

COLORADO AWHONN

SECTION NEWSLETTER

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March 2019

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AWHONN

Mission:

Promote the health of
women and newborns

AWHONN National

Goals:

Public visibility
 Knowledge transfer
 Build membership

CO AWHONN

Goals:

Promote member
 engagement through
 partnerships



Section Chair Report

Happy Summer! Although as I am writing today I am watching snow softly fall at my home in Dillon. It's always unpredictable in Colorado. Since our last newsletter we have had some fantastic events with Colorado AWHONN.

In April I was able to attend our Legislative Day at the Capitol with our Legislative Coordinator Mic Zywieck. This was also a joint event with ACNM. It was inspiring to see so many nurses come out to support issues that effect moms and babies like supporting paid family leave so that moms can stay home and exclusively breastfeed their newborns. Also, to support expanded coverage for mothers struggling with addiction and promoting a healthy start for their newborns. It was very exciting to see our Maternal Mortality board receive state funding to support their important work. AWHONN has supported this legislation for the past four years and it was wonderful to see it pass with bipartisan support.

At the end of April we hosted our state AWHONN conference at the Antlers Hotel in downtown Colorado Springs. We had a new format for the Thursday evening activities. Small roundtable dinners were hosted at many local restaurants downtown. The participants really enjoyed to opportunity to connect with subject matter experts and network with colleagues. Nicole Downs was inspired to create this new format after seeing it work well at another conference. Thank you so much Nicole! We will likely continue this in future years after the very positive response. Our conference brought nurses from across the state. We had some fantastic speakers and heard about combating Maternal Mortality using early warning signs and how to address perinatal mental health disorders. Helen Hurst joined us from Louisiana and had us all laughing about the perils of sexual health as we move into later years. We had very positive evaluations from this conference. Thank you to everyone that attended! And a HUGE thank you to the conference planning committee. What an invested and engaged group we had that put this together. Our conference next year will be in the Northern region.



On May 16th we hosted a CO section event with a great speaker on “Finding your Why”. We enjoyed dinner from Olive Garden and time to network and connect. Thanks to all that attended!

Many CO AWHONN members have just returned from our national conference in Atlanta. I can honestly say that it was one of the most inspiring conferences I have attended. When you look at the sessions offered and the poster presentations, they are heavily themed with preventing maternal mortality and all the variables involved. I attended a session focusing on the [AWHONN Post-Birth](#) handout and education. The majority of the attendees said they are using this document. When they were asked if it had been shared with their emergency departments nearly no one raised their hand. It really made me think about how we need to engage all entities that might provide care for our moms.

As a summit county resident I am so proud of the work we do with adaptive ski programs. I was thrilled to hear of how we made an impact with a mom who suffered end organ failure after pneumonia and how getting back out on the slopes was a pivotal moment in her survival story. She really wanted to let our nurses know how your caring at the bedside was one of the most important parts to surviving. Thank you to all of you.

We all met up at the CO AWHONN happy hour at the Sundial on the 73rd floor of the Westin. We enjoyed amazing views and a somewhat terrifying trip up there in a glass elevator. I met nurses from Gunnison and I am excited to see them in October when I will be meeting them for the Western Slope chapter meeting on October 4th. The topic is legal issues in nursing and will be available to all of our members through Zoom.

Next year I hope you will plan to join us at AWHONN national in Phoenix Arizona June 13-17, 2020.

Isabelle Campanella MSN, RNC-OB, RNC-MNN

AWHONN Colorado Section Chair

Isabelle.Campanella@uchealth.org

Legislative Happenings



Hello CO AWHONN Members,

The Governor has been busy signing new bills into law the past few months.

On 5/23/19 Governor Polis signed Colorado HB 1193 the Behavior Health for High Risk Families into law. This bill provides access to substance use disorder treatment to pregnant and parenting women. It also creates a child care pilot program for parenting women engaged in substance abuse for up to a year postpartum.

On 5/16/19 Governor Polis signed Colorado HB 1122 The Maternal Mortality and Morbidity review into law. This law will allow the timely review of maternal mortality and morbidity state wide to help educate the rest of the state to the preventable errors.

In Washington DC there is a bill HR 3296 and S 1847 that are being introduced to require insurance companies to cover over the counter cost for birth control.

Hope you all have a great summer!!

