



# Action Collaborative Session 1:

## Preparing for Effective Emergency Drills

January 9, 2024



## Program Faculty



**Amy Romano, MBA, MSN, CNM,  
FACNM**

**Founder and CEO, Primary  
Maternity Care**



**Jen Johnson, CNM, MS**

**Clinical Operations Consultant, Primary  
Maternity Care**



**Alexa Dougherty, MSN, PHN, CNM**

**Clinical Operations Consultant, Primary  
Maternity Care**

# Financial Disclosures

- With respect to the following presentation, there have been no relevant (direct or indirect) financial relationship between the presenters/activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the presenters and may not reflect official policy of Moses/Weitzman Health System, Inc. or its Weitzman Institute.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

# CME and CE Information

In support of improving patient care, this activity has been planned and implemented by Primary Maternity Care and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Through Joint Accreditation, credits are also available under the following body:  
American Academy of PAs (AAPA)



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION



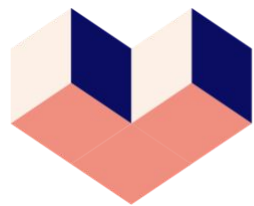
# Outline for Today

---

- About PMC and Step Up Together
- About Our Cohort
- Why Collaboration in Transfers Matters
- Improving Emergency Preparedness with Collaborative Drills



# About PMC and Step Up Together



# Primary Maternity Care

**Our Mission:** To enable integrated, high quality reproductive and perinatal care by strengthening systems for **patient engagement, quality improvement, value-based payment, and community-based care delivery.**

## Clients Include

American Association of Birth Centers

Black Women's Blueprint

CHOICES Memphis

Community of Hope (DC)

Connectus Health (Nashville)

Community Health Network of CT

Every Mother Counts

Purchaser Business Group on Health

32BJ Health Funds (NY/NJ)

Women's Health Connecticut

[www.primarymaternitycare.com](http://www.primarymaternitycare.com)

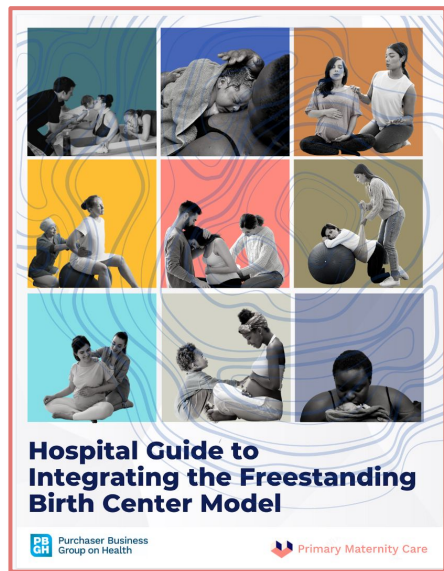


# A Comprehensive Program to Drive Hospital-Birth Center Integration

Guide

Learning Series

Action  
Collaborative





# Learning Series

---



Sessions 3 and 6 are prerequisites for Action Collaborative participants

- Session 3: Designing Transport Workflows and Maximizing Collaboration Across Facilities
- Session 6: Planning and Conducting Effective Emergency Drills for Community Birth

# Action Collaborative 2024

## Overall Learning Objectives:

- **Strengthen relationships** between hospital and community birth practice
- Develop dyad-specific **transfer guidelines, policies, and protocols** for OB emergencies
- Be able to **conduct, execute, and debrief a Full Transfer Drill** that starts in the community, uses emergency transport, and ends up in hospital
- **Increase competence** in practice-specific components of drills, with firm understanding of interdisciplinary roles, responsibilities, and quality improvement measures



