



GARDNER-WEBB UNIVERSITY  
HUNT SCHOOL *of* NURSING

# DEVELOPMENT OF CODE-OB RAPID RESPONSE TEAM

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DR. JILL PARKER- CHAIR



# Team Acknowledgement



Robbie Pettit BSN, RN  
Project Partner, NHRMC



Kellie Griggs DNP, MSN-NE, RNC-OB  
Committee Partner

# Problem Identification

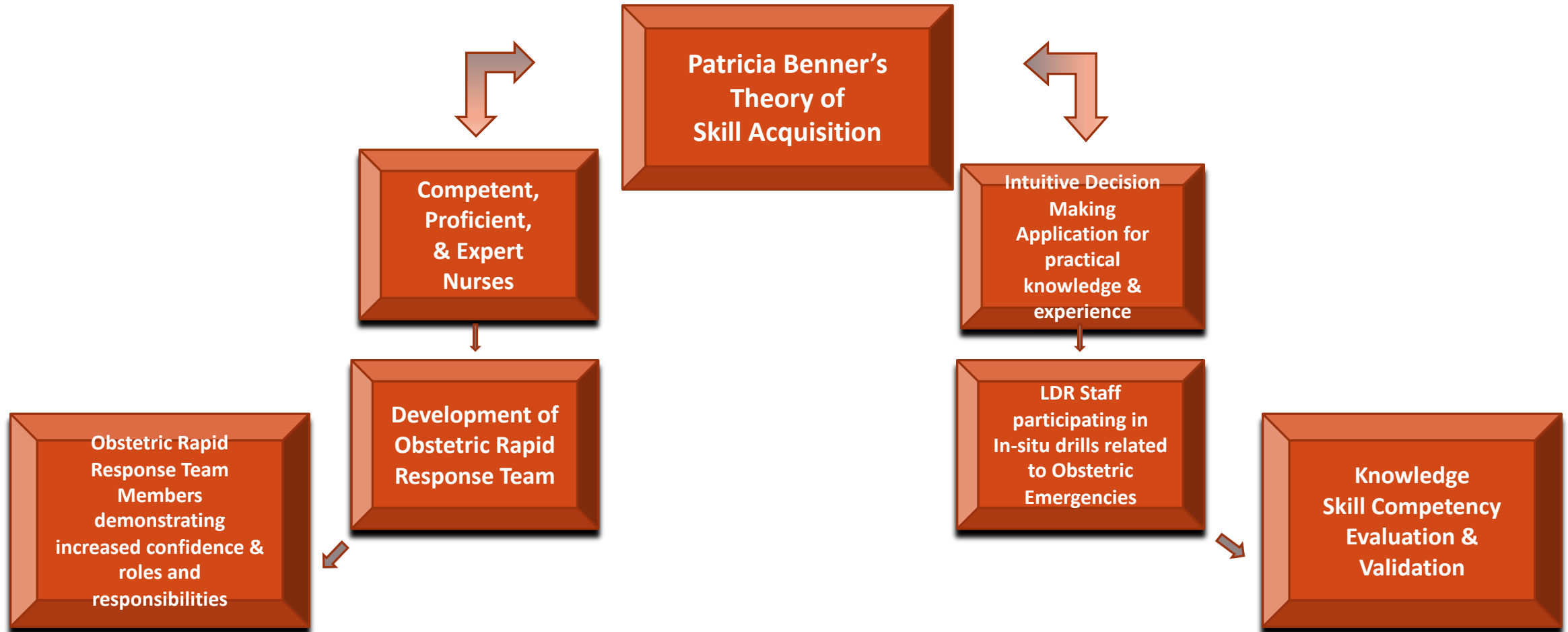
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Every **minute** a woman dies from complications related to pregnancy or childbirth. According to the World Health Organization, the United States continues to rank poorly compared to other countries. Evidence and data have shown that up to **50%**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

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**ACOG**

American College of Obstetricians  
And Gynecologists

**AWHONN**

Association of Women's Health  
Obstetrics & Neonatal Nurses

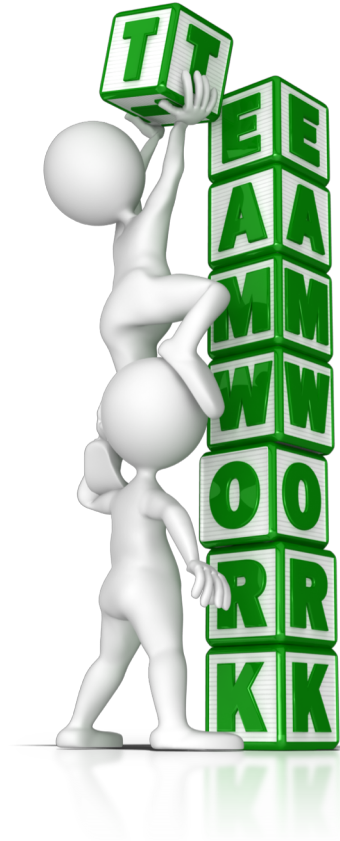


# Project Objectives and Goals

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## 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

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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

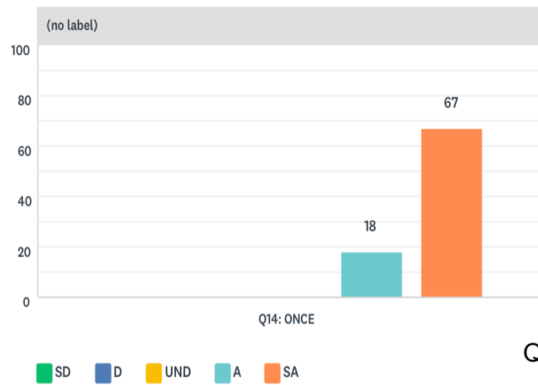


CODE-OB RRT	
TEAM	BACKUP
<b>QB</b> <small>Charge Nurse</small> Tania	Tifni
<b>RB</b> <small>Responsible for 1st-3rd yr / med</small> Anna	Ann
<b>WR</b> <small>Documenter</small> Maggie	Eina
<b>Center</b> <small>Responsible Nurse Role / Alerts / POC</small> Down	Jessica