Mic Zywiec MSN, RN, Legislative Coordinator

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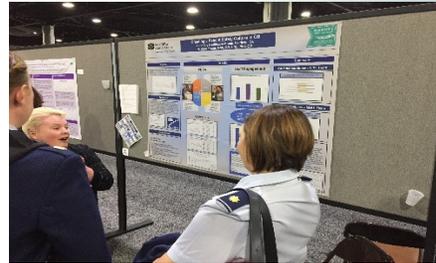
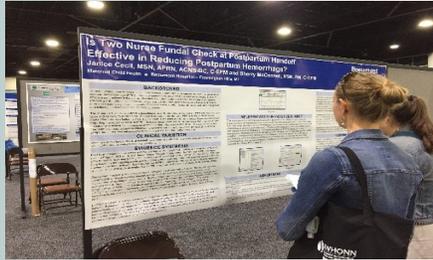
Membership Matters

As a first-time AWHONN National Conference attendee, all I could think was:

Wow, what an organization! Membership does matter!

Where else in the world could I spend this concentrated time really getting to know the other nurses around the country and world who are striving for improvement in maternal-newborn health?

Where else could I find out about all the projects being done by nursing units just like mine are doing to improve quality and safety for women and babies?



Where else would I have the chance to hear from and speak to Lisa Miller and Kathleen Rice Simpson and General Dorothy Hogg and other national Women's Health/OB/Postpartum/Newborn experts?

Where else could I look at a schedule of presentations and realize I no longer cared about free time? I wanted to hear it all, do it all, discuss it all, plan it all.

Now for our Colorado members, it got even better. We got to do something in Atlanta, we could never do in our own state. We rode an express glass elevator up to the 73rd floor for our Colorado Happy Hour.



Seemed like our entire Colorado contingent was there to toast our Colorado members who were podium and poster presenters...and those willing to serve in bigger roles, too. Cyndy Krening is on the ballot to serve as our next National President Elect. Gerri Tamborelli is running for National Board of Directors. They cannot campaign...but WE can!

Networking in the clouds with AWHONN's future leaders...that's what Colorado AWHONN membership means!

Until next time,

Nicole Downs, BSN, RNC-OB C-EFM

Nicole@3downs.com

Communications Coordinator

Hello Colorado AWHONN Chapter Members!

I am so blessed to have connected with so many of you at both our state conference and national convention this spring! I am always so humbled and proud of our Colorado section, and the wealth of knowledge we bring to our profession!

I heard you loud and clear that Facebook and this newsletter seem to be where our members connect with CO AWHONN the most, and obtain the most information about what is happening.

I have also been busy updating our official AWHONN page to have current, revolving information there as well. You can find our Colorado AWHONN website at <https://www.awhonn.org/group/Colorado>. I am able to revise and develop this page to meet our needs, so please visit and reach out to me with ideas on what you would like to see added.



I also was so proud to see that national AWHONN streamed one of their sessions, “Maternal Mortality– A Work in Progress” via Facebook live! If you weren't able to watch “live” the video is still available on the AWHONN National Facebook page, so check it out!

I look forward to our upcoming events offered via Zoom to connect with more of our members across the state. Please check out the updates with the different chapters to see when you can login and attend the next AWHONN event, from the comfort of your own home.

I wish you all a wonderful summer!

Rainy Tieman DNP, MSN/Ed, RNC-MNN,
RNC-OB, C-EFM

Rainytieman@gmail.com



Do you want more AWHONN Announcements and be the first to know about upcoming events?

Join our Colorado AWHONN Facebook page today!

Search “AWHONN Colorado Section”

Evidence-Based Practice

Hello everyone and welcome to the corner of EBP.

Here are some interesting topics from a recent conference that I attended!

There is an App for that

Did you know that there is a downloadable app to help with management of category II tracings?

Downloadable app to support management of category II tracings <http://cat2.perigen.com/cat2/> .

Important things to remember when using additional support at the bedside:

The downloadable app for the management of category II tracings is free and remember you are still evaluating the tracing, applying the algorithm again within 30 minutes and performing bedside interventions while using the algorithm (Newman, 2019b). If a facility decided to follow a protocol and management of category II tracings remember that the entire team needs to be involved and in agreement. Communication is also key when using the algorithm at the bedside and providers and nurses need to work together to manage and improve and avoid an acidotic fetus. The purpose and the goal of the algorithm is to avoid deterioration, avoiding the delay and confusion with category II tracings and supporting critical thinking, judgement and plan of care for the patient (Newman, 2019b).



Tis the season for Zika

Remind me about Zika?