# About Step Up Together Action Collaborative



**Tools**



**Community**



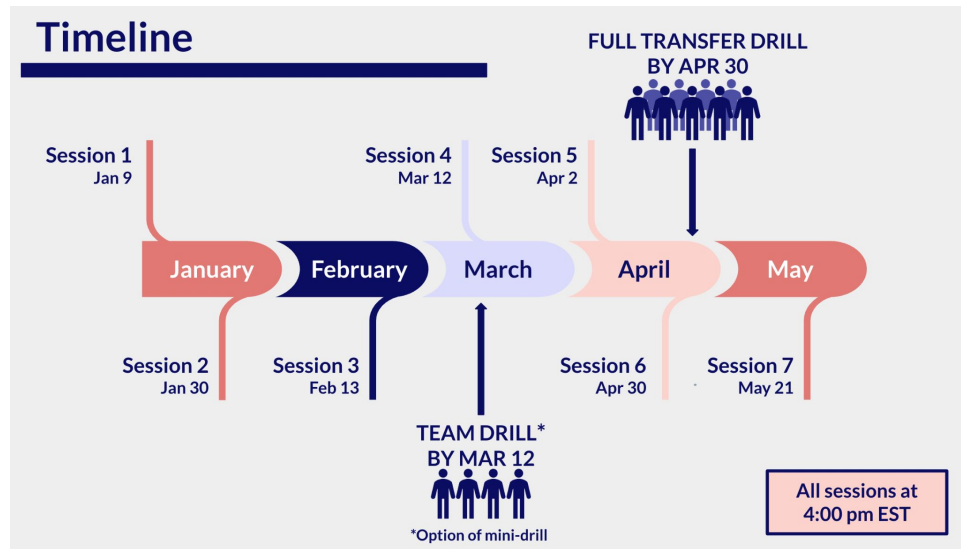
**Coaching**

## **Partners and Funders:**

- Purchaser Business Group on Health
- Skyline Foundation
- UnitedHealthcare Community & State

# Action Collaborative Live Sessions

1. Preparing for Effective Emergency Drills
2. What's in your Emergency Toolkit: Environmental Readiness for Emergencies
3. Improving Community Birth Transfers through Collaboration and Documentation. Personnel Readiness and Engaging with EMS
4. Community Debrief and Full Transfer Drill Preparation
5. Clinical Deep Dive and Transfer Case Review
6. Full Transfer Community Debrief
7. Turning Drill Experiences into Sustained Practice Changes and Quality Improvement



# Action Collaborative Learning Objectives: Session 1

---

- Understand the **goals of this action collaborative** and be able to articulate the **community guidelines for a safe learning space**
- Articulate the **most common emergencies** that occur in community birth and the **importance of drills** for safety and teamwork
- Articulate the **3 delays framework** and its impact on safe care and outcomes
- Identify the basics of **planning, executing, and debriefing drills**
- Identify **common misconceptions** in both the community birth and hospital birth settings when it comes to emergency preparedness and response



# About Our Cohort



# Agreements for a Safe Community

## Communal Practices:

- Enter the community with an open mind, readiness to learn and engage.
- Speak from personal experience using “I” language rather than generalizations.
- Treat each other with respect
- Honor diverse backgrounds, expertise, and lived experiences.
- Celebrate the contributions of others.
- Share events, resources, toolkits, courses, triumphs, and encouragement freely.
- Maintain privacy and comply with all relevant rules, regulations, and organizational standards.

