Deposition Time! You be the Judge!

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Agenda

I. Litigation claims
II. Knowledge. Competency, Skills
III. Documentation
IV. Communication
V. Case Studies
VI. You be the Judge!
VII. Deposition Time

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Liability in Intrapartum Care

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 status, failure to report and escalate
  - Failure to properly manage hypertensive disorders of pregnancy
  - Inaccurate assessment and interventions in obstetric hemorrhage

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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.

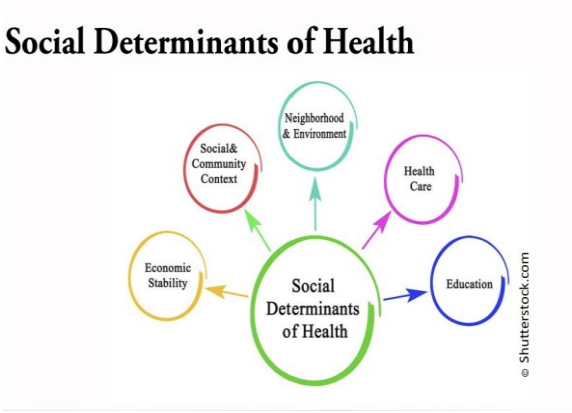
- Develop written evidence-based procedures for managing pregnant and postpartum patients with severe hypertension/preeclampsia that includes the following: The use of an evidence-based set of emergency response medications that are stocked and immediately available on the obstetric unit
- Provide role-specific 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

EFM Knowledge Check !

- Quiz you on definitions of EFM parameters
- Quiz you on your own protocols
- Show noncompliance with your own protocols
- Show discrepancy between your written evaluation and the tracing

- https://www.jognn.org/article/S0884-2175(18)30322-8/pdf?utm_source=AWHONN&utm_medium=page-clicks&utm_campaign=position-statement-clicks&utm_id=+

Respectful Care Decreases Liability!



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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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Second Stage Management and Mitigating Liability

- For women with epidural anesthesia who do not feel theurge to push when they are completely dilated, delay pushing until the urge to push is felt (up to 2 hours for nulliparous women and up to 1 hour for multiparous women).
- Discourage prolonged breath holding, instruct the woman to bear down and allow her to choose whether or not to hold her breath while pushing.
- Discourage more than three pushing efforts with each contraction and more than 6–8 seconds of each pushing effort.
- Avoid counting to ten to promote sustained breath holding during pushing efforts.
- Take steps to maintain a normal FHR pattern while pushing.
- Maternal pushing efforts may need to be modified based on the FHR pattern. Push with every other or every third contraction if necessary to avoid recurrent FHR decelerations. Reposition as necessary for FHR decelerations.
- Avoid tachysystole during the second stage of labor

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AWHONN Practice Brief: Lower Extremity Nerve Damage

- The key to prevent nerve injuries during labor is frequent readjustment of hand and leg positions, which helps prevent continuous pressure or stretch. Recommendations for the intrapartum period include the following:
- Avoid hyperflexion greater than 90 degrees of knees and thighs (especially with abduction and external rotation of hips), other than for emergent use of McRoberts maneuver for shoulder dystocia. After each pushing cycle or McRoberts maneuver, reposition the woman's legs in a neutral, relaxed, or flat position.
- Ensure women are repositioned often (every 10–15 minutes) during the second stage of labor.
- Avoid the lithotomy position and/or stirrups except as needed for birth. When stirrups are used, ensure the woman's thighs are not flexed more than 90 degrees and prevent hyperabduction of the thighs (frog leg position).
- Ensure that the women's legs do not lean against hard surfaces, including but not limited to bed, side rails, and the edge of stirrups.
- Rotate hand positions and ensure that no deep, prolonged pressure from fingertips is applied, especially at the lateral knee area and the posterior thigh area. Encourage the woman to position her hands flat while holding her legs back.
- Document specific positions and times of position changes, particularly during the second stage of labor.
- When neuraxial analgesia is used, it should be non-motor blocking to allow women to move their legs and to retain some sensation. The use of low concentration local anesthetic solutions is not associated with a prolonged duration of the second stage of labor or an increased instrumental birth rate and is recommended by the Society for Obstetric Anesthesia and Perinatology, 2020.

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EFM: 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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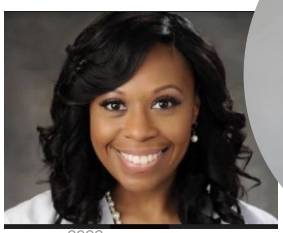
Case Studies



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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

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

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

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Hypertensive Crisis

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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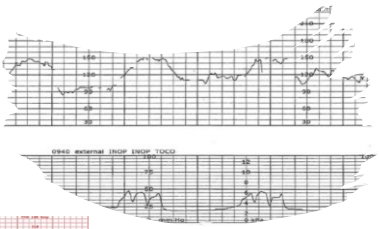
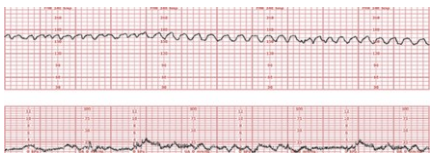
You be the Judge!

