ELIMINATE HARM ACROSS THE BOARD

Days Since Last OB Harm Event

OBSTETRICAL HARM PREVENTION:

- Put together a hemorrhage cart with sutures, balloons, medications and a copy of the hospital's hemorrhage protocol to be kept in a secure, easily accessible area for nursing staff.

- Develop a hospital protocol for the response to hemorrhage using an evidence-based example, such as the Maternal Hemorrhage Toolkit found on www.CMQCC.org with the involvement of blood bank, nursing, and physicians.

- Schedule simulation drills to practice the response to obstetrical emergencies such as hemorrhage on a regular basis, and use the feedback in the debrief after the event to improve future responses.

- Place copies of the hospital's hemorrhage protocol in prominent places in each patient room.

- Document cumulative blood loss during delivery instead of estimated blood loss by using graduated drapes, weighing sponges, or by visual count.

- Use policies, protocol examples, educational materials and data collection tools that are already created and available publicly from CMQCC.

- Evaluate every obstetrical patient for risk of VTE using a standardized assessment tool.

- Unless contraindicated, place sequential compression devices on all cesarean delivery patients.

- Use a standardized language to describe amount of blood loss, severity of preeclampsia, and fetal heart tracings in communication among the treatment team, including blood bank.

- Review all obstetrical hypertension cases with severe morbidity for systems issues in a root cause analysis format.