**The debrief form provides an opportunity for obstetric service teams to review the sequence of events, successes, and barriers to a swift and coordinated response to ANY critical event – see reverse side.**

**Instructions: Complete debrief form as soon as possible after event. Obtain input from as many participants as possible. Remember: Debriefing is meant to be a learning experience and a way to address both human factors and systems issues to improve the response for next time.** There is to be no blaming/finger-pointing.

Type of event: Type Date of event: Type

Location of event: Type **Time of event:** Type

Person completing form: Type

Members of team present: (check all that apply)

|  |  |  |
| --- | --- | --- |
| [ ]  Primary RN | [ ]  Charge RN | [ ]  MFM leader |
| [ ]  Other RNs | [ ]  Neonatology Personnel | [ ]  Anesthesia Personnel |
| [ ]  Nurse Manager | [ ]  Resident(s) | [ ]  Antepartum team (RNs, PA, Fellow Resident) |
| [ ]  Unit Clerk | [ ]  OB/Surgical tech |  |
| [ ]  Primary MD | [ ]  Patient Safety Officer |  |

Is there specific protocol for the type of event experienced? [ ] Yes [ ] No

|  |
| --- |
| If so, copy and paste the protocol here: Type |

|  |  |
| --- | --- |
| **OB Associated: IDENTIFICATION & RESPONSE** |  |
| Was patient assigned a hemorrhage risk? [ ]  Low [ ]  Medium [ ]  High [ ]  Not doneVolume of Blood Lost: TypeMethod: [ ]  Formal quantification [ ]  Visual estimation [ ]  Both | Time severe level of hypertension Recognized: TypeTime 1st line antihypertensive administered: TypeNumber of doses needed to reach target blood pressure: Type |

|  |
| --- |
| **RECOGNITION & TEAMWORK** |
| **Were there any delays in:**[ ]  Recognition? Why? Type[ ]  Notification? Why? Type |
| **TEAM****All roles filled:**[ ]  Primary Physician [ ]  Primary Nurse [ ]  Charge Nurse [ ]  Secondary Nurse [ ]  Documentation [ ]  Runner [ ]  Anesthesia |

**Thinking about how the obstetric event was managed…**

|  |
| --- |
| **Identify what went well** (Check if yes) and note as appropriate. |
|[ ]  Communication: ­­ Type |
|[ ]  Role clarity (leader/supporting roles identified and assigned): Type**Was there a clear leader?** [ ]  Yes  |
|[ ]  Teamwork: Type |
|[ ]  Situational awareness: Type |
|[ ]  Decision-making: Type |
|[ ]  Other: Type |

|  |
| --- |
| Identifyopportunities for improvement: "**human factors**" (Check if yes) and note as appropriate. |
|[ ]  Communication: Type |
|[ ]  Role clarity (leader/supporting roles identified and assigned): Type**Was there a clear leader?**  [ ]  No |
|[ ]  Teamwork: Type |
|[ ]  Situational awareness: Type |
|[ ]  Decision-making: Type |
|[ ]  Human error: Type |
|[ ]  Other: Type |

|  |
| --- |
|  |
| Identify opportunities for improvement: "**systems issue**" (Check if yes) and note as appropriate. |
|[ ]  [ ]  Equipment/supplies/accessibility: Type[ ]  Device(s)working properly? [ ]  Yes [ ]  No |
|[ ]  Medication: Type |
|[ ]  Blood products availability: Available without delay? [ ]  Yes [ ]  No |
|[ ]  Inadequate support (in unit or other areas of the hospital): Type |
|[ ]  Delays in transporting the patient (within hospital or to another facility): Type |
|[ ]  Staffing: Type |
|[ ]  Other: Type |

|  |  |  |  |
| --- | --- | --- | --- |
| Issues | Actions to be Taken | Person Responsible  | By When |
| Type | Type | Type | Type |
| Type | Type | Type | Type |

|  |
| --- |
| Identify which recommendations to move forward for review committee:Type |

Adapted from Montefiore Medical Center/Albert Einstein College of Medicine, Bronx, NY & Alaska Native Medical Center debrief forms