**AIM Baseline Survey & Implementation Checklist**

*Hospital name and characteristic data is for ILPQC internal use only and will not be shared with AIM.*

1. Please designate an unit-based Labor and Delivery staff member (OB Provider, Staff RN, or Charge RN) to complete this survey.
   1. Hospital Name
   2. Hospital City
   3. Labor and Delivery Survey Designee Name
   4. Labor and Delivery Survey Designee Email
2. What was your hospital's annual delivery volume in 2015?
3. What is your hospital's Perinatal Level:
   1. 0
   2. I
   3. II
   4. II+
   5. III
4. Is your hospital a teaching hospital (does your hospital have OB residents on L&D)?
   1. Yes
   2. No
5. Which hospital type best describes your hospital?
   1. County/Public
   2. University
   3. Not-for-profit (not county/public or university)
   4. For-profit
6. What percentage of your patient population was insured by Medicaid in 2015 (approximate)?
7. What was the last quality improvement (QI) project that the OB department at your hospital attempted?
8. What tools/strategies worked well in past OB specific QI efforts at your hospital?
9. What barriers to improvement have been identified in past OB specific QI efforts at your hospital?
10. Is your birth facility currently participating in or has it recently participated in QI efforts with a QI organization (i.e. Perinatal Quality Collaborative, Private or Not-for-profit QI Organization)?
    1. Yes (Identify the QI Organization in the text box below)
       1. QI Organization:
    2. No
11. Does the OB department at your hospital have an OB provider (Physician, CNM) or a nurse leader that participates in QI projects?
    1. Physician
       1. Yes
       2. No
    2. Nurse-Midwife
       1. Yes
       2. No
    3. Nurse
       1. Yes
       2. No
12. Does your hospital have a multidisciplinary perinatal quality committee?
    1. Yes
    2. No
13. Following a challenging OB case, is there a process for 'lessons learned' to be addressed and shared with the patient, family and staff at your hospital?
    1. Patient and Family
       1. Yes
       2. No
    2. Staff (OB, CNM, RN)
       1. Yes
       2. No
14. Does the OB Department have standardized processes (i.e. order sets, unit policies, practice protocols) for the following obstetric emergencies? Select all that apply.
    1. Hypertension/Preeclampsia
       1. Yes
       2. No
15. Does your birth facility Emergency Department have standardized processes (i.e. order sets, unit policies, practice protocols) for obstetric emergencies?
    1. Yes
    2. No
    3. Do not have an Emergency Department
16. How often are the obstetric emergency policies and protocols reviewed and updated?
    1. More than once a year
    2. Every year
    3. Every 2 years
    4. Every 3 years
    5. Every 4 or more years
17. How often are these order sets and practice protocols used in an obstetric emergency by staff (OB, OB Resident, CNM, Staff RN) at your hospital?
    1. N/A
    2. 25%
    3. 50%
    4. 75%
    5. 100%
18. Does your hospital have a policy for notification and response to maternal early warning signs?
    1. Yes
    2. No
19. Does your hospital conduct regular multidisciplinary in situ (on site) clinical scenario simulation drills for OB emergencies?
    1. Yes
    2. No
20. How often does the OB department conduct clinical scenario simulation drills at your hospital?
    1. N/A
    2. Monthly
    3. Quarterly
    4. Annually
    5. Other (please specify)
21. What obstetric emergencies do these clinical scenario simulation drills focus on? Select all that apply.
    1. N/A
    2. OB Hemorrhage
    3. Severe Hypertension/Preeclampsia
    4. Eclamptic Seizure
    5. Sepsis
    6. Emergent Cesarean Section
    7. Maternal Code
    8. Other (please specify)
22. Which frontline providers are required to participate in the OB clinical scenario simulation drills?
    1. OBs
       1. N/A
       2. Yes
       3. No
    2. OB Residents
       1. N/A
       2. Yes
       3. No
    3. OB Anesthesia
       1. N/A
       2. Yes
       3. No
    4. Family Practitioners
       1. N/A
       2. Yes
       3. No
    5. Certified NurseMidwives
       1. N/A
       2. Yes
       3. No
    6. Perinatal Dept. Nursing Staff
       1. N/A
       2. Yes
       3. No
    7. Emergency Dept. Staff
       1. N/A
       2. Yes
       3. No
23. How does the OB department obtain data to track unit-based outcomes at your hospital? Select all that apply.
    1. Chart Review
    2. Computer Generated Reports
    3. Other (please specify)
24. What type of data measures does the OB department track at your hospital? Select all that apply.
    1. Process measure-frequency of performing a diagnostic test or treatment related to an outcome (i.e. rate of antibiotic prophylaxis at Cesarean birth, rate of obstetric hemorrhage risk assessment on L&D admission)
    2. Structure measure-identify information about policies, equipment, and staff that are relevant to the QI project and are often noted once when the task is completed (i.e. annual policy review, staff training sessions)
    3. Outcome measures-examines the impact on patient's health and well-being (i.e. severe maternal morbidity and mortality rates)
25. What data collection challenges exist in your hospital? Select all that apply.
    1. Incorrect Coding
    2. Inadequate Documentation
    3. Lack of Trained Staff
    4. Time Burden
    5. None
    6. Other (please specify)
26. Has your hospital participated in a formal 'culture of safety' assessment within the last 2 years?
    1. Yes
    2. No
27. Does your OB department have a 'stop the line' policy where staff know that they have the responsibility and authority to stop a procedure when patient safety is a concern?
    1. Yes
    2. No
28. What do you see as the greatest opportunity to improve OB specific QI efforts in your birth facility?

