

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