

How Has Simulation Changed?

- Realism in manikin



Fig. 1. "The Machine" obstetrical simulator of Madame du Coudray. (Courtesy of the Musée de Flaubert, Rouen, France; with permission.)



Current Sim Models

Victoria by Gaumard



Noelle by Gaumard



Current Sim Models

PROMPT Birth Simulator for Shoulder Dystocia

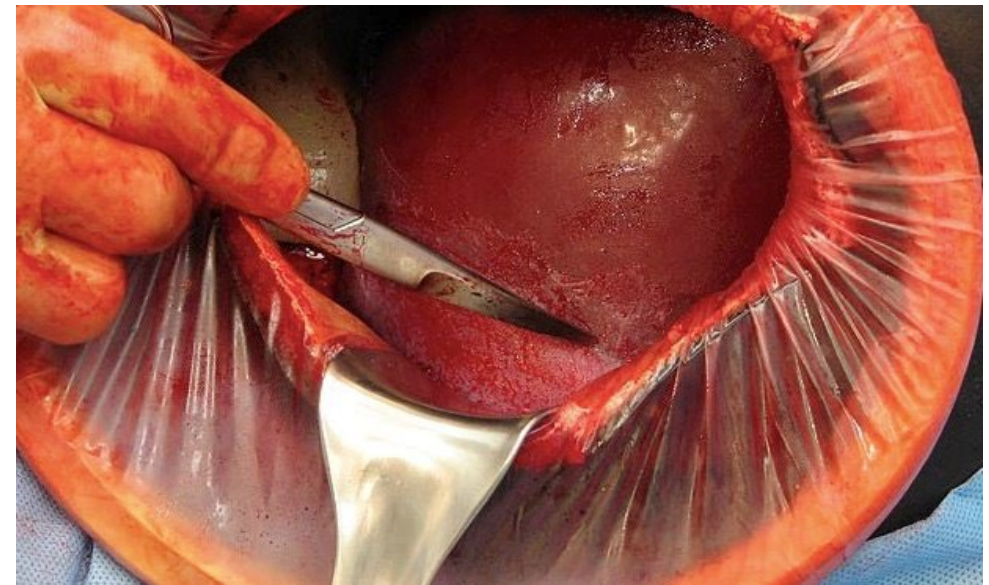


Fig. 5. The PROMPT birthing simulator. (Courtesy of Limbs and Things, Bristol, United Kingdom; with permission.)