Zika is spread by the Aedes mosquitoes which also carries dengue, and chikungunya virus (Fortner, 2019). These specific mosquitoes are out during the day and the disease does not affect the mosquito itself. (Fortner, 2019) After a person is infected, transmission of Zika can occur through sex, during the perinatal timeframe and through blood (Fortner, 2019). As care providers we need to know where the patient has traveled to, do they plan on returning, what are their signs and symptoms and how long has it been since they have traveled. The symptoms are fever, rash, joint pain and conjunctivitis that last several days to weeks (Fortner, 2019). Once the person has been infected by Zika it is believed they will have immunity for the future (Fortner, 2019). When a pregnant patient has become infected it can be passed to the fetus at any point during the pregnancy or at birth (Fortner, 2019). The effect on the fetus is microcephaly which causes severe neurologic impact of the infant. An algorithm is on the CDC website is the best reference as the algorithm may change as new information is learned (Fortner, 2019).

Denver Chapter

News from Amy Dempsey, Denver Chapter Coordinator

I have great news to share!! CPCQC (Colorado Perinatal Care Quality Collaborative) has announced a new partnership with AIM (Alliance for Innovation on Maternal Health). This partnership will have an amazing impact for all hospitals and our maternal-child patients throughout the state of Colorado.

Purpose

The purpose of the AIM program is to equip, empower and embolden every state, perinatal quality collaborative, hospital network/system, birth facility and maternity care provider in the U.S to significantly reduce severe maternal morbidity and maternal mortality through proven implementation of consistent maternity care practices that are outlined in maternal safety bundles (action systems). It is funded through the federal Maternal and Child Health Bureau.

The AIM Program is designed to complement current maternal safety initiatives in progress, as well as drive continuous quality improvement on a state and birth facility level through maternal safety bundles that represent best practices for maternity care and are developed and endorsed by national multidisciplinary organizations.

These maternal safety bundles include action measures for:

- Obstetrical Hemorrhage
- Severe Hypertension/Preeclampsia
- Prevention of Venous Thromboembolism
- Reduction of Low Risk Primary Cesarean Births/Support for Intended Vaginal Birth
- Reduction of Peripartum Racial Disparities
- Postpartum care access and standards

For the past 18 months, CPCQC has been involved in the SOAR project which focuses on reducing primary Cesarean delivery rates. Because there is momentum and energy around this topic, “Reduction of Low Risk Primary Cesarean Births” will be the first AIM bundle our state chooses to implement.



In a stakeholder meeting held in Denver on Monday June 24th CPCQC made their initial announcement. Please be watching for more information as this partnership unfolds.

Our plan is to hold a Denver chapter meeting this fall---be watching for more details!

Western Slope Chapter



Liability in Obstetrical Nursing

Presented by: Isabelle Campanella MSN, RNC-OB

*Friday October 4,
2019 from 1pm-3pm*

Gunnison Valley Health

Gunnison, Colorado

Free for AWHONN

Members!

(Non-Members and Students \$10)

Attending via Zoom is also
available!

RSVP Today!

https://www.eventbrite.com/e/legal-issues-in-ob-nursing-tickets-64539295771?ref=enivtefor001&utm_source=eb_email&utm_medium=email&utm_campaign=inviteformalv2&utm_term=attend

Learning Objectives:

- Review topics that relate to documentation to support standard of care
- Discover a method to use with every patient situation that will protect you legally
- Discuss common pitfalls when a case goes to review
- Review cases that describe how the standard of care influence the success of a legal case

*With a focus on OB nursing this lecture also highlights easy to use concepts to prevent legal liability for nurses in any specialty.



Questions? Contact Rainy Tieman at:

Rainytieman@gmail.com



GUNNISON VALLEY HEALTH

Southern Chapter



Labor Dystocia
Tool

Presented by:

Ali Kintz, BSN,
RNC-OB

-Decrease NTSV
C-Sections
Rates

- Promote active
management of
labor

- Encourage
dialogue about
patient care and
outcomes.

