Healthcare Organization Commitment

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Commitment Details

Commitment Name
Avoiding maternal morbi-mortality.

What Patient Safety Challenge does your Commitment address?
Challenge 11 - Optimizing obstetric safety

Commitment Start Date
10/01/2018

How Many Hospitals Will This Commitment Represent

Patient Safety Movement Foundation | patientsafetymovement.org
Action Plan

Maternal mortality is one of the most sensitive indicators for a nation's development, it shows inequity, lack of access and poor quality of obstetric care. In Mexico, this problem persists and constitutes a challenge for the Public Health System. The general trend of the country is towards the reduction of maternal mortality, in 1990 there was a death rate (deaths per 100,000 inhabitants) of 89, for 2014 there was a ratio of 38.0, it is required to reach a maternal death ratio lower than 30.0 by 2018, in compliance with the Sustainable Development Goals (ODS). The main objective is to avoid the severe maternal morbility. Objectives to follow to reach the goal: 1. Promotion of the Pre-Gestational Consultation. 2. Efficient pregnancy, delivery and puerperium care, with a risk approach. 3. Systematization of triage, mater code and immediate obstetric reaction equipment. 4. To make efficient the promotion of family planning methods in women of childbearing age with risk factors and to make efficient Post-Event Contraception. 5. Efficient Reference System - Counter-reference. 6. Continuous medical update based on clinical practice guidelines. Strategies: 1. Implement Preconceptional and multidisciplinary Consultation. 2. Supervise prenatal care compliance to pregnant women with an opportunity for prenatal observation in the first, second and third trimesters. 3. Supervise the attention of Triage, Mater Code and Immediate Obstetric Reaction, evaluation according to the established indicators. 4. Notify to the first level of care (health centers) of patients who are not attending their prenatal checkup. 5. Supervise the implementation of the use of reactive strip (labstix) to all patients in consultation. 6. Send evidence of obstetric emergency drills in different shifts (at least 2 per month). (Video-tapes, analysis and feedback) to the Second Level of care. 7. Supervise the active management of the third period of labor. 8. Supervise the immediate puerperium surveillance according to the Official Mexican Standard NOM-SSA2-007-2016. 9. Train on the different methods of quantification of bleeding due to hemorrhage; recognition and treatment of shock grades. 10. Supervise the obstetric boxes pink (hemorrhage) and red (hypertensive diseases). 11. Identify the available human resources for each shift: Gynecologist or Surgeon with experience in staggered desarterialization, hypogastric ligation and compression techniques. 12. Supervise the delivery of obstetric patients into the Toco-surgical unit, recovery and intensive adult care, especially those with severe morbidity. 13. Hold meetings for the local Maternal Death Committee to discuss real cases of emergency and obstetric death. 14. Apply the available supervision cards which are according to Clinical Practice Guidelines. 15. Send documentary evidence of continuous training to the pregnant women to reinforce the safety plan. 16. Evaluate the user satisfaction through Health Quality Indicators (INDICAS). Evaluation and control method • Analysis of applied supervision card which focuses on the quality of obstetric care according to the Clinical Practice Guideline (GPC) "Prenatal care with patient-centered care", "Prevention, diagnosis and treatment of preeclampsia in the second and third levels of care", "Diagnosis and treatment of obstetric hemorrhage in the second half of pregnancy and immediate puerperium" • Creation and implementation of the check in Card for the abatement of C- sections • Minutes of the Hospital Committee for the Prevention, Study and Monitoring of Morbidity and Maternal and Perinatal Mortality, with analysis of severe
morbidity. • Documents to support obstetric emergency drills. • Census (name, age, address, telephone, diagnosis, and important background) of high-risk pregnant women based on the risk assessment table of prenatal care that had been identified in emergencies and consultation areas. This census will be daily reported inside the hospital areas through a technology tool which allow the areas connectivity. • Analysis of triage, Mater Code and immediate obstetric reaction. • Evaluation of clinical competences and techniques of health personnel during mater codes. • Application of satisfaction surveys to patients and relatives. • Implementation of satisfaction surveys of the work environment on the staff.

Commitment Timeline
As this challenge must be continuously reviewed, the distribution of activities will be as follow: During the first months (January and February): 1. Implement Preconceptional and multidisciplinary Consultation. 9. Train on the different methods of quantification of bleeding due to hemorrhage; recognition and treatment of shock grades. 11. Identify the available human resources for each shift: Gynecologist or Surgeon with experience in staggered desarterialization, hypogastric ligation and compression techniques. However to have a correct follow up: Weekly activities: 4. Notify to the first level of care (health centers) of patients who are not attending their prenatal checkup. Monthly activities: 2. Supervise prenatal care compliance to pregnant women with an opportunity for prenatal observation in the first, second and third trimesters. 3. Supervise the attention of Triage, Mater Code and Immediate Obstetric Reaction, evaluation according to the stablished indicators. 5. Supervise the implementation of the use of reactive strip (labstix) to all patients in consultation. 6. Send evidence of obstetric emergency drills in different shifts (at least 2 per month). (Video-tapes, analysis and feedback) to the Second Level of care. 7. Supervise the active management of the third period of labor. 8. Supervise the immediate puerperium surveillance according to the Official Mexican Standard NOM-SSA2-007-2016. 10. Supervise the obstetric boxes pink (hemorrhage) and red (hypertensive diseases). 12. Supervise the delivery of obstetric patients into the Toco-surgical unit, recovery and intensive adult care, especially those with severe morbidity. 13. Hold meetings for the local Maternal Death Committee to discuss real cases of emergency and obstetric death. 14. Apply the available supervision cards which are according to Clinical Practice Guidelines. 15. Send documentary evidence of continuous training to the pregnant women to reinforce the safety plan. 16. Evaluate the user satisfaction through Health Quality Indicators (INDICAS).

Impact Details

Lives Lost in Last Calendar Year
19

How many lives do you expect to spare from harm in the next calendar year?
2072

How many lives do you expect to save in the next calendar year?
Methodology for Determining Lives Saved
Since this is a morbidity measure, the lives saved calculation is not applicable.