## Community Guidelines:

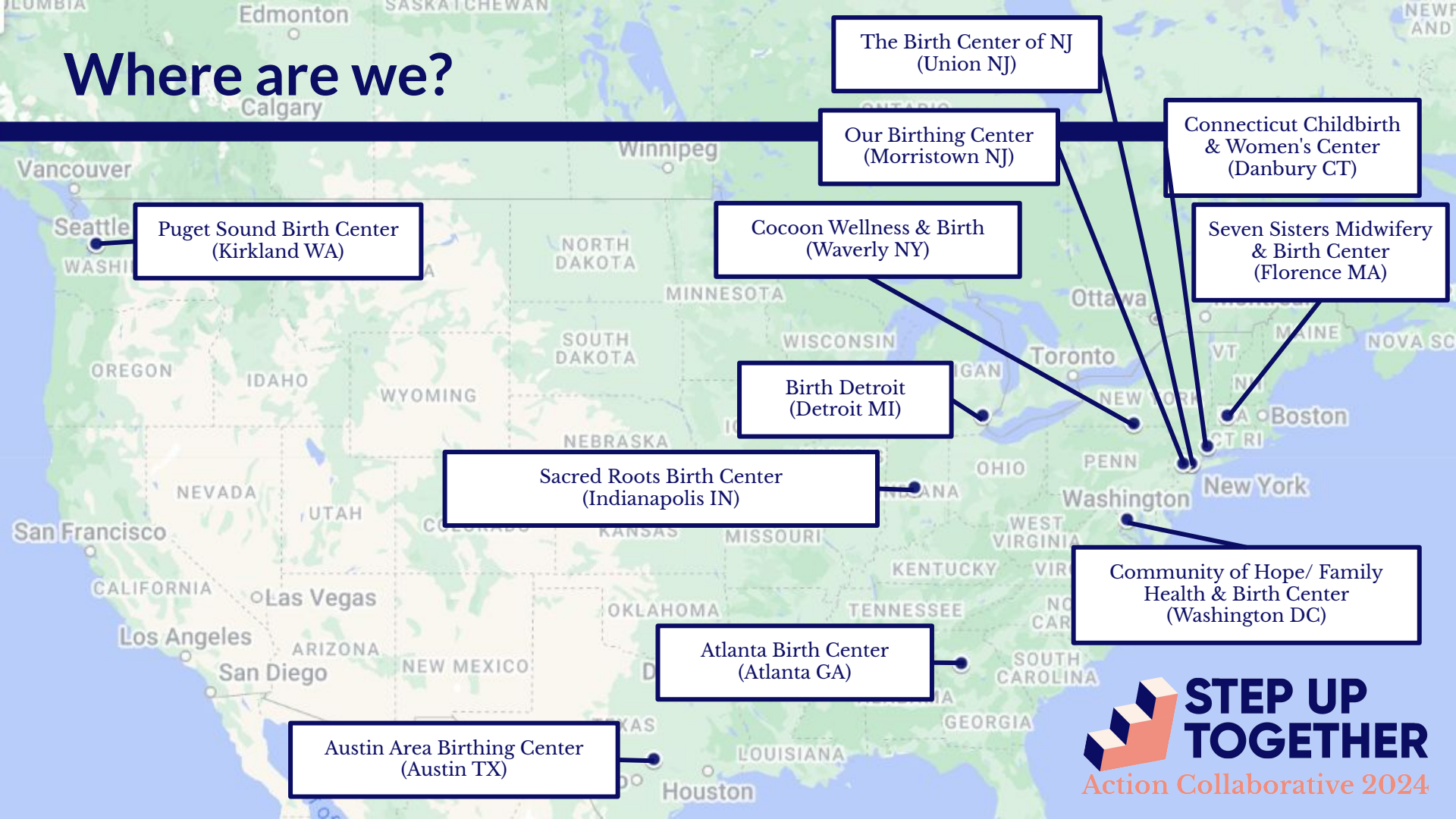
- No harassment, discrimination, racism, sexism, inappropriate behavior, or threats
- No soliciting
- No requests for medical advice or consultation
- No profession-bashing
- No screenshots of each other’s activity without permission



# Introduce yourself!

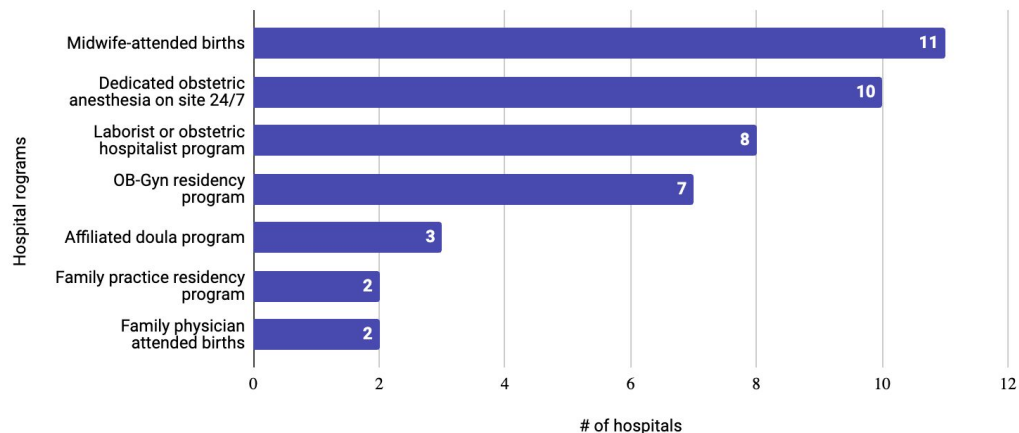
- Name and pronouns
- Location
- Practice & role
- One word or phrase for:
  - what you're bringing to this learning community
  - what you hope to take away

