

AIM Obstetrical Hemorrhage QI Assessment



OBH QI Assessment

1) Your facility:

2) Your name?

3) Your email:

4) Date of assessment?

5) What was the last quality improvement (QI) project that the OB department attempted?

6) What worked well in past OB specific QI efforts?



7) What barriers have been identified in past OB specific QI efforts?

8) Is your birth facility currently participating in or has it recently participated in QI efforts with a QI organization (i.e. Perinatal Quality Collaborative, Private or Not-for-profit QI Organization)

- Yes
- No

9) Identify the QI Organization in text box below

10) Does the OB department have an OB provider (Physician, CNM) or a nurse leader that participates in QI projects?

	Yes	No
Physician	<input type="checkbox"/>	<input type="checkbox"/>
Nurse-Midwife	<input type="checkbox"/>	<input type="checkbox"/>
Nurse-Leader	<input type="checkbox"/>	<input type="checkbox"/>



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11) Does your birth facility have a multidisciplinary perinatal quality committee?

Yes

No

12) Following a challenging OB case, is there a process for 'lessons learned' to be addressed and shared with the patient, family and staff?*

	Yes	No
Patient and Family	<input type="checkbox"/>	<input type="checkbox"/>
Staff (OB, CNM, RN)	<input type="checkbox"/>	<input type="checkbox"/>

13) Does the OB Department have standardized processes (i.e. order sets, unit policies, practice protocols) for the following obstetric emergencies? Select all that apply.

	Yes	No
OB Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>
Severe Hypertension/Preeclampsia	<input type="checkbox"/>	<input type="checkbox"/>

14) Does your birth facility Emergency Department have standardized processes (i.e. order sets, unit policies, practice protocols) for obstetric emergencies?

- Yes
- No
- Do not have an Emergency Department

15) How often are the obstetric emergency policies and protocols reviewed and updated?

- Every year
- Every 2 years
- Every 3 years

16) How often are the obstetric emergency policies and protocols (ie. order sets) used in an obstetric emergency by staff (OB, OB Resident, CNM, Staff RN)?

- N/A
- 25%
- 50%
- 75%
- 100%

17) Does your birth facility have a policy for notification and response to maternal early warning signs?

- Yes
- No

18) Does your birth facility conduct regular multidisciplinary in situ (on site) clinical scenario simulation drills for OB emergencies?

- Yes
- No



19) How often does the OB department conduct clinical scenario simulation drills?

- N/A
- Monthly
- Quarterly
- Annually
- Other - Write In:

*

20) What obstetric emergencies do these clinical scenario simulation drills focus on? Select all that apply.

- N/A
- OB Hemorrhage
- Severe Hypertension/Preeclampsia
- Eclamptic Seizure
- Sepsis
- Emergent Cesarean Section
- Maternal Code
- Other - Write In (Required):

*

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21) Which frontline providers are required to participate in the OB clinical scenario simulation drills?

	Yes	No	N/A
OBs	()	()	()
OB Residents	()	()	()
OB Anesthesia	()	()	()
Family Practitioners	()	()	()
Certified Nurse-Midwives/Certified Midwives	()	()	()
Perinatal Dept. Nursing Staff	()	()	()
Emergency Dept. Staff	()	()	()

22) How does the OB department obtain data to track unit-based outcomes? Select all that apply.*

Chart Review

Computer generated reports

Other - Write In (Required):

_____ *





23) What type of data measures does the OB department track? Select all that apply.*

Process measure-frequency of performing a diagnostic test or treatment related to an outcome (i.e. rate of antibiotic prophylaxis at Cesarean birth, rate of obstetric hemorrhage risk assessment on L&D admission)

Structure measure-identify information about policies, equipment, and staff that are relevant to the QI project and are often noted once when the task is completed (i.e. annual policy review, staff training sessions)

Outcome measures-examines the impact on patient's health and well-being (i.e. severe maternal morbidity and mortality rates)

24) What data collection challenges exist in your birth facility? Select all that apply.*

Incorrect Coding

Inadequate Documentation

Lack of Trained Staff

Time Burden

None

Other - Write In (Required):

_____*

25) Has your birth facility participated in a formal 'culture of safety' assessment within the last 2 years?*

Yes

No

26) Does your OB department have a 'stop the line' policy where staff know that they have the responsibility and authority to stop a procedure when patient safety is a concern?*

Yes

No

27) What do you see as the greatest need to improve OB specific QI efforts in your birth facility?*



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