



Realize that change doesn't really come from on high; it's an accumulation of all the tiny changes. If we intend it so, those little steps will make a difference; it takes the collective to transform the practice of pathology, not just those doctors in the spotlight.

**Evelyn Lockhart, MD,
FCAP**

Little Steps Make a Difference

More than 140,000 women die worldwide every year as a result of Postpartum Hemorrhage (PPH); that's one woman bleeding to death every four minutes. While most people assume this only happens in developing countries, PPH accounts for nearly 8% of the maternal deaths in the United States. That number is too high for Evelyn Lockhart, MD, FCAP, a transfusion specialist at Duke Medical Center, whose self-proclaimed "fire in the belly" is the transfusion management of the obstetric patient. That fire has driven her to develop institutional multidisciplinary protocols for obstetric hemorrhage transfusion management in order to save lives.

Blood is often used to describe a family relationship. During her fellowship in transfusion medicine at the Puget Sound Blood Center, Dr. Lockhart witnessed influential kinships. At the University of Washington, she watched Terry Gernsheimer, MD, Professor of Hematology and Thomas Benedetti, MD, vice chair of the Department of Obstetrics and Gynecology partner to develop a protocol in response to PPH. After witnessing that protocol in practice when a patient lost two complete blood volumes in three hours, Dr. Lockhart was convinced that the protocol helped saved that patient's life.

When she joined Duke, she received further inspiration from two associate professors from the Obstetrics and Gynecology Division's Maternal-Fetal Medicine: Leo R. Brancazio, MD, and Andra H. James, MD. Their sophisticated understanding of the hematology of the pregnant patient and incredible collaboration fueled Dr. Lockhart's passion for the care of the obstetric patient.

These role models inspired Dr. Lockhart's development of a multidisciplinary obstetric hemorrhage protocol recently launched at Duke. Central to the process is review, practice, and action. All members of the clinical team as well as the blood bank staff are empowered to enact the protocol in case of severe obstetric hemorrhages. Dr. Lockhart herself is contacted as soon as the plan is activated. She offers a real-time transfusion medicine consult, whether she is on site or at home. Because there are so many things to attend to, having a pathologist help with transfusion decisions actually removes some of the weight from the anesthesiologists and obstetricians; and Dr. Lockhart has found that what she hears the most is "I'm so glad you have my back."

Since pathologists already carry weight on their shoulders, there might be hesitation in adopting a protocol which requires a response 24/7, 365 days a year. To that Dr. Lockhart replies, "I knew what I was signing up for when I took this job. Before medical school I worked as a crisis/suicide hotline counselor; the shifts that I loved the most were overnight Friday and Saturday, the nights that you didn't sleep. I wanted to be there when people were in trouble.

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Little Steps Make a Difference continued

That same desire made me love transfusion medicine." Helping to solve a problem in that moment is part of the excitement of the field. But excitement isn't enough to fuel most doctors and there is an inherent concern about the personal and financial burdens of implementing this kind of change and commitment.

The costs are outweighed by the benefits. Dr. Lockhart's family understands how passionate she is about her work and supports her when she steps away to take important calls. As for the financial cost of interventions, she laughs a bit, saying, "This protocol is low tech and inexpensive. We have toolkits that include a laminated list of roles and responsibilities as well as blood sample tubes and pre-completed lab requisition forms. One kit might cost \$8 to put together at a copy center. The heart of the protocol is communication; we're all on the same page once the process is activated." She admits that this takes effort, but each team member is absolutely committed to pulling it all together; they realize how important it is to have a champion for safety initiatives in patient care.

That championing of patient care continues outside of Duke as well. A concern that women are frequently unrecognized for bleeding disorders and a need for a multi disciplinary approach to care brought Dr. Lockhart to chair the website for the Foundation for Women & Girls with Blood Disorders (FWGBD). The vision, according to www.fwgbd.org is, "All women and adolescent girls with blood disorders are correctly diagnosed and optimally treated and managed at every life stage." The website serves as a "single site, single source for all healthcare providers" from family practice providers and pediatricians to geriatricians, nurses, social workers and more. FWGBD is offering its first live CME-accredited webinar on December 1st and Dr. Lockhart is honored to be a "cog in the machine of holistic care of the patient."

Dr. Lockhart deflects credit when identified as a model of transformation. She honors those who have mentored her and with whom she gets to work, but does not want to turn them into idols. Instead, she suggests, "Rather than looking at icons of change, people who exhaust you just looking at them, realize that change doesn't really come from on high; it's an accumulation of all the tiny changes. If we intend it so, those little steps will make a difference; it takes the collective to transform the practice of pathology, not just those doctors in the spotlight."

Just as Dr. Lockhart's desire to lower the number of maternal deaths resulting from PPH brings change one step at a time, each small step from pathologists everywhere is the lifeblood of transformation. If that lifeblood is a vital, animating force which comes from (and gets to) the heart, encouraging a healthy, continued existence, then Dr. Lockhart embodies that force for pathology.