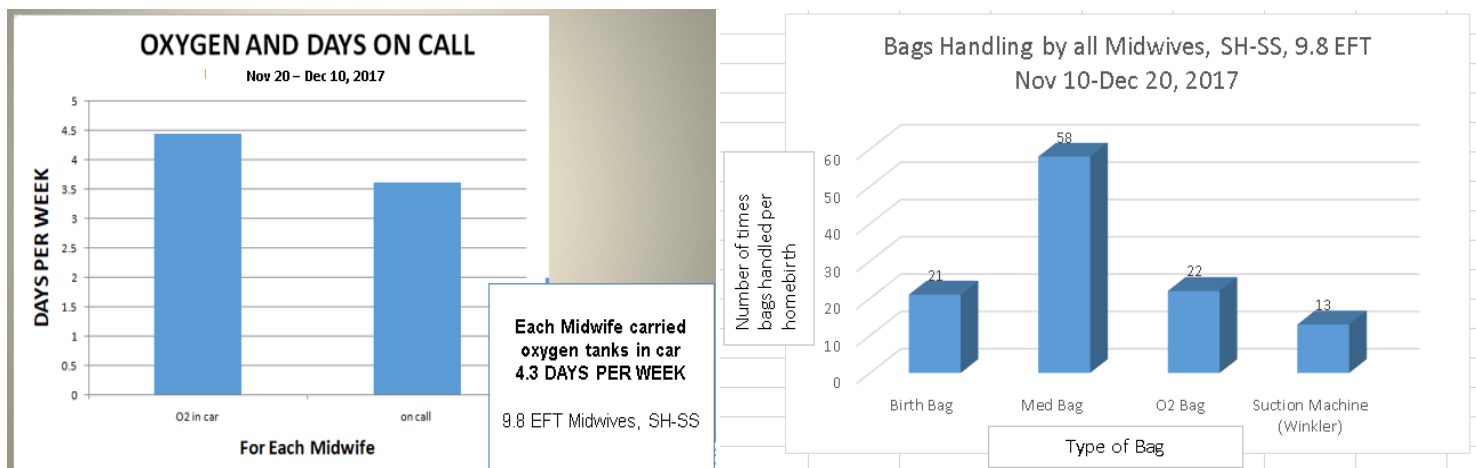


## Project Details

<b>Organization/SDO</b>	Southern Health-Santé Sud (SH-SS)	<b>Site/Program</b>	Midwifery Program
<b>Project Description (7 words max)</b>	Improve transporting of supplies for homebirth	<b>Project Facilitator/Belt Level</b>	Veronica Reimer Yellow Belt candidate
<b>Project Sponsor</b>	Karen Ilchyna	<b>Project Team Members</b>	Bisi Adegunju, Brianne Fortier, Cara McDonald, GERALYN Reimer, Mark Nore, Mike Wlock, Robin Reid
<b>Project Start Date</b>	October 11, 2017	<b>Project End Date</b>	Feb 8, 2017

**Problem Statement** - Difficulty handling and transporting supplies and equipment for homebirths, resulting in risk to midwives' personal health, concern for client safety, and potential for waste.

**Current State Analysis** – Midwives carry many bags in their vehicles at all times, in case they will be called to a homebirth. The bags have to be moved many times to control for hot and cold temperatures including into the midwife's home at times. Oxygen tanks are also being transported in the personal / family vehicle many days a week. There are **1.7 homebirths each week** attended by SH-SS Midwives.



