

LEARNING OBJECTIVES

- Outline the creation of a standardized protocol based on best practices.
- Illustrate the importance of improved communication among multidisciplinary teams.
- Identify methods that can be used to assess the effectiveness of implemented changes.

PROBLEM

- Placenta accreta spectrum (PAS), characterized by an abnormally adherent or invasive placenta to uterus, is a morbid condition that may lead to significant blood loss, endangering life of the mother.
- Prior to development of our program, individual obstetricians managed patients on case-by-case basis without standardized protocol. Although maternal-fetal medicine specialists were involved in all antenatally suspected cases, consultations with other services were inconsistent.
- Significant variation regarding screening, diagnosis, counseling, and peri-operative management.

GOALS

- Decrease variation in management and improve care consistency
- Decrease perioperative blood loss, need for blood products replacement therapy and surgical morbidity
- Minimize unexpected PAS cases diagnosed at time of delivery

CHANGES IMPLEMENTED

- Formed focused team of experts and clinical leaders in health services vital for management of PAS patients
- Created standardized protocol (Figure) based on best practices with input from team members, consistent with institutional policies, practices and logistics
- Educated referring physicians and auxiliary personnel (resident physicians, nurses and technicians) on protocol
- Improved communication, regular multidisciplinary conferences for care planning and debriefing
- Contemporaneous data collection on various aspects of operation, outcomes and ongoing analysis
- Ongoing refining of protocol to improve efficiency, safety, outcomes and reduce cost based on data analysis and lessons learned

Start date: April 1, 2018

KEY TAKEAWAYS

- Concerted effort by a core group with diverse expertise is an effective approach to address complex medical issues.
- Systematic approach should include:
 - Well-defined goals
 - Detailed protocol based on best practices and institutional logistics
 - Identification of essential expertise and stakeholders
 - Continuous data collection on protocol implementation, outcomes and analysis
 - Revision of protocol and data collection procedures based on objective analysis and expert opinions of group members
 - Communication of achievements, challenges and recommendations to other colleagues and leadership for support
- Importance of “The Human Factor”

WHAT WORKED WELL

- Improved communication among team members and other colleagues, including referring physicians
- Navigation of patients through highly complex system
- Sense of being “part of a team” with common goals but unique responsibilities, rehearsed to work in harmony

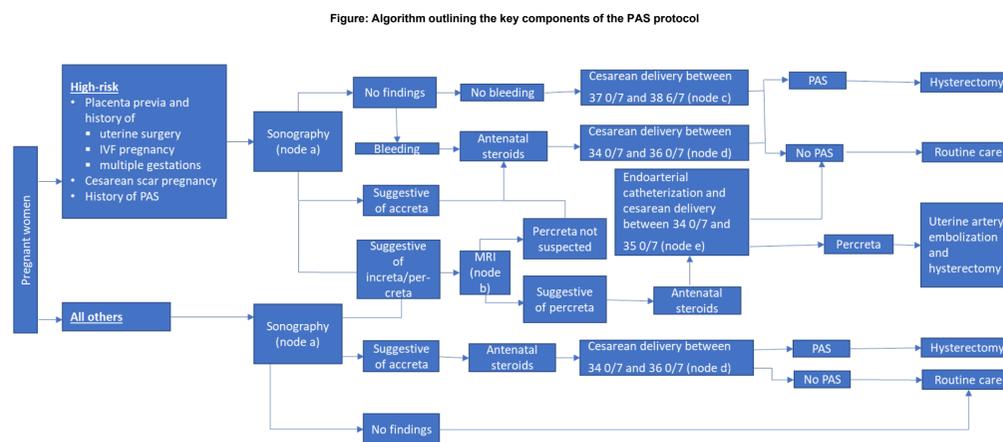
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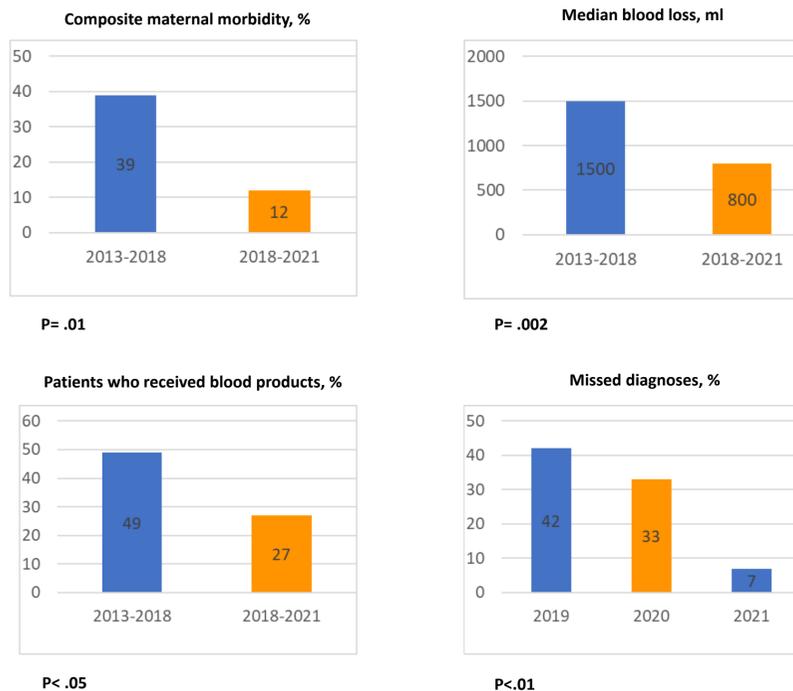
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OUTCOMES



The Human Factor

Navigation is key for a well-oiled machine

FORESIGHT

Logistics

- Individual/Patient
 - Anxiety/Fear, Travel, Financial resources, Social/Family responsibilities
- Multidisciplinary Team
 - Services & Specialists available
- Institutional
 - Equipment, OR availability, Staffing

Situational awareness

Planning ahead

- Clinical capacity, coordinating visits, schedules

FAMILIARITY

Well defined goals and protocol

Networking, forming connections and relationship building

Each team member with equally important role

Patient has go-to "guide" to navigate through complex system

FELLOWSHIP

Multidisciplinary Team Building

Diverse expertise with unique responsibilities

Internal and External provider teamwork and communication

Consistent dialogue between patient, nurse navigator, providers and team members

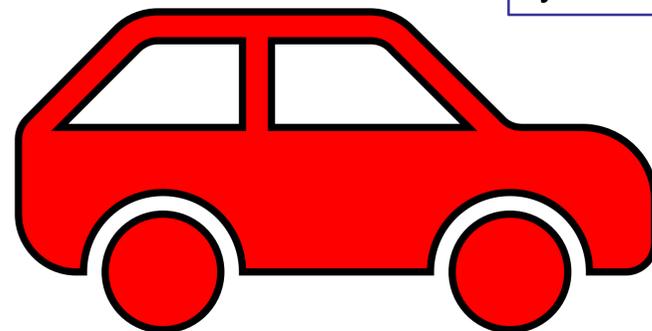
FOCUS

Individual patient feels connected and guided through complex, overwhelming system, often times during a life-altering diagnosis

Checklist

- Detailed plans are shared with all team members for preparation, planning and cohesion

Multidisciplinary team conferences for planning and debriefing



It Takes a Village