**Implementation Checklist**

**Readiness – For every unit in your hospital do you have:**

1. Standard protocols for early warning signs, updated diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms).
   1. L&D
      1. Yes
      2. No
   2. Antepartum/Postpartum
      1. Yes
      2. No
   3. Triage/ED
      1. Yes
      2. No
2. Unit education on protocols, unit-based drills or simulations (with post-drill debriefs).
   1. L&D
      1. Yes
      2. No
   2. Antepartum/Postpartum
      1. Yes
      2. No
   3. Triage/ED
      1. Yes
      2. No
3. Process for timely identification, triage, and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas.
   1. Yes
   2. No
4. Rapid access to IV medications used for severe hypertension/eclampsia: Medications should be stocked and immediately available on L&D and in other areas where patients may be treated. Include brief guide for administration and dosage.
   1. L&D
      1. Yes
      2. No
   2. Antepartum/Postpartum
      1. Yes
      2. No
   3. Triage/ED
      1. Yes
      2. No
5. System plan for escalation, obtaining appropriate consultation and maternal transport, as needed for severe maternal hypertension, preeclampsia, and eclampsia.
   1. L&D
      1. Yes
      2. No
   2. Antepartum/Postpartum
      1. Yes
      2. No
   3. Triage/ED
      1. Yes
      2. No

**Recognition and Prevention – For every OB/postpartum patient in your hospital do you have:**

1. Standard protocol for the measurement and assessment of BP and urine protein for all pregnant and postpartum women.
   1. Yes
   2. No
2. Standard response to maternal early warning signs including listening to and appropriately investigating patient symptoms and assessment of labs (i.e. CBC with platelets, AST and ALT).
   1. Yes
   2. No
3. Facility-wide standards for educating prenatal and postpartum women on signs and symptoms of preeclampsia and severe hypertension.
   1. Yes
   2. No

**Response – For every case of severe hypertension/preeclampsia in your hospital do you have:**

1. Facility-wide standard protocols with checklists and escalation policies for management and treatment of: Severe hypertension; Eclampsia, seizure prophylaxis, and magnesium over-dosage; and Postpartum, emergency department and outpatient presentations of severe hypertension/preeclampsia.
   1. Yes
   2. No
2. The following minimum requirements for protocol: Notification of physician or primary care provider if systolic BP =/>160 or diastolic BP =/>110(105) for two measurements within 15 minutes; After the second elevated reading, treatment should be initiated ASAP (preferably within 60 minutes of verification); Includes onset and duration of magnesium sulfate therapy when indicated; Includes escalation measures for those unresponsive to standard treatment; Describes manner and verification of timely follow-up for blood pressure check and evaluation within 7 to 14 days postpartum; Describes postpartum patient education for women with hypertension / preeclampsia describing postpartum preeclampsia.
   1. Yes
   2. No
3. Support plan for patients, families, and staff for ICU admissions and serious complications of severe hypertension.
   1. Yes
   2. No

**Reporting/Systems Learning – In every unit of your hospital, do you:**

1. Establish a culture of huddles for high-risk patients and post-event debriefs to identify successes and opportunities for improvement.
   1. L&D
      1. Yes
      2. No
   2. Antepartum/Postpartum
      1. Yes
      2. No
   3. Triage/ED
      1. Yes
      2. No
2. Multidisciplinary review of all severe hypertension/eclampsia cases admitted to ICU for systems issues.
   1. L&D
      1. Yes
      2. No
   2. Antepartum/Postpartum
      1. Yes
      2. No
   3. Triage/ED
      1. Yes
      2. No
3. Monitor quality outcomes and process metrics involving severe hypertension in pregnancy.
   1. L&D
      1. Yes
      2. No
   2. Antepartum/Postpartum
      1. Yes
      2. No
   3. Triage/ED
      1. Yes
      2. No