# Outcomes: Change and Impact

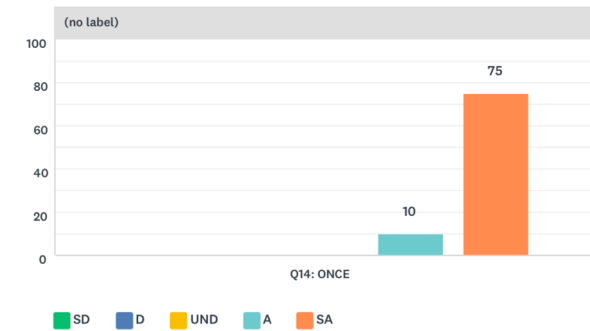
Q6 I AM CONFIDENT THAT I AM MASTERING THE CONTENT OF THE SIMULATION ACTIVITY THAT MY INSTRUCTORS PRESENTED TO ME

Answered: 85 Skipped: 0



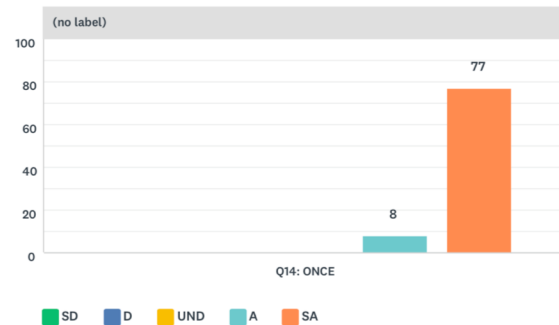
Q8 I AM CONFIDENT THAT I AM DEVELOPING THE SKILLS AND OBTAINING THE REQUIRED KNOWLEDGE FROM THIS SIMULATION TO PERFORM NECESSARY TASKS IN A CLINICAL SETTING

Answered: 85 Skipped: 0



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

Answered: 85 Skipped: 0



# Outcomes: Change and Impact

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*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/>)

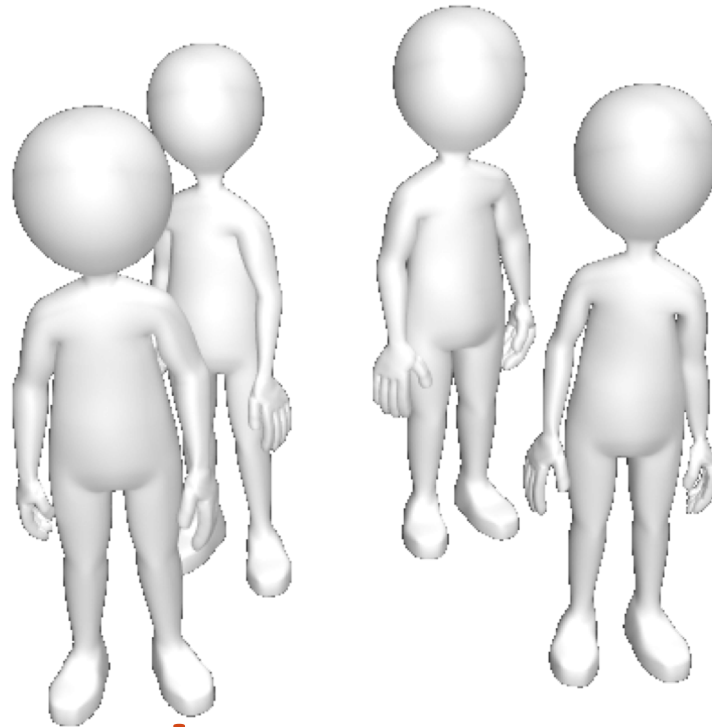
# Conclusion: Implications for Practice & Sustainability

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Communication

Teamwork

Increase patient safety  
for both mother and baby



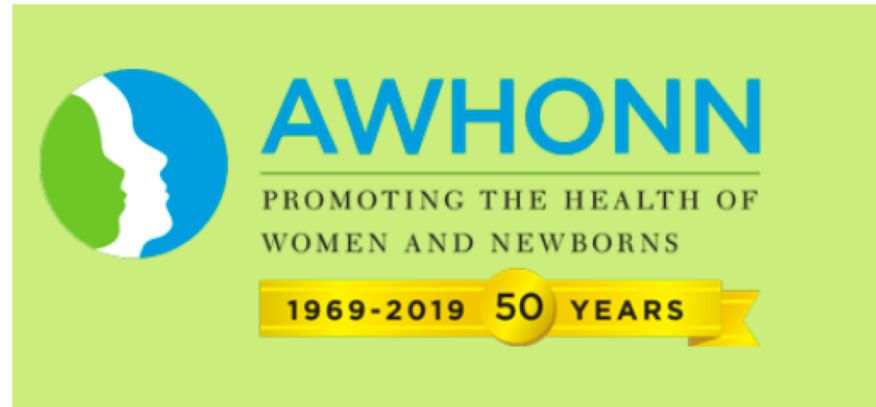
Confidence

Decrease in  
Maternal Mortality/Morbidity

Code-OB RRT

# Plans for Future Dissemination

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June 7-12<sup>th</sup>, 2019 Atlanta, Georgia



September 19-20<sup>th</sup>, 2019  
Winston Salem , NC

# References

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Microsoft  
Word Document