# Where are we?

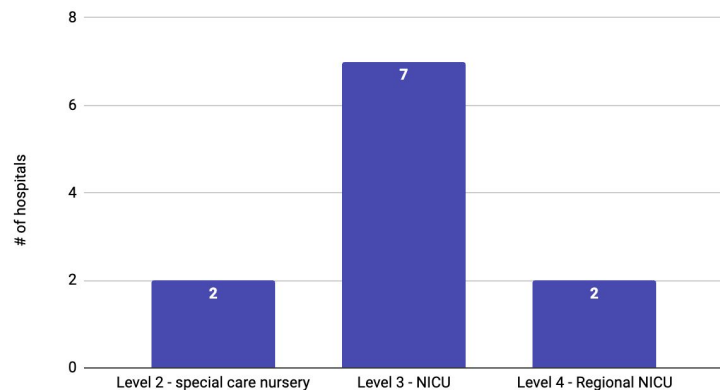


# Participating Hospital Characteristics (n=11)

Does the hospital have any of the following services?

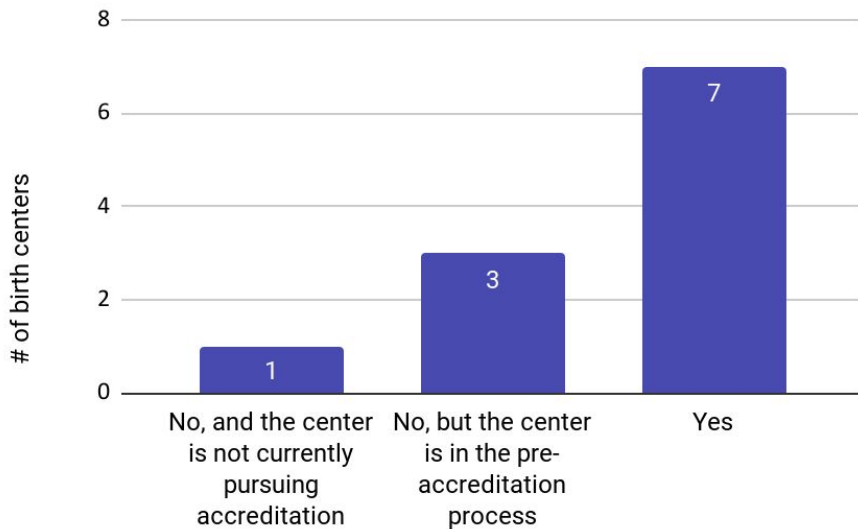


What level of neonatal care is available at this hospital?

