Healthcare Organization Commitment

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**Position**  
Head of Second Level of Healthcare Attention

**Organization Name**  
Secretaría de Salud

**Commitment Details**

**How many hospitals are represented in this commitment?**

<table>
<thead>
<tr>
<th>Last Report</th>
<th>Current</th>
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<tbody>
<tr>
<td>15</td>
<td>15</td>
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**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 Update
The commitment of the health services in Hidalgo is to reduce and / or prevent maternal
In order to strengthen actions and strategies to avoid severe maternal morbidity, the objective was to improve the opportunity areas identified to achieve this objective. This year, the promotion of pre-pregnancy care was implemented, with the aim of integrating specialties such as internal medicine and surgery in the identification of patients of childbearing age with risk factors. Prenatal control with a risk approach was improved, and training was strengthened in the attention of obstetric emergencies. The systematization of obstetric triage was developed, and the activation of the mater code was strengthened. The training and qualification of the teams of immediate obstetric response were also strengthened through the execution of simulations. Follow-up actions focused on improving the reference system.

**Other**

**Challenge 11 - Optimizing obstetric safety**

Please describe any best practices your organization has learned through your commitment and share valuable lessons or challenges that were overcome.

A good practice with excellent results is the execution of mater code simulations in all the hospital shifts of the hospitals, which allows to identify needs of training in the attention of the obstetric emergency as well as to evaluate response capacity in human resources and training field; this exercise identifies team integration time and training. During this year, there had been developed 130 simulations. This also supports the reporting of cases of severe maternal morbidity immediately not only to managers but also to the first level of care, which allows to monitor the evolution of the patient in different levels. There is an important progress in post-obstetric event contraception with high priority in patients with risk; a successful strategy is the employment of exclusive human resources for the post-obstetric event contraception program. Hidalgo obtained the first place in post-obstetric event contraception in 2017. This year, based on the statistics, the percentage of patients accepting contraceptive methods was increased.

**Impact Details**
<table>
<thead>
<tr>
<th>Initial Commitment</th>
<th>Commitment Update</th>
<th>Project Next Year</th>
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<tr>
<td>Lives Lost</td>
<td>Lives Lost</td>
<td>Lives Lost</td>
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<tr>
<td>19</td>
<td>9</td>
<td>-866</td>
</tr>
<tr>
<td>Lives Spared Harm Target</td>
<td>Actual Lives Spared Harm in last 12 months</td>
<td>Lives Spared Harm Target for following calendar year</td>
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<td>13696</td>
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<tr>
<td>Lives Saved Target</td>
<td>Actual Lives Saved in last 12 months (might differ from initial target)</td>
<td>Projected Target of Lives Saved for following calendar to try to finish commitment</td>
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<tr>
<td>0</td>
<td>875</td>
<td>875</td>
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Acknowledgement

Yes, I acknowledge that this commitment may be used for external communication and publicly announced at the World Patient Safety, Science & Technology Summit. Furthermore, I agree that this commitment may appear on the website of The Patient Safety Movement Foundation or the Masimo Foundation. I also give permission for my commitment to be used in support of the promotion of the World Patient Safety, Science & Technology Summit as well as The Patient Safety Movement initiative.