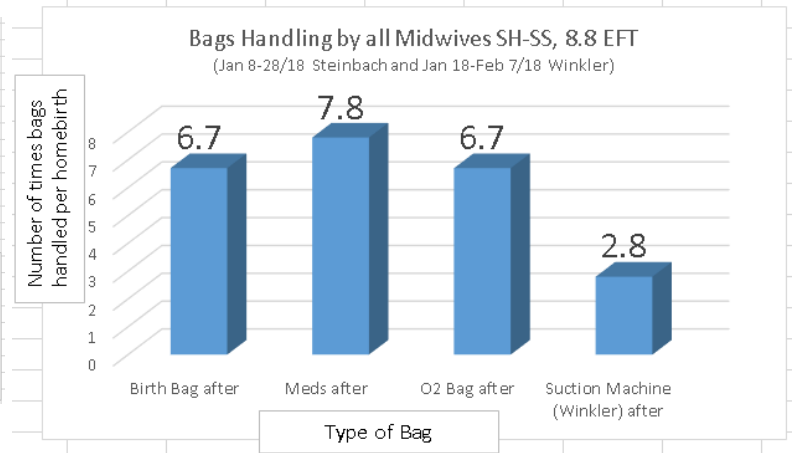
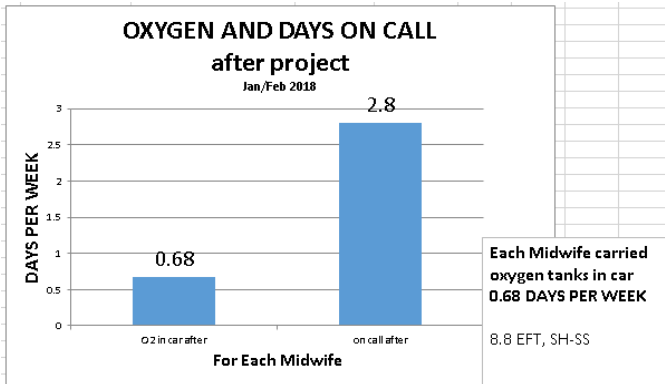
**Project Aim** – By the first week in January 2018: to create standardized home birth kits that will be pre-delivered to each home birth client at 36 weeks gestation. This should result in each bag being handled only 4 times per birth and the number of days O<sub>2</sub> tanks are in midwife's vehicle will be reduced dramatically.

## Implementation Plan

	<b>PDSA – Brief Description</b>	<b>Implementation Date</b>
1	2 - O <sub>2</sub> tanks, regulators, key, maternal and neonatal masks and tubing will be pre-delivered to 36 wk and over clients who are planning a homebirth.	First week of Jan 2018
2	Suction Machine and baby resuscitation equipment (Winkler in the O <sub>2</sub> bag, Steinbach in a separate bag/box) double checked and pre-delivered as above.	First week of Jan 2018
3	Medications, Birth supplies, and instruments will be standardized into 'mini-kits', double checked, and pre-delivered as above. Bags will be labeled 'for Midwife use only'.	First week of Jan 2018
4	Each pre-natal bag will include: Emergency Birth Kit as per College of Midwives of Manitoba list; 4 tablets misoprostol; 1 disposable infant bag and mask resuscitator (for unplanned homebirths); and 1 cord clamp cutter.	First week of Jan 2018

**Project Outcomes** – improvements achieved, post-change data, saving summary, potential for spread and/or continued PDSA work

**Post-change Data:**



**Improvements/Changes Noted:**

- Length of time oxygen tanks were stored in midwives' cars changed from **4.3 days per week** per midwife to **0.68 days per week**.
- Bag handling went from **114 times** per homebirth to **24 times** per homebirth.

Savings Summary (report as applicable)		
Indicator		
Cost Savings	Monthly supply expenses per birth went from \$109.63 to \$77.21	Potential annual savings to the program approximately <b>\$13,000</b> . Comparing first 6 months in 2018 to the previous 2 years.
Patient Safety	New system ensures that supplies and medications are all available and not expired.	Double checking and pre-delivering of supplies has increased client safety.
Client Flow	600 hours saved per year in midwifery program	6.5 hrs of saved time per homebirth in reduced bag handling. This will enable us to care for more women.
Other	12 feet linear storage freed.	Reduction in overstock due to improved ordering system.
Other	Employee safety.	Greatly reduced the amount of days the flammable/explosive material in employee vehicle. Greatly reduced amount of carrying/lifting bags. Mental health improved due to reduced stress.

**Controls Utilized –**

- Fundamental Change: Equipment bags taken from midwives and repurposed to create standard kit for each woman planning a homebirth.
- Error proofing: Recipe cards for 'mini-kits'. Kits double checked and double initialed, noting expiry dates on checklist.
- Visual control: Colour-coded recipe cards (equipment lists) – pink for baby, blue for mom; and maps for the bags to show where items belong.
- Audit: Checklist to see which items are used in each bag, plan to reassess process every 6 months.
- Checklist: Each kit has a checklist, double checked as it is being packed and sealed and expiry dates noted.
- Policy and Procedure: Write a procedure for kit making and add it to the Collaborative Worksite.

**Spread Plan** – We can introduce the concept of procedure specific 'mini-kits' especially for rarely performed procedures to the birthing units in our community. This would provide an easier way to stock rooms/carts and ensure important items are not expired.