Current Sim Models

- Operative Experience



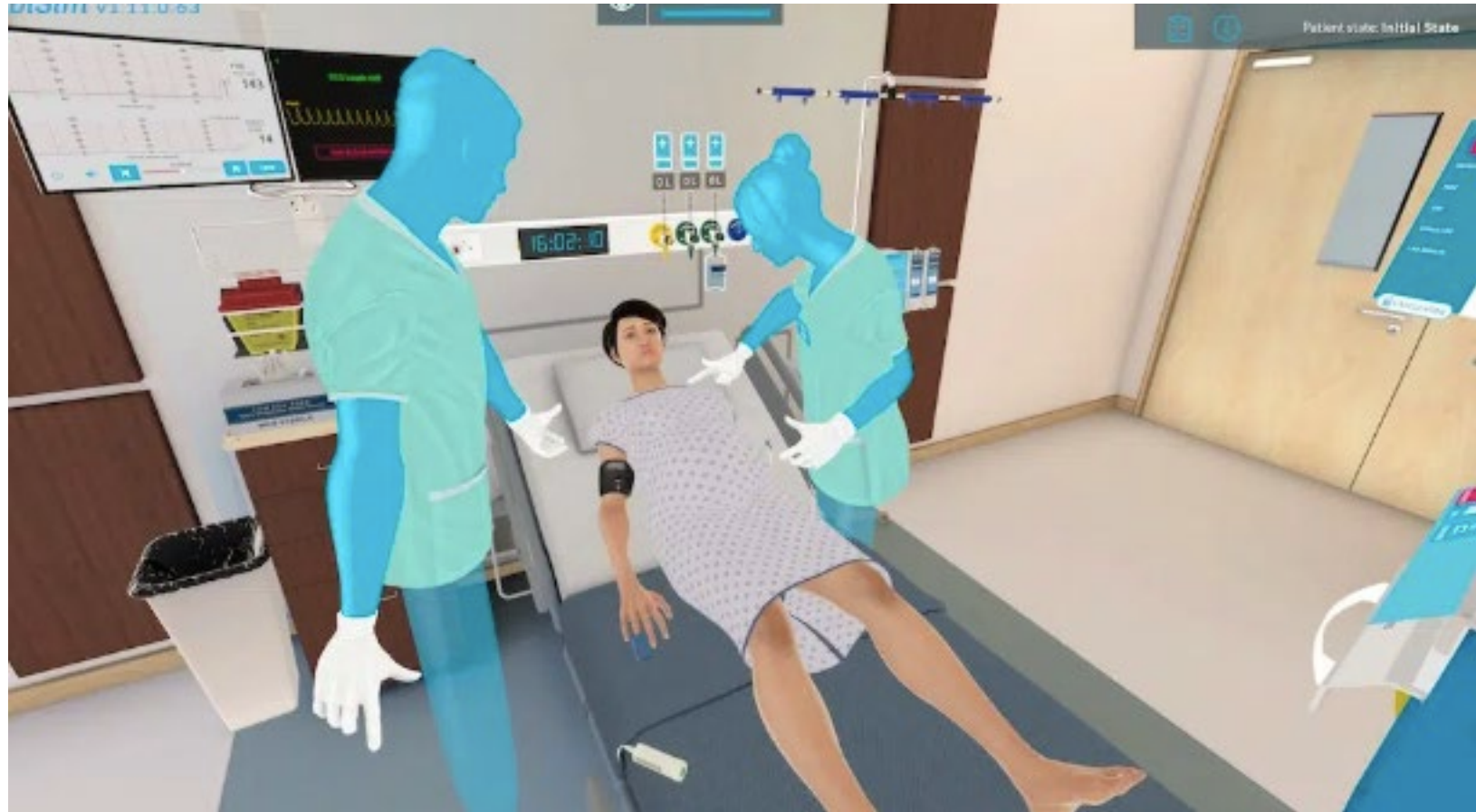
Current Sim Models

- MamaNatalie® (Laerdal)



Current Sim Models

- Virtual Reality



Simulation in Healthcare Systems

- 2012 ACOG released *“Quality patient care in labor and delivery: a call to action”*
 - Communication
 - *Drills and simulations*
 - Shared decision making
 - Teamwork
 - *Debriefs*
 - Quality measurement
 - *Case reviews*

Current Guidelines and Regulations



READINESS

Every unit

- Hemorrhage cart with supplies, checklist, and instruction cards for intrauterine balloons and compressions stitches
- Immediate access to hemorrhage medications (kit or equivalent)
- Establish a response team - who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services)
- Establish massive and emergency release transfusion protocols (type-O negative/unknown/unmatched)
- Unit education on protocols, unit-based drills (with post-drill debriefs)

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

ABOUT US ▾ PATIENT SAFETY BUNDLES ▾ FOR STATES AND PARTNERS ▾ AIM DATA ▾ COLLABORATIVE HEALTH INNOVATION STRATEGIES ▾ COUNCIL

WHAT IS AIM?

The Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement initiative. Based on proven safety and quality implementation strategies, AIM works to reduce preventable maternal mortality and severe morbidity across the United States.

AIM works through state and community-based teams to align national, state, and hospital level quality improvement efforts to improve overall maternal health outcomes. Any hospital in a participating AIM state may join the growing and engaged AIM community of multidisciplinary healthcare providers, public health professionals, and cross-sector stakeholders who are committed to improving maternal outcomes in the U.S.

AIM is funded through a cooperative agreement between the American College of Obstetricians and Gynecologists

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Current Guidelines and Regulations

R³ Report | Requirement, Rationale, Reference

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Provision of Care, Treatment, and Services standards for maternal safety

Provision of Care, Treatment, and Services chapter

Requirement	EP 7. Conduct drills at least annually to determine system issues as part of on-going quality improvement efforts. Drills include representation from each discipline identified in the organization's hemorrhage response procedure and include a team debrief after the drill.
Rationale	Multidisciplinary drills give an organization the opportunity to practice skills and identify system issues (e.g., unwillingness of the blood bank to release blood products despite authorization for this in the procedure) in a controlled environment. It is crucial to have members from as many disciplines identified in the organization's response procedure as possible available during drills to be able to test each level of the emergency and identify areas of improvement. This is crucial for identifying weaknesses in the response system and to identify opportunities for improvement. Organizations should assess their level of proficiency to determine the frequency drills should be performed; organizations that have reached a high level of mastery may need less frequent drills.
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Current Guidelines and Regulations

- Credentialing
- Malpractice

Original Research

Association of Simulation Training With Rates of Medical Malpractice Claims Among Obstetrician–Gynecologists

Adam C. Schaffer, MD, MPH, Astrid Babayan, PhD, Jonathan S. Einbinder, MD, MPH, Luke Sato, MD, and Roxane Gardner, MD, DSc

- ABOG

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