SOUTHERN CO AWHONN CHAPTER

TUESDAY AUGUST 13TH, 2019

**FIRE STATION #19 2490 RESEARCH PKWY,
COLORADO SPRINGS, CO 80920**

RSVP BY AUGUST 9TH

[HTTPS://WWW.EVENTBRITE.COM/E/USING-A-LABOR-DYSTOCIA-TOOL-TICKETS-64540597665?
REF=ENIVTEFOR001&UTM_SOURCE=EB_EMAIL&UTM_MEDIUM=EMAIL&UTM_CAMPAIGN=INVIT
EFORMALV2&UTM_TERM=ATTEND](https://www.eventbrite.com/e/using-a-labor-dystocia-tool-tickets-64540597665?ref=ENIVTEFOR001&utm_source=EB_EMAIL&utm_medium=email&utm_campaign=INVITEFORMALV2&utm_term=attend)

EDUCATION AWHONN SECTION COLORADO CHAPTER

5:30p-5:45p Social time and refreshments

5:45p-6:00p Meeting agenda

6:00-7:00p Presentation by Ali Kintz,BSN, RNC-OB

Cost Free for AWHONN members/ \$10 students and non-
members.



Questions?

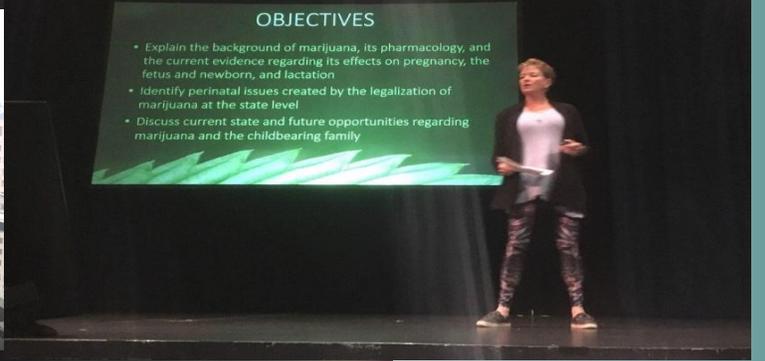
Contact Candace Garko at:

Candacegarko@centura.org

CO AWHONN Section Conference



National AWHONN Convention!



CO AWHONN Posters at National

Implementation of a Modified Early Obstetrical Warning System and provider notification of out of range vital signs

Andrea Elmore MS, RNC-OB, C-EFM
Clinical Nurse Educator
University of Colorado Hospital

Shelby Schwab BSN, RN, C-EFM
Clinical Nurse, Level III
University of Colorado Hospital

Introduction

Our aim is to implement an early warning system in a multihospital setting. The Council on Patient Safety in Women's Health Care recommends hospitals have a maternal early warning system, though they do not have recommendations regarding what tool should be used as a standard.

Methods

A team was assembled to review available early warning systems developed for use in the obstetrical setting. The team included interdisciplinary representation from multiple hospitals in our system, as well as support from informatics. The team selected the Modified Early Obstetrical Warning tool. The tool was built into our EHR, and was set to run in the background. MEDW alerts were sent to in baskets of the team and the bedside staff were not able to view them. We audited 34 charts of patients who received an alert while the tool was in the background for notification of vital signs. The tool went live in October of 2016. It was viable to bedside staff as a pilot hospital in our system. The charts of 34 patients were audited for provider notification after implementation of the tool.

Results

Prior to the early warning tool's implementation, an audit of 34 patient charts found that the provider was not notified of vital signs that fell out of the tool's range 59% of the time, notification was delayed (over an hour) 5% of the time, and was prompt (notification occurred in less than 15 minutes) 23% of the time. After implementation of the tool, an audit of 34 patient charts found that the provider was not notified of vital signs that fell out of the tool's range 22% of the time, notification was delayed (over an hour) 5% of the time, and was prompt (notification occurred in less than 15 minutes) 73% of the time.

Discussion

The implementation team expressed concern that the tool would cause alert fatigue. In reviewing the data, RNs were dismissing the alerts, causing the tool to fire multiple times for the same vital signs. Our next step is to alter the alert to improve usability.

45% improvement in 'no provider notification' and 125% improvement in 'prompt notification' of the provider.

Clicking the 'dismiss' button will cause the alert to continue to pop up until either the alert is acknowledged or the patient has normal range vital signs.

Because the Bleeding Must Stop: Standardized Titration of Oxytocin Post-Delivery

Melissa Brown, BSN, RNC-OB, C-EFM
Kelli Brown, BSN, RNC-OB
Heather St. Francis Health Services
Centura Health

Background

Standardized titration of oxytocin post-delivery is essential to ensure safe and effective use of the medication. The current practice at St. Francis Health Services was inconsistent across units, leading to potential complications. A standardized protocol was developed to ensure safe and effective use of the medication.

Methods

The implementation team reviewed the current practice and identified areas for improvement. A standardized protocol was developed and implemented across all units. The protocol includes clear guidelines for titration and documentation.

