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Newborn Resuscitation Initiative

Lessons from QI Teams



OB Hemorrhage Simulation: Bringing Learnings to Life

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OPC’s Mobile Simulation Program

Addressing	Delivering	Building
Oregon hospitals' requests for expanded simulation and educational support.	On-site maternal and newborn emergency simulations in rural communities.	Sites clinical skills, teamwork, communication, emergency preparedness, and simulation expertise.



OPC'S MOBILE SIMULATION PROGRAM

Fully staffed and launching simulation visits across Oregon!

OPC Visited 10 Hospitals this Summer

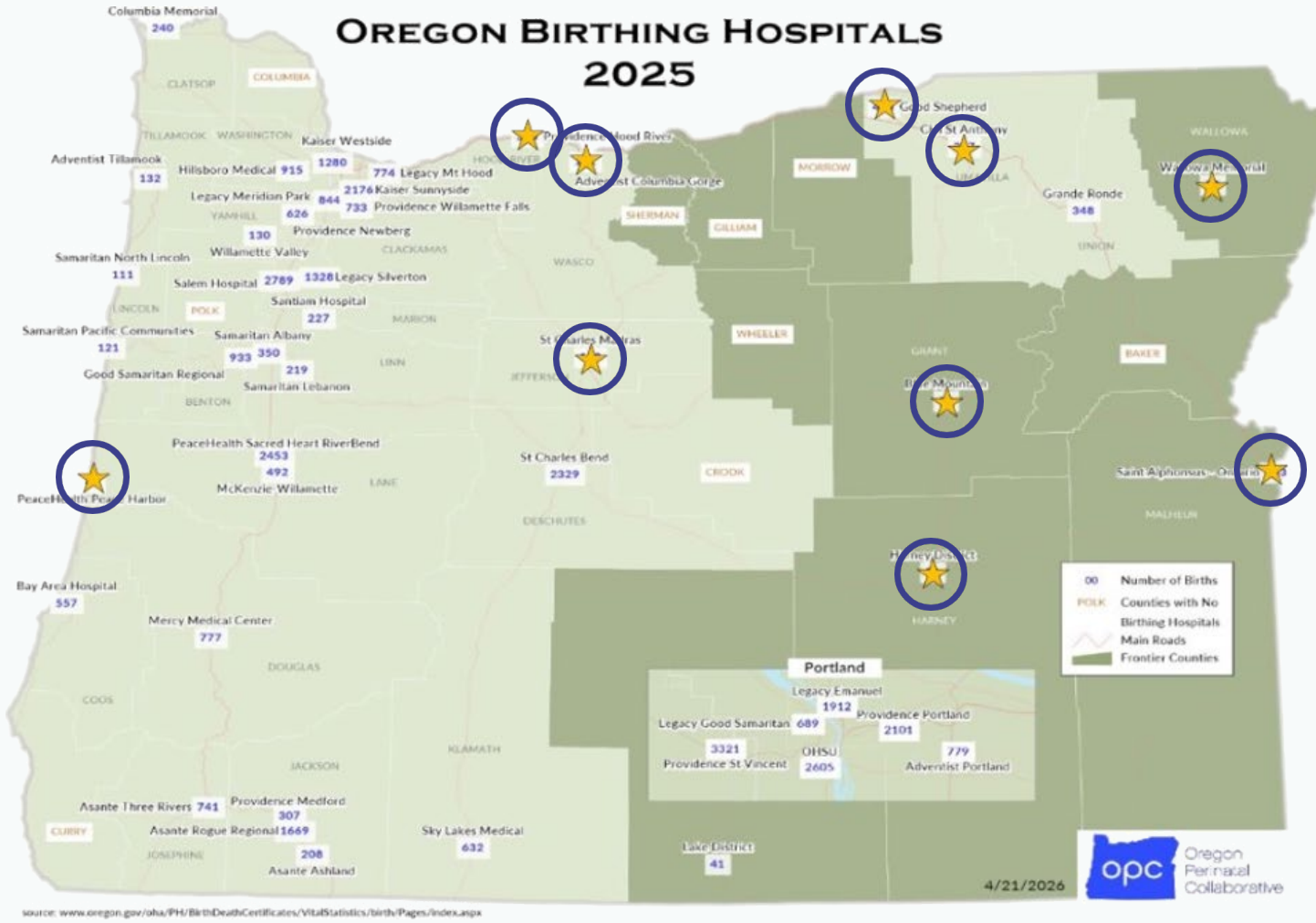
15

simulations completed

30+

site visits within the next year

The hospitals are **EXCEPTIONAL**



Rings mark the 10 hospitals visited this summer

When are we coming to visit your hospital?

We are currently scheduling visits with rural hospitals approximately **three months in advance**.

If you have not heard from us yet, we will be reaching out via **email** soon.



INITIAL FOCUS

OB Hemorrhage



Why we started with OB hemorrhage



1. **Hospitals asked for it**
   Consistent requests for hands-on hemorrhage practice

2. **The stakes are high**
   A major contributor to maternal morbidity and mortality

3. **Simulation works**
   Builds preparedness, early recognition, and effective response

Practice and Process Improvement Opportunities

1. Role Delegation
2. Hemorrhage Cart Readiness
3. MTP Blood Products Ratio Variations
4. Blood product(s) Readiness & Availability
5. Intrauterine Device Management Practices
6. Simulation Equipment & Funding Limitations

Survey Responses

Include OR & CRNA in the scenario

Apply blood management practices

Specific simulations for rural hospitals versus metro.

Even harder scenarios, they were realistic but too easy.

