**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 done  Volume of Blood Lost: Type  Method:  Formal quantification  Visual estimation  Both | Time severe level of hypertension  Recognized: Type  Time 1st line antihypertensive  administered: Type  Number of doses needed to reach  target blood pressure: Type |

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| **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