Amniotic Fluid Embolism



Ambiguous tracings



Sinusoidal Pattern

I have fallen and I can't get up!

Intermittent monitoring

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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			98.2 ... Oral	98 (3... Oral		98.7 ... Oral					99.4 ... Oral	
84	75	85		90			88	84		91			85 93		99	99
18	20	20		18			18	18		18					18	18
167/97	169/102	172/119	148/97	160/108			166/105	135/92		123/79			143/89 155/100		160/105	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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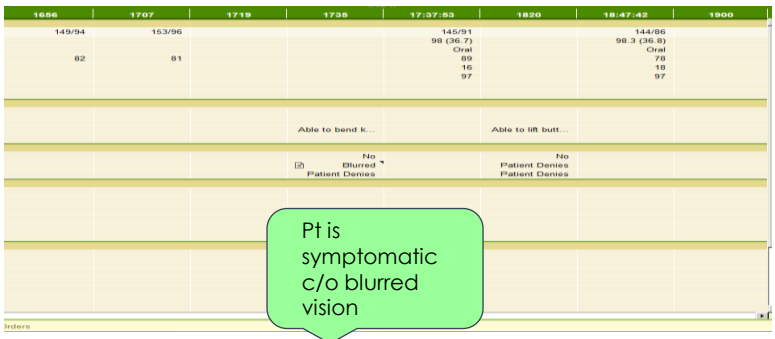
Vaginal Del readmitted High BP's



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

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Deposition Time

EFM TACTICS TO DISCREDIT YOUR EFM EXPERTISE

- Quiz you on definitions of EFM parameters
- Quiz you on your own protocols
- Show noncompliance with your own protocols
- Show discrepancy between your written evaluation and the tracing

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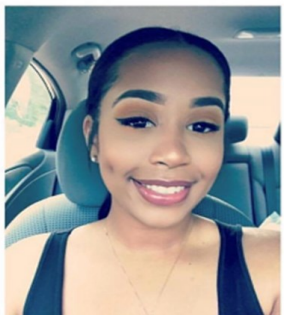
Let's Roll Play!!

Their side of the story……

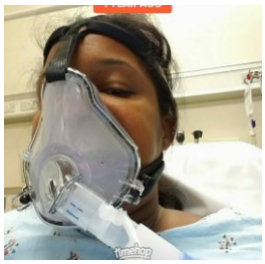
Lashonda Hazard



Facebook posts

Dies an hour later

Cardiomyopathy Survivor



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

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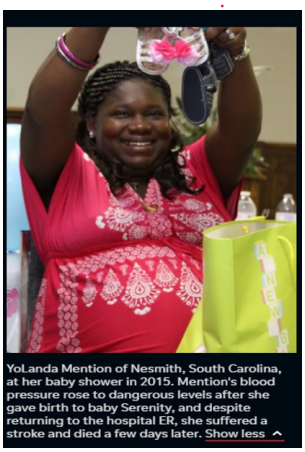
Their side of the story….



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Thank you

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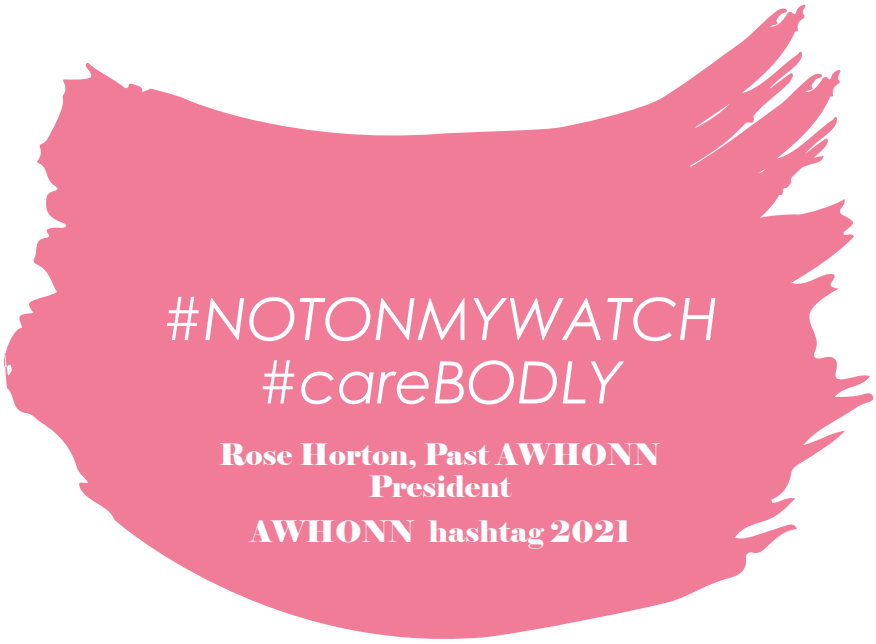
#NOTONMYWATCH
#careBODLY
Rose Horton, Past AWHONN President
AWHONN hashtag 2021

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