Results

The implementation of the standardized protocol resulted in improved consistency across units and reduced the risk of complications. The protocol was well-received by staff and patients.

ERAS (Enhanced Recovery After Section)

Cindy Krenting, MS, RNC-OB, C-EFM, Amy Dempsey, MSN, RNC-OB, Prairie Robinson, MD

Background

ERAS is a patient-centered approach to care that aims to reduce the length of stay and improve patient outcomes. The implementation of ERAS at Saint Joseph Hospital resulted in improved patient satisfaction and reduced costs.

Methods

The implementation team reviewed the current practice and identified areas for improvement. A standardized protocol was developed and implemented across all units. The protocol includes clear guidelines for patient care and documentation.

Results

The implementation of ERAS resulted in improved patient satisfaction and reduced costs. The protocol was well-received by staff and patients.

Implementation of Intermittent Auscultation in a New Community Hospital

Kami Mogensen, BSN, RNC
Ana Williams, CNM
Longs Peak Hospital
Longmont, CO

Description

This is the process used to implement and evaluate IA use in low-risk women at Long's Peak Hospital, a new UHealth Community Hospital.

Goal

Our goal is to provide the safest care for our patients by following AWHONN Intermittent Auscultation guidelines 100% of the time.

Assessment

Based on a staff surveying survey, there was a clear need for education and standardization of intermittent auscultation among nurses and CNMs.

Procedure

SurveyMonkey for providers and nurses reported that only 18.2% were confident in their ability to perform IA.

Education

Presented survey results to staff on AWHONN and ACOG guidelines.

Problem

In opening this hospital, the team had experienced nurses coming from numerous facilities with variable experiences with intermittent auscultation. IA was done differently by many nurses.

Results

After implementation, confidence in IA skills improved significantly. The frequency of IA use in low-risk women increased from 10% to 100%.

Discharge Teaching and Technology, How the Implementation of an Education App Can Assist with Retention of Valuable Information

Rainy Tieman DNP, MSN/Ed, RNC-MNN, TNC-OB, C-EFM

Practice Problem

Maternal child nurses at this hospital have difficulty educating the postpartum patient using only a discharge booklet. These discharged patients leave the booklet or rarely read the important information about postpartum and neonatal care. The lack of a reference increases phone calls in the postpartum unit, location nurses, and providers with questions as well as increases the patient's risk for maternal morbidity and mortality.

Project Description

This project was conducted with support from the Nursing Research Fellowship and approval by the Western Slope IHA. A literature agreement with the nursing staff, management, and informatics technology that a change needed to take place in the current practice discharge education was given to postpartum patients on the obstetrical unit.

Project Evaluation

Evaluation of this project was based on survey data collected of patient experience over a 12-week period. Out of 412 devices used in this time frame, 10% of patients contacted by the educational app reported their usage and opinion of the app for discharge teaching.

Conclusion

The implementation of the health mobile app increased patient satisfaction and the likelihood of discharge information will be reviewed and retained after discharge. It is the responsibility of the organization to ensure proper education of patients. The app was well-received by patients and staff.

On a Scale of 0-10

When 0 is least and 10 is most

Retention of information	75.20%
Readability	98.10%
App usability	93.85%
App usefulness	85.54%

Preparing for Baby Friendly Designation with Innovative Education Methods

Andrea Elmore, MS, RNC-OB, C-EFM
Clinical Nurse Educator
University of Colorado Hospital

Shelby Schwab, BSN, RN, C-EFM
Clinical Nurse Educator
University of Colorado Hospital

Background

The Baby Friendly Hospital Initiative is a global program that promotes recognition to hospitals that provide the best care for mothers and newborns. The implementation of the initiative at Saint Joseph Hospital resulted in improved patient satisfaction and reduced costs.

Method

Surveys were conducted to determine knowledge gaps. This educational activity was designed to reinforce knowledge. A pretest was given to the staff. The educational activity was implemented across all units. The activity included clear guidelines for patient care and documentation.

Purpose

The purpose of this project was to increase staff knowledge of the Baby Friendly designation and to ensure that all staff were prepared for the designation.

Results

The implementation of the educational activity resulted in improved staff knowledge and preparedness for the Baby Friendly designation. The activity was well-received by staff and patients.

Announcements



Voting for the 2020 AWHONN President
and Board of Directors

Opens August 30th.

Be Sure to Cast your Vote!