

## 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop protocols and policies to address specific support for patients, families AND staff following a significant adverse event in maternal health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilize an obstetric early warning system such as the Modified Early Obstetric Warning System (MEOWS) as a trigger tool for an impending obstetric emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilize simulation drills to practice the response to obstetric emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use data from past adverse events, simulation drills and early warning trigger tools to identify opportunities for and drive improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Include frontline maternal health staff members in quality improvement education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop a hospital decision making guide for the response to hemorrhage using an evidence based example, such as the Maternal Hemorrhage Toolkit found on <a href="http://www.CMQCC.org">www.CMQCC.org</a> , with the involvement of the blood bank, nurses and physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule simulation drills to practice the response to obstetrical emergencies, such as hemorrhage, on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place copies of the hospital's hemorrhage protocol in prominent places in each patient room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Document cumulative blood loss during delivery (instead of estimated blood loss) by using graduated drapes, weighing sponges and drapes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Establish a culture of huddles for high risk patients and post event debriefings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review all hemorrhages that require four or more units of packed red blood cell transfusion with a perinatal improvement team to identify systems issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilize alerts within the electronic medical record to set up parameters for cumulative blood loss to alert clinicians of an impending hemorrhage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 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 <a href="http://www.CMQCC.org">www.CMQCC.org</a> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place copies of the hospital's severe preeclampsia protocol in prominent places in each patient room for staff members to access in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review all obstetric adverse events, such as admission to the ICU, utilizing an intensive review format such as a root cause analysis (RCA) format.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilize alerts within the electronic medical record to set up parameters for blood pressure to alert clinicians of an impending emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Establish a culture of huddles for high risk patients and post-event debriefings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	