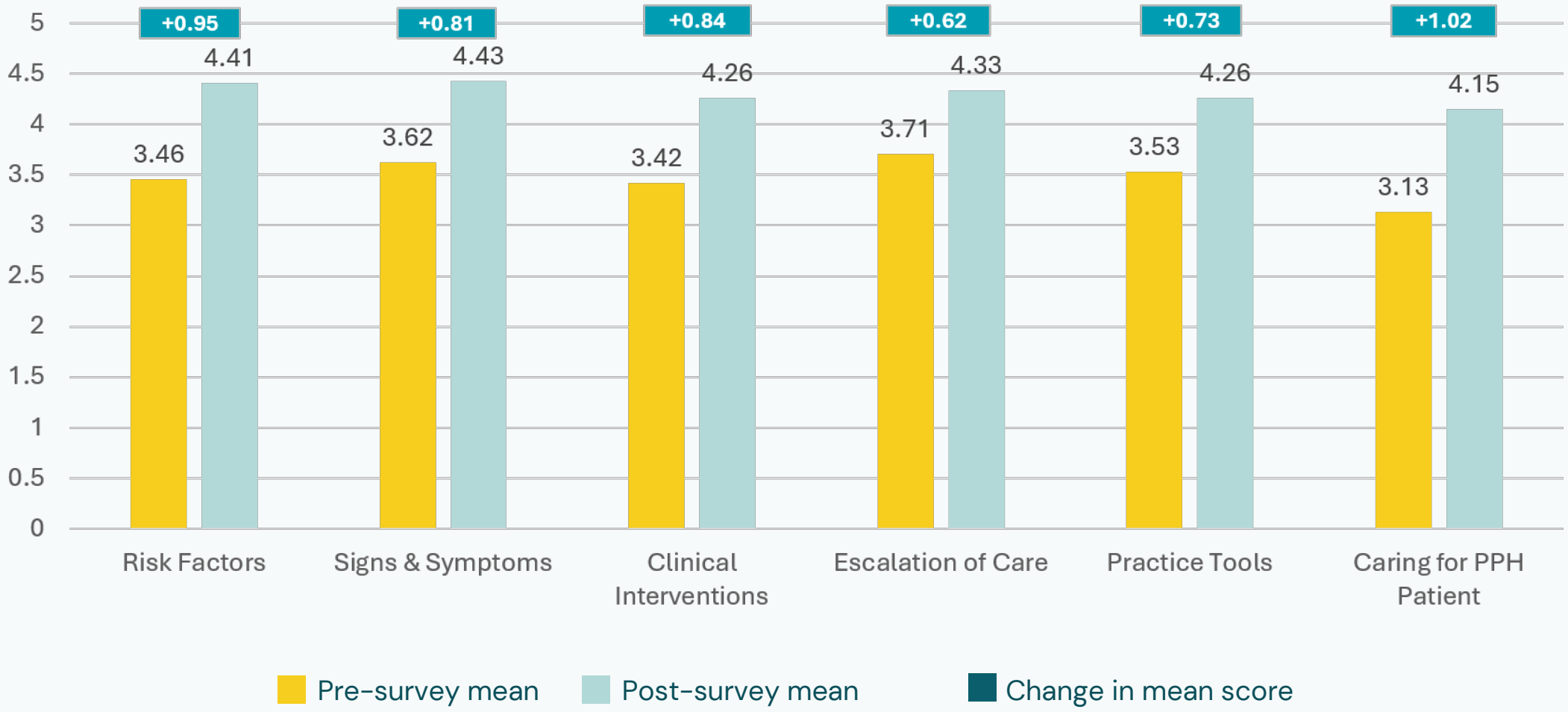
I would like use the equipment in real time

More days of simulations

See a mock video of a crew doing it.

Confidence Rose in Every Competency Area

Mean confidence score before and after simulation training (1 = strongly disagree, 5 = strongly agree)



Simulation Playbook Outline

Oregon Perinatal Collaborative Mobile Simulation Program Playbook Outline

1. **How to Use Playbook and Adapt to Your Facility**
2. **Simulation Templates**
3. **Obstetrical Simulation Scenarios**
   - OB Hemorrhage
   - Urgent/Emergent C-Section
   - Hypertensive Crisis
   - Shoulder Dystocia
   - Cord Prolapse
   - Precipitous Delivery
   - Code Blue
4. **Neonatal Simulation Scenarios**
   - Neonatal Resuscitation
   - Premature Infant
   - HIE
5. **Skills Worksheets**
   - QBL
   - JADA
   - Bakri
   - OB Hemorrhage Staging
6. **Practice Document Examples**
   - SBAR Formatting
   - Closed-Loop Communication
   - Debriefs
   - Policies

Simulations

1. Introductions
2. Didactic
3. Prebrief
4. Run the Simulation
5. Debrief (+/delta)



OB Hemorrhage Simulation Case

Andrea is a 34 year-old, G2P2 who is recovering in bed after a vaginal delivery. Her prenatal history noted a postpartum hemorrhage with her first delivery 18 months ago.

She was electively induced at 39 5/7 weeks. And had a two-day induction that started with misoprostol, followed by Pitocin with a max dose of 16 mU/min. Andrea delivered an LGA newborn weighing 9 lb 6 oz (4252 grams) 40 minutes ago.

Delivery QBL was 400 mL



Questions?



Thank You

References

Photos

Halvorson, G., Oregon State Archives. (2005, September 12). *Cleawox Lake, Honeyman State Park, Florence* [Photograph]. Wikimedia Commons. Licensed under Creative Commons Attribution 4.0 International (CC BY 4.0). Source: https://commons.wikimedia.org/wiki/File:Cleawox_Lake,_Honeyman_State_Park,_Florence_-_DPLA_-_260f45575ad5e1b29bc5f5d53037e1ee.jpg

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