## OB Harm Top Ten Checklist

### TOP TEN EVIDENCE BASED INTERVENTIONS

<table>
<thead>
<tr>
<th>PROCESS CHANGE</th>
<th>IN PLACE</th>
<th>NOT DONE</th>
<th>WILL ADOPT</th>
<th>NOTES (RESPONSIBLE AND BY WHENT?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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<td>Develop a hospital protocol 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 blood bank, nursing and physicians.</td>
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<td>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.</td>
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<td>Place copies of the hospital’s hemorrhage protocol in prominent places in each patient room.</td>
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<td>Document cumulative blood loss during delivery instead of estimated blood loss by using graduated drapes, weighing sponges, or by visual count.</td>
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<td>Use policies, protocol examples, educational materials and data collection tools that are already created and available publicly from CMQCC.</td>
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<td>Evaluate every obstetrical patient for risk of VTE using a standardized assessment tool.</td>
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<td>Unless contraindicated, place sequential compression devices on all cesarean delivery patients.</td>
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<td>Use a standardized language to describe amount of blood loss, severity of pre-eclampsia, and fetal heart tracings in communication among the treatment team, including blood bank.</td>
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<td>Review all obstetrical HTN cases with severe morbidity for systems issues in a root cause analysis (RCA) format.</td>
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