td>Feeling disoriented</td>
<td>0</td>
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<td>4</td>
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<tr>
<td>Feeling isolated</td>
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<tr>
<td>Fear for own wellbeing</td>
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<tr>
<td>Fear for own life</td>
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<td>Feeling anxious</td>
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<td>Feeling powerless</td>
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<tr>
<td>Feeling vulnerable</td>
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</table>

**Emotional Discomforts**

Concern about quality of medical care

Feeling numb or detached

Feeling depressed

**Plan of Action to Ameliorate the Patient Experience**

**Emotional Discomforts** items scored "3" or above? YES NO

- **If YES, consult Mental Health Provider:**

  [Text input field]

  **Name**

  **Patient Remarks:**

  [Text input field]

  **Provider Response and Plan:**

  [Text input field]

**Additional Notes/Comments:**

[Text input field]

[Text input field]

[Text input field]

COUNCIL ON PATIENT SAFETY
IN WOMEN’S HEALTH CARE

safe health care for every woman
Secondary 7 - Lifestyle Effects Screening (S7-LES)

Instructions

The S7-LES is a self-administered screening tool to help assess changes in many areas of your life as a result of your medical procedure or diagnosis. Please check the response that most accurately reflects your experience at this point in time.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

**Developmental**

1. Since my medical procedure/diagnosis, I have had to alter my life plan or have been unable to reach important milestones (e.g. delayed graduation or marriage, re-location)
2. I am experiencing emotional difficulties as a result of this (e.g. stress, anxiety, or depression)

**Intrapersonal (Self)**

1. Since my medical procedure/diagnosis, I feel more negative about myself and/or my abilities (e.g. self-confidence, feeling worthwhile)
2. I am experiencing emotional difficulties related to these changes (e.g. stress, anxiety, or depression)

**Relationships**

1. Since my medical procedure/diagnosis, I have noticed strain on my relationships with others (e.g. friends, family, significant others, co-workers)
2. I am experiencing emotional difficulties related to these changes (e.g. stress, anxiety, or depression)

**Career/Occupation**

1. Since my medical procedure/diagnosis, I have noticed negative effects on my career/educational performance (e.g. competence in duties, ability to advance)
2. I am experiencing emotional difficulties related to these changes (e.g. stress, anxiety, or depression)

**Existential**

1. Since my medical procedure/diagnosis, I struggle with thoughts about what it all means for me and my life (e.g. endings, lack of meaning, limited freedom, or loneliness)
2. I am experiencing emotional difficulties related to these changes (e.g. stress, anxiety, or depression)

**Avocational/Leisure**

1. Since my medical procedure/diagnosis, I have noticed changes in my ability to do things I once did for fun/health/relaxation (e.g. leisure activities, hobbies, or civic involvements)
2. I am experiencing emotional difficulties related to these changes (e.g. stress, anxiety, or depression)

**Spiritual**

1. Since my medical procedure/diagnosis, I have noticed changes in my spiritual beliefs or practices (e.g. belief or relationship with God or a higher power, spiritual activities such as religious service attendance)
2. I am experiencing emotional difficulties related to these changes (e.g. stress, anxiety, or depression)

Instructions for using the Secondary 7 – Lifestyle Effects Screening tool

For Clinicians Only

The S7-LES assesses the presence of negative or maladaptive responses (secondary effects) to medical events, illnesses, and procedures in relation to seven life domains. The tool is a self-administered checklist that can be completed by patients in a provider’s office after a medical procedure, hospital admission, life-threatening diagnosis, or any other circumstances deemed appropriate by providers.

The S7-LES can be used as a screening tool to detect areas in which patients struggle and to help determine when a referral to a mental health professional may be necessary. It is important that you consider any “yes” response to indicate that follow-up with a mental health professional could be helpful in preventing serious emotional consequences of medical trauma. By referring patients to mental health professionals to address psychological/emotional changes and crises in life domains, healthcare providers can work collaboratively to ensure overall health and well-being.

Suggested administration intervals: 2 weeks, 1 month, 3 months, 6 months

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Q&A Session
Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Next Safety Action Series

National Improvement Challenge Cycle 3: Prevention of Surgical Site Infections After Gynecologic Surgery

Winter 2017

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