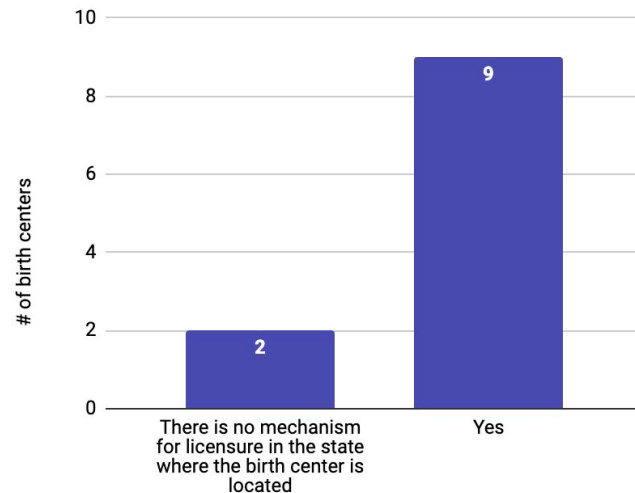


# Participating Birth Center Characteristics (n=11)

## Is the birth center accredited by CABC?



## Is the birth center licensed by the state?



# Current Integration and Patient Safety Initiatives

What types of integration do the birth center and hospital have in place?	# of dyads (n=11)
Written transfer agreement between the two facilities	7
Direct admission to L&D for transfers (e.g. bypass emergency department or triage)	7
Direct admission to NICU for transfers (e.g. bypass emergency department)	5
Midwives who maintain delivery privileges at both the birth center and the hospital	5
Written agreement with emergency transport service	5
A neonatal transport team that will dispatch to the birth center	4
Structured process for transferring records and summarizing key prenatal, intrapartum, and neonatal data	3
Interdisciplinary drills, simulations, or other training with birth center team and hospital-based team	2
Regular joint review of transfers	1
Integrated electronic health record systems across birth center and hospital	0
Partial or total ownership of the birth center facility by the hospital or health system	0
Other (non-ownership) financial agreement between birth center and hospital or health system	0

Current (Pre-Action Collaborative) Drill Practices	# of birth centers (n=9)
Emergency team drills in the birth center	9
Emergency transfer drills between the birth center and the hospital	0





# Why Collaboration in Transfers Matters



# REFLECTION

**What misconceptions or generalizations do people have about your care setting?**

# Positive Patient Experiences of Community Birth Transfers



“I was treated with **respect, dignity, and options/ choices** in a difficult situation.”

“Our midwife anticipated the best time to transfer to **allow for a vaginal birth.**”

“I felt very **supported and validated** by my care team and everyone seemed to **communicate well.**”

“The nursing staff were so **kind and responsive and tender.**”

“We brought our hospital birth plan that we had prepped just in case...The nurse told us she read it and felt really connected and in love with our story and plan. And she had an **energy of honor.**”

“I delivered in the ER and even though the setting was not anticipated the staff still allowed for **delayed cord clamping and immediate skin to skin contact.**”

# Negative Patient Experiences of Community Birth Transfers



“Treatment  
felt **punitive.**”

“I was **pressured to  
have a C-section** using  
fear-based language.”

“They called the  
**cops on me.**”

“Wanted to have a natural  
birth at the birth center,  
ideally in a tub. Instead the  
hospital transfer led to an  
**episiotomy, birthing on  
my back, no doula allowed,  
overnight stay.**”

“I didn’t expect to be  
treated so badly. I  
**think people just  
don’t believe Black  
women** when we talk  
about what’s  
happening to our  
**bodies.**”



# REFLECTION

**Why does collaboration in  
emergency transfers matter?**

# The 3 Delays Framework

In community-integrated maternity care models, **preventable** morbidity and mortality are often related to one or more **delays**.







# Improving Emergency Preparedness with Collaborative Drills



# REFLECTION

**What is a key component of a  
successful emergency drill?**

# Types of Drills

	Type of Drill	Who's Involved	Planning Needs
	Mini Drill	Solo, two-person team, any small group	Can be impromptu, scheduled during orientation
	Team Drill	Full team from practice/facility	Schedule in advance at regular times, compensate time to participate
	Full Transfer Drill	Full team plus transport and/or hospital personnel	Coordination and advanced planning required

# Step Up Together!

- Choose Implementation Toolkit from Drill Library
  - First stage bradycardia and emergency intrapartum transfer
  - Postpartum hemorrhage and emergency transfer
  - Neonatal respiratory distress and emergency transfer
- Plan, run, and debrief your Team Drill or Mini Drill
- Work with EMS and your partner institution to run your Full Transfer Drill
- Debrief with your all partners
- Create shared Quality Improvement goals

