OB Harm Top Ten Checklist

Process Change	In Place	Not Done	Will Adopt	Notes (Responsible and By When?)
Implement policies and protocols that align with nationally recognized evidence based practices, such as the ones developed by the Council on Patient Safety in Women's Healthcare. (www.SafeHealthcareforEveryWoman.org)	☐	☐	☐	
Complete an intensive, multi-disciplinary review of all cases that meet the criteria of Severe Maternal Morbidity or Mortality, in an effort to address systems issues and improve outcomes for patients.	☐	☐	☐	
Develop protocols and policies to address specific support for patients, families AND staff following a significant adverse event in maternal health.	☐	☐	☐	
Implement standardized language such as NICHD to describe changes in fetal heart rates and ensure a shared mental model about the condition of baby during labor.	☐	☐	☐	
Utilize an obstetric early warning system such as the Modified Early Obstetric Warning System (MEOWS) as a trigger tool for an impending obstetric emergency.	☐	☐	☐	
Develop an organization specific responses and clinical decision guide for triggers in the early warning system that includes expectations for response times for all team members.	☐	☐	☐	
Utilize simulation drills to practice the response to obstetric emergencies.	☐	☐	☐	
Use data from past adverse events, simulation drills and early warning trigger tools to identify opportunities for and drive improvement.	☐	☐	☐	
Include frontline maternal health staff members in quality improvement education.	☐	☐	☐	
Consider the use of alternative staffing of clinicians through the use of nurse midwives, laborists, obstetric hospitalists, doulas or a dedicated obstetric emergency department as methods to increase patient safety.	☐	☐	☐	

American Hospital Association®

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
PARTNERSHIP FOR PATIENTS℠
HealthCare.gov

HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

OB Hemorrhage Top Ten Checklist

Process Change	In Place	Not Done	Will Adopt	Notes (Responsible and By When?)
Develop 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 decision making guide 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 the blood bank, nurses and physicians.	☐	☐	☐	
Schedule simulation drills to practice the response to obstetrical emergencies, such as hemorrhage, on a regular basis.	☐	☐	☐	
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 and drapes.	☐	☐	☐	
Utilize a risk-assessment tool at prenatal visits, on admission, during labor and after delivery to document and alert staff of a patient's risk of hemorrhage.	☐	☐	☐	
Establish a culture of huddles for high risk patients and post event debriefings.	☐	☐	☐	
Review all hemorrhages that require four or more units of packed red blood cell transfusion with a perinatal improvement team to identify systems issues.	☐	☐	☐	
Include members from the blood bank, laboratory, pharmacy and unit secretary staff in the multidisciplinary perinatal quality improvement team tasked with customizing a massive transfusion plan for the organization.	☐	☐	☐	
Utilize alerts within the electronic medical record to set up parameters for cumulative blood loss to alert clinicians of an impending hemorrhage.	☐	☐	☐	

American Hospital Association®

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
PARTNERSHIP FOR PATIENTS℠
HealthCare.gov

HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

Severe Preeclampsia Top Ten Checklist

Process Change	In Place	Not Done	Will Adopt	Notes (Responsible and By When?)
Develop a hospital decision-making guide for the response to severe preeclampsia using an evidence-based example, such as the Preeclampsia Toolkit found on www.CMQCC.org.	☐	☐	☐	
Schedule simulation drills to practice the response to obstetrical emergencies, such as severe preeclampsia in the Emergency Department, on a regular basis, and use the feedback after the event to improve future responses.	☐	☐	☐	
Place copies of the hospital's severe preeclampsia protocol in prominent places in each patient room for staff members to access in an emergency.	☐	☐	☐	
Believe the blood pressure and treat it. Time wasted trying different patient positions and blood pressure cuff sizes to get a lower BP result can result in stroke.	☐	☐	☐	
Use policies, protocol examples and educational materials that are already created and available publicly from California Maternal Quality Care Collaborative (CMQCC) and the Council on Patient Safety for Women's Healthcare for the prevention of harm from severe preeclampsia.	☐	☐	☐	
Implement an emergency-medication kit for severe preeclampsia and keep it in all areas of the hospital that may treat obstetric patients, including the emergency department.	☐	☐	☐	
Review all obstetric adverse events, such as admission to the ICU, utilizing an intensive review format such as a root cause analysis (RCA) format.	☐	☐	☐	
Utilize alerts within the electronic medical record to set up parameters for blood pressure to alert clinicians of an impending emergency.	☐	☐	☐	
Establish a culture of huddles for high risk patients and post-event debriefings.	☐	☐	☐	
Hospitals that do not provide obstetric services should still be prepared to treat and transfer postpartum patients with severe preeclampsia, as the condition can occur up to six weeks post-partum. A medication kit with antihypertensive medication, a copy of the hospital's protocol for treatment of severe preeclampsia as well as instructions for transfer to the nearest regional perinatal center is of great assistance in these situations.	☐	☐	☐	

American Hospital Association®

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
PARTNERSHIP FOR PATIENTS℠
HealthCare.gov

HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA