Objectives:

- To gain an understanding of the use of the Maternal Fetal Triage Index
- To understand aspects of implementation of MFTI in a hospital OB unit
- Description of experience with AWHONN’s MFTI Implementation Community

Webster’s definition of triage

- From the French verb trier, meaning to sort
- The sorting and allocation of treatment to patients and especially battle and disaster victims according to a system of priorities designed to maximize the number of survivors
- The sorting of patients (as in an emergency room) according to the urgency of their need for care

Military Triage

- Originated in 1792 by Baron Dominique Jean Larrey, Surgeon in Chief to Napoleon's Imperial Guard.
- Credited with designing the flying ambulances, the Ambulance Volante, to evacuate casualties from the battlefield

Triage in the ED

- Standardization of triage acuity in the US

Triage Scale Standardization

[Image of Triage Scale]
Triage in the ED

- Benefits of the Emergency Severity Index (ESI)
  - Rapid identification of patients
  - Improved flow through ED
  - Improved communication between caregivers
  - Aids in resource allocation

History of OB Triage

- Common use began in early 1980s
- Increased number of births during this time proved that use of L&D bed for eval was inappropriate
- Triage areas were created adjacent to L&D units
- New process reduced time spent in hospital, increased patient satisfaction, and eliminated cost of expensive L&D beds
- Benefits were proven in several studies published in the Journal of Perinatal and Neonatal Nursing in the mid 1990s

Obstetric Triage

Guidelines for Perinatal Care (ACOG & AAP)

- Pregnant women who present to L&D should be evaluated in a timely fashion
- Initial assessment may be completed by an RN, CNM, NP, PA, or MD
- Women should be cared for according to acuity rather than by time of arrival
- The person performing triage should assign acuity during first encounter which should minimally include:
  - Maternal VS
  - Pain
  - Uterine contractions
  - Obstetric complaints
  - Status of labor (presence of uterine contractions, vaginal bleeding, status of membranes)
  - Woman's perception of fetal movement
  - Any high-risk medical or OB conditions

AWHONN

COMMITTEE OPINION

Hospital-Based Triage of Obstetric Patients

MFTI Maternal Fetal Triage Index
Reliability and Validity

- Reliability: consistency or agreement among those using a system
  - Inter-rater
  - Intra-rater

- Validity: accuracy of rating system: how well system measures what it is intended to measure
Why use the MFTI

- Promotes systematic nursing assessment
- Prevents cognitive bias and errors
- Assists with mobilizing resources
- Allows for tracking acuity
- Improves nurse-provider communication

Implementing at your Hospital

- Identify stakeholders
  - Senior leaders
  - Nursing leaders
  - Physician leaders
  - Medical faculty
  - Private OBs
  - Staff nurse or shared governance chair
  - Day shift
  - Night shift
- Get on the agenda
  - Department multidisciplinary meetings
- Implement training
- Go-live
- Measure compliance, audits
- Ongoing revisions to your process

AWHONN’s Implementation Community

Implementation Communities include:
- Purchase of up to 50 seats for online education
- Participation in three 75 minute conference calls to support implementation and integration of the MFTI acuity tool into the electronic medical record.
- Learning from and sharing successes and challenges with other members of the Community to identify best practices to implementation of the MFTI in birth units.

Liabilities in OB Triage

Common Allegations
- Failure to...
- Delays in...
- Discharge of a pregnant woman without...

Standards, Guidelines, and Recommendations
- EMTALA
- Staffing

Liabilities in OB Triage

- Telephone triage case review
- Communication case review
References

American College of Emergency Physicians (ACEP) Board of Directors. (2012). Tracheostomy
standards and practice: Joint statement by the American College of Emergency Physicians and the


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