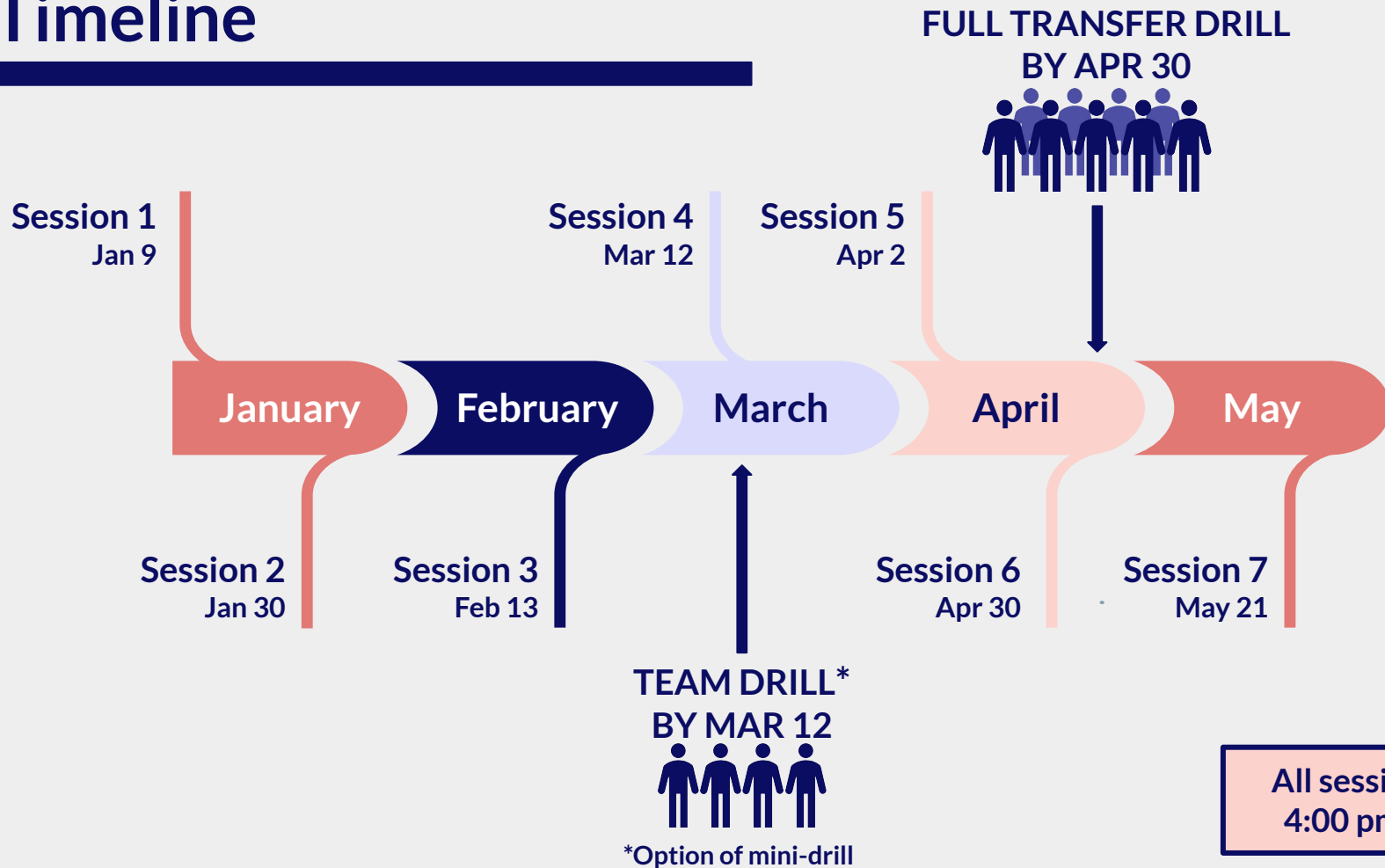


## DRILL IMPLEMENTATION TOOLKIT: First Stage Fetal Bradycardia & Intrapartum Transport

### LEARNING OBJECTIVES

1. Identify and respond to fetal heart rate abnormalities in the context of intermittent auscultation.
2. Review intermittent auscultation skills including detecting decelerations and identifying and resolving signal ambiguity.
3. Review steps of intrapartum emergency transport.
4. Communicate openly and effectively with the patient, support people, and additional healthcare personnel (EMS, hospital providers, etc.) in the event of intrapartum emergencies and transport.

# Timeline



# Additional support

---

- Podia Learning Platform
  - Discussion board
  - Resource Library
- How to schedule consulting hours (2 session / team)
  - Instructions forthcoming - check Podia
- On-Site Support
  - PMC team travels to your city - funding available for up to 3 locations
  - Check out Cocoon's Story on the Podia discussion board
  - Look for application coming soon