

# The High Risk Hospitalized Antepartum Patient Project

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# The High Risk Hospitalized Antepartum Patient

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A PASSION FOR BETTER MEDICINE.™



# Project Purpose

- To improve mental, emotional, and physical outcomes for high risk antepartum patients on the Perinatal Unit

# Background/Significance

- The Perinatal Unit at LVHN has a high rate of patients with stays greater than 5 days in length
- These patients frequently suffer from depressive symptoms and there is currently no process in place to help decrease the rate of depressive symptoms seen in this population

# PICO QUESTION

In high risk antepartum patients, how do patient-specific diversional activities, compared to no intervention, affect patient satisfaction.

**P:** High risk antepartum patients with a length of stay > 5 days

**I:** Patient specific diversional activities: “Menu of Options”

**C:** Current Practice—No intervention

**O:** Increased patient satisfaction

# TRIGGERS

## According to the IOWA Model

- Knowledge and Problem Focused Triggers

New Research or Other Literature (Knowledge Focused Trigger)	Identification of Clinical Problem (Problem Focused Trigger)	Philosophies of Care (Knowledge Focused Trigger)
Research states presenting patients with diversional activities and allowing them to make decisions regarding plan of care results in better patient outcomes	PNU patients with an extended hospital admission commonly display depressive symptoms	Mental health is a significant issue for high-risk hospitalized antepartum patients

# EVIDENCE

- Search engine: CINAHL
- Key words:
  - Pregnancy
  - High risk
  - Bed rest
  - Mental health
- Importance of providing patients with diversional activities to:
  - Increase patient satisfaction
  - Improve patient's mental health
  - Optimize patient's hospital stay

# EVIDENCE

- Increase patient control of schedule and environment
  - Rubarth et al. (2012), Richter et al. (2007)
- Alleviate boredom with distraction activities
  - Rubarth, et al. (2012); Richter, et al. (2007); Maloni, et al. (2000); Bauer, et al. (2010); Kinser, et al. (2014)
- Liberal visiting hours to allow more time with family
  - Rubarth, et al. (2012); Richter, et al. (2007)
- Wheel chair rides around the unit to orient to environment
  - Maloni, et al. (2000)
- Celebrate gestational milestones
  - Rubarth, et al. (2012)



# Current Practice at LVHN

- Currently LVHN Perinatal Unit does not provide any patient-specific interventions to decrease depressive symptoms for patients with a hospital stay greater than five days

# IMPLEMENTATION

## 1. Process Indicators

- High rate of depressive symptoms seen in PNU patients with >5 day admission length

## 2. Outcomes

- Increase in patient satisfaction
- Decrease in depressive symptoms

## 3. Baseline Data

- None obtained due to no current comparable practice at LVHN

## 4. Design (EBP) Guideline(s)/Process

- “Menu of Options” for patients to choose activities to help improve hospital stay

## 5. Implemented EBP on Pilot Units

- Implementation of Pilot on Perinatal Unit for all patients with hospital stay >5 days
- To be implemented after Epic Go-Live

## 6. Evaluation (Post data) of Process & Outcomes

- 10 PNU charts audited per month to evaluate documentation compliance

## 7. Modifications to the Practice Guideline

- Change in practice regarding implementation of interventions for patients with extended hospital admission
- Change in documentation regarding diversion activities

## 8. Network Implementation

- Only pertains to Perinatal Unit at LVHN-CC

# Practice Change

- Development of a variety of interventions to provide patients with and allow the patient to participate in selecting appropriate interventions for their plan of care
- Development of an addendum for patients' charts specifying implementation of project interventions

# RESULTS

- Each month, 10 PNU charts will be audited looking for:
  - Care plan updates
  - Patient provided with intervention list on day 6 of stay
  - RN or TP documenting daily review of interventions that were picked with patient
- This project is to be implemented after Epic Go-Live. After 1 month of implementation, auditing of charts will begin

# Implications for LVHN

- Increased patient satisfaction with hospital stay
- Decrease in depressive symptoms of PNU patients due to extended admission
- Improved mental health

# Strategic Dissemination of Results

- TLC learning for Labor and Delivery and Perinatal Unit Staff
- Results will be shared with all staff on the Perinatal Unit and Labor & Delivery
- Results may be shared quickly through email communication and more formally through presentation at a unit staff meeting

# Lessons Learned

- There is a need for increasing the mental health and patient satisfaction of the patients throughout the Perinatal unit. Collaboration between disciplines is essential for effective practice change

# References

- Rubarth, L. B., Schoening, A. M., Cosimano, A. & Sandhurst, H.(2012). Women's experience on hospitalized bed rest during high risk pregnancy. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 41, 398-407. Retrieved: November 2014 from CINAHL.
- Richter, M. S., Parkes, C., Chaw-Kant, J. (2007). Listening to the voices of hospitalized high-risk antepartum patients. *JOGNN*, 36(4), 313-318. Retrieved: November 2014 from CINAHL.
- Maloni, J. A., Kutil, R. M. (2000). Antepartum support group for women hospitalized on bed rest. *The American Journal of Maternal/Child Nursing*, 25(4), 204-210. Retrieved: November 2014 from CINAHL.
- Bauer, C. L., Victorson, D., Rosenbloom, S., Barocas J., Silver, R. K. (2010). Alleviating distress during antepartum hospitalization: A randomized controlled trial of music and recreation therapy. *Journal of Women's Health*, 19(3), 523-530. Retrieved: November 2014 from CINAHL.
- Kinser, P., Masho, S. (2014). I just start crying for no reason: The experience of stress and depression in pregnant, urban, african-american adolescents and their perception of yoga as a management strategy. *Women's Health Issues Journal*, 1-7. Retrieved: January 2015 from CINAHL.



# Make It Happen

- Questions/Comments:

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