



QIPS: Improving Post Dural Puncture Headache Accountability Via a Universal Electronic Health Record.

James Parry, MD¹, Jackson Prestwood, MD¹, and Courtney Hood, MD¹

¹San Antonio Uniformed Services Health Education Consortium (SAUSHEC), San Antonio, TX



Setting: Second largest L&D service in DoD. Mix of Anesthesiologists, independent CRNAs, Anesthesia Residents. Mix of active duty, government civilian, & contractors.

Problem: No institution-wide, standard patient education for post dural puncture headaches (PDPH). Irregular Accidental Dural Puncture (ADP) follow-up, no data collection.

Intervention: Used recommendations from the Oct 2022 ASA Statement on Quality Metrics by the Committee on Obstetric Anesthesia. Utilized a new, DoD-wide electronic health record (EHR) to standardize and improve ADP & PDPH tracking, data analysis, and accountability.

Goal: 100% of *ADPs captured* and reported; 100% of ADP patients receive *5 days of follow-up* and *electronic education handout* with contact information; 100% of patients *offered EBP if appropriate*.





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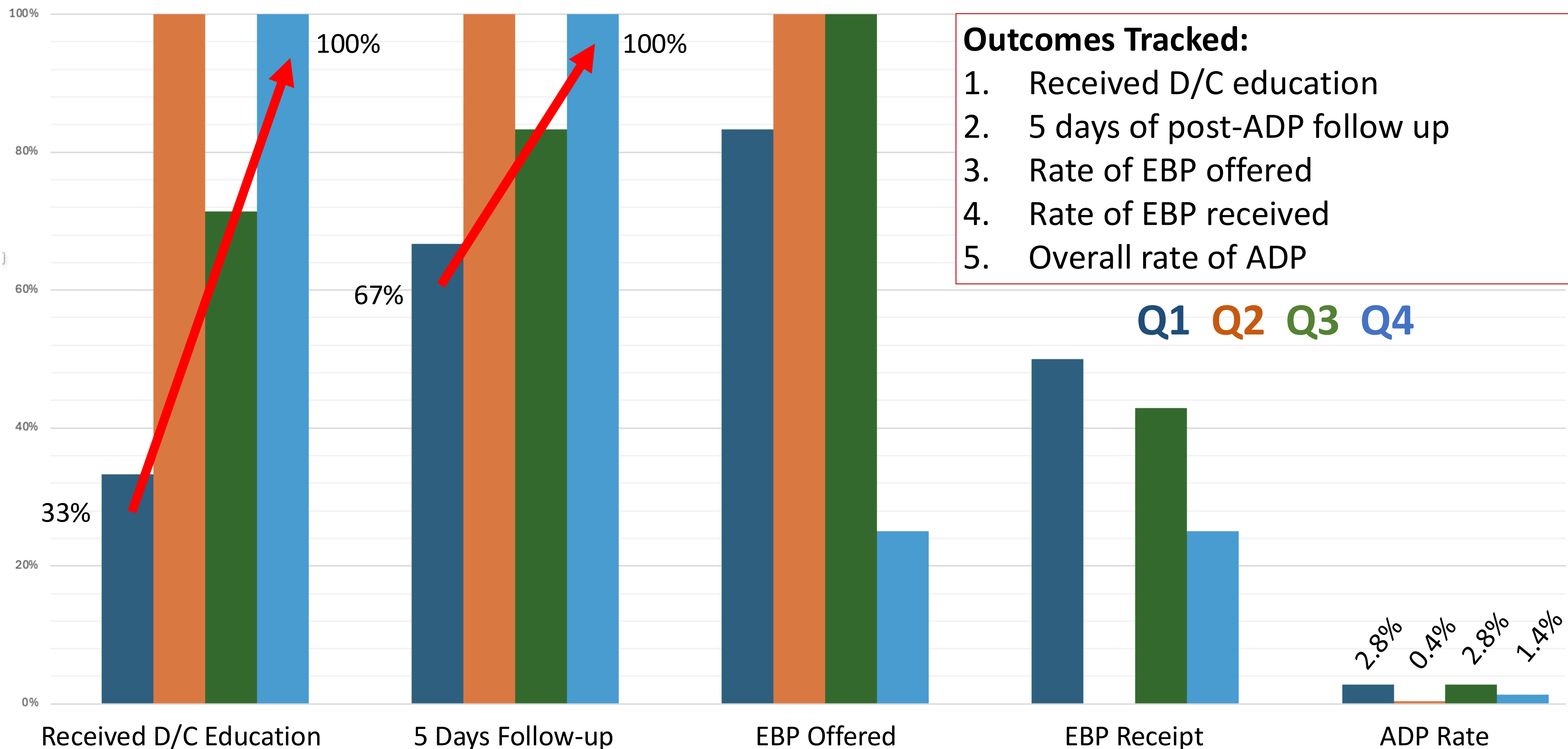
| | People | Process | Environme | Materials |
|--------------------------|--|--|--|---|
| Problem(s) Identified | <p>>100 OBA Providers, frequent rotation due to contracting, deployments, assignment moves</p> <p>No standard OB orientation for new employees</p> <p>Lack of resident education on ADP best practices</p> | <p>No standard reporting or tracking system for ADPs; no baseline data.</p> | <p>No visual follow-up board for ADP handoff or f/u needs</p> | <p>Lack of EHR materials for patients, no review of ADP/PDPH concerns at time of discharge</p> |
| Intervention(s) | <ul style="list-style-type: none">- Created ADP reference binder- Incorporated ADP into resident orientation- Quarterly staff education on ADP practices- Creation of “Core OB Group”- Creation of electronic “New Staff OB Orientation” video materials | <ul style="list-style-type: none">- Standardized “Anesthesia Event Report” (AER) submission for known or suspected ADP- Creation of Outlook Q&S email pool includes all stakeholders- Created unified dot phrase for OBA follow-ups, to include ADP screening- Created ADP tracker & performed quarterly audits | <ul style="list-style-type: none">- Created white board in OBA workroom for suspected ADP patients and 5 days of follow up; handoffs at each change of shift | <ul style="list-style-type: none">- Created EHR materials that are uploaded to patient chart and reviewed by RN at time of discharge: BAMC-specific contact info, SOAP ADP handout, red flag symptoms |



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By Q4, after one year of implementation:

- **100%** patients received standardized discharge education
- **100%** patients with known ADPs received **five days** of documented follow-up
- Annual, averaged **ADP rate was < 2% goal (1.85%)**
- EBP offer-rates were < 100%
 - Questionable PDPH, staff may feel EBP is not indicated
 - ADPs are single digit events -> one provider difference in documentation/practice affected EBP offer rate

For the next PDSA cycle, goals include:

- Create “Core OB Group” and improve orientation standards for rotating staff
- Sustain ADP follow-ups for the clinical standard 5 days for another full year
- Improve EBP offerings when appropriate
- Continue to strive for < 2% ADP rates

References

1. Committee on Obstetric Anesthesia. (2022, October 26). *Statement on Quality Metrics* [Review of *Statement on Quality Metrics*]. Statement on Quality Metrics; American Society of Anesthesiologists. <https://www.asahq.org/standards-and-practice-parameters/statement-on-quality-metrics>