

Appendix CC: Sample Hemorrhage Rapid Debrief Form



Guidance for rapid debrief tools: A resource from CMQCC Maternal Data Center

The debrief form is a tool for clinicians to learn from critical events. The purpose is not to fill out another form, but rather to guide a discussion of the care provided. Some debriefs will highlight the optimal teamwork of your staff, some will provide an opportunity to provide education, and others will highlight processes that may require improvement beyond reinforcement of existing systems. Debriefs that bring to light concerning issues can help focus deeper case review in which specific times, values, and documentation will be required to evaluate the care more thoroughly.

Debriefing is appropriate both for simulation drills and live events and is required by The Joint Commission's New Standards for Perinatal Safety (Effective January 1, 2021). To facilitate debriefing, participants should have a safe private area for discussion, understand that all input is valued, self-reflection is important, and be assured that all discussions during debriefings are confidential. (Gardner, 2013)

The sample rapid debrief tools have been designed to encourage consistent completion for all events meeting debrief criteria per institutional policy. When considering the *possible* criteria that could trigger the need for a debrief, it will be useful to have discussion with your perinatal quality improvement team. Appropriateness and relevance of criteria will vary among facilities. We recommend listing your facility's selected debrief triggers directly on the debrief form for quick reference.

There are a series of check boxes specific to the event type to allow for a rapid, yet thorough, debrief and avoid missing key information. When debrief tools are non-specific, they often yield incomplete reviews of the event when providers and staff are under pressure to move on to the next case, and unable to include essential information. The questions and case details provide prompts so that the debrief can be a seamless collection of necessary information. It is important to have all members of the care team involved in the case, and especially the provider, present for the debrief so that all points of view are shared. Debriefing should be completed as soon as possible after the patient's health has stabilized and before the provider leaves the unit. A timely discussion assures that detail recall is accurate, and all members of the team are able to immediately process the care provided up to the present.

Reference: Gardner R. Introduction to debriefing. *Semin Perinatol.* Jun 2013;37(3):166-174.

We recommend listing your facility's chosen debrief criteria directly on the form for quick reference. This is a list of **example** criteria for triggering the completion of a Hemorrhage Debrief. Criteria will vary among facilities often based on volume and should be decided on by your perinatal QI team.

Hemorrhage Debrief

Example criteria for completing a hemorrhage debrief:

- ▶ Cumulative Blood Loss > 500mL **with continued bleeding**
- ▶ Cumulative Blood Loss > 1,000mL
- ▶ Use of uterotonics (beyond standard postpartum oxytocin dose) or procedures (e.g., D&C, tamponade balloon, B-Lynch suture, interventional radiology)
- ▶ Transfusion
- ▶ Transfusion > 2 units PRBCs

Date: _____

Team members present for debrief (OB provider, primary nurse, and anesthesiologist are key):

Hemorrhage risk assessment category? Low Medium High Not Completed

OB Hemorrhage code called? Yes No _____

Blood loss measured quantitatively? Yes No _____

Did you have the RN/OB Provider support/consultation you needed? Yes No _____

Did you have the supplies you needed? Yes No _____

Did the team work and communicate effectively together? Yes No _____

Delay: None Recognition Notification Provider Response Receiving Blood Products
 Medication/Supplies Availability

Case Details:

Gestational Age: _____ weeks

Labor: Spontaneous Augmented Induced No Labor

Delivery: Cesarean Vaginal Operative Vaginal

Transfusion: Yes No

If "Yes" - Crossmatched Type Specific O Type Emergency Release MTP

Meds: Oxytocin Methylergonovine Carboprost TXA Misoprostol Other

Intrauterine Device (e.g., balloon, suction): Yes No _____

D&C: Yes No Hysterectomy: Yes No

Other surgical or radiology procedures: Yes No _____

Transfer to higher level of care (i.e., ICU): Yes No _____

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Successes of Management:

Opportunities for Improvement:

Additional Feedback:

Debrief must be returned to Educator, Supervisor, or CNS at end of shift.

Submitted by (optional): _____

Educator, Supervisor, or CNS

Successes and Lessons learned shared with providers and staff through:

- Staff Meeting
- E-blast
- Educational programming
- Quality Board
- Other _____

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