**Obstetric Hemorrhage-Readiness Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirements-Every Unit** | **In Place- Consistently Executed** | **In Place- Not Working** | **Not In Place** | **Comments** |
| Hemorrhage cart with supplies, checklist and instruction cards for intrauterine balloons and compressions stitches. |  |  |  |  |
| Immediate access to hemorrhage medications (kit or equivalent). |  |  |  |  |
| Establish a response team-who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services). |  |  |  |  |
| Establish massive and emergency release transfusion protocols (type O negative /uncrossmatched). |  |  |  |  |
| Unit education on protocols, unit-based drills (with post-drill debriefs). |  |  |  |  |

**For each requirement that is not in place and consistently executed, complete an Action Plan**

**Obstetric Hemorrhage-Recognition & Prevention Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirements-Every Patient** | **In Place- Consistently Executed** | **In Place- Not Working** | **Not In Place** | **Comments** |
| Assessment of hemorrhage risk (prenatal, on admission and at other appropriate times). |  |  |  |  |
| Measurement of cumulative blood loss (formal, as quantitative as possible). |  |  |  |  |
| Active measurement of the 3rd stage of labor (department-wide protocol). |  |  |  |  |

**For each requirement that is not in place and consistently executed, complete an Action Plan**

**Obstetric Hemorrhage-Response Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirements-Every Hemorrhage** | **In Place- Consistently Executed** | **In Place- Not Working** | **Not In Place** | **Comments** |
| Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists. |  |  |  |  |
| Support program for patients, families and staff for all significant hemorrhages. |  |  |  |  |

**For each requirement that is not in place and consistently executed, complete an Action Plan**

**Obstetric Hemorrhage-Reporting/Systems Learning Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requirements-Unit** | **In Place- Consistently Executed** | **In Place- Not Working** | **Not In Place** | **Comments** |
| Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities. |  |  |  |  |
| Multidisciplinary review of serious hemorrhages for systems issues. |  |  |  |  |
| Monitor outcomes and process metrics in perinatal quality improvement (QI) committee. |  |  |  |  |

**For each requirement that is not in place and consistently executed, complete an Action Plan**