

Nursing Leadership: Where Readiness Becomes Practice

Nurses connect the protocol, the environment, and the team.



PREPARE

Translate evidence and policy into bedside workflows
Ensure supplies, medications and escalation pathways are operational



RECOGNIZE

Assess risk and changing clinical status
Quantify and communicate cumulative blood loss



RESPOND

Coordinate multidisciplinary action
Anticipate escalation, blood products and additional support



LEARN

Debrief to identify strengths and system gaps
Bring lessons back to education, policy and future simulations

Nursing leadership makes the hemorrhage plan executable—not just available.

From “Knowing” to “Doing”: What We Practice

A nursing workflow for translating hemorrhage recognition into coordinated action.



QBL is more than a measurement technique—it is information the team must act on.

AWHONN recommends objective measurement or quantification of cumulative blood loss for every birth.

Nursing-Led Simulation: Test the System, Not Just the Clinician

In-situ simulation reveals whether the real workflow supports the response we expect.

BEFORE

- Define objectives around real workflow
- Engage bedside + multidisciplinary partners
- Verify carts, supplies, medications, blood access and roles

DURING

- Observe communication + role clarity
- Evaluate recognition and escalation
- Test actual equipment, processes and handoffs

AFTER

- Debrief the team AND the system
- Capture strengths + opportunities
- Assign follow-up and re-simulate when appropriate

The goal is not to prove the team can “pass” the simulation.

The goal is to discover what could fail before a patient experiences it.

From Simulation to Sustainable Change

Simulation becomes a patient-safety strategy when what we learn changes what we do.

AIM Reporting & Systems Learning emphasize multidisciplinary debriefs, action planning, role clarity, and system-level learning.

