



## QUEST FOR ZERO: Excellence in OB

Thank you for participating in the BETA Healthcare Group Quest for Zero: OB Risk Management Initiative. We will make every effort to assure that the assessment goes as efficiently and expeditiously as possible for you. Outlined below are the elements of our initiative and the associated documents that will be needed to validate that the requirements have been met.

Section 1 describes the indicator requirement as well as the associated documents that are requested for review to meet Tier 1 of the OB initiative. *Note: To be eligible for Tier 2, Tier 1 requirements must be met.* Section 2 describes the indicator requirements and associated documents that are requested for review to meet the Tier 2 requirements.

Please review both sections carefully and kindly forward any policies that are listed for review to the undersigned prior to the visit. The remaining records shall be made available for review on the date of the scheduled validation.

Tier 1 Requirements	
Indicator	Document Request
Standardized Nomenclature	<ul style="list-style-type: none"> <li>• L&amp;D policy and procedure manual</li> <li>• Access to electronic medical record if in place in OB</li> <li>• OB privilege sheet outlining the requirement to comply with NICHHD terminology in the OB setting</li> <li>• 10 randomly selected patient records with fetal monitor tracings</li> </ul>
Successful completion of an AWHONN/ACOG endorsed electronic fetal monitoring class that includes standardized nomenclature (NICHHD) within 3 months of appointment and/or date of hire for all providers who practice in the L&D setting	<ul style="list-style-type: none"> <li>• List of all providers who deliver babies in L&amp;D</li> <li>• List of all registered nursing staff who participate in the delivery process</li> <li>• Job description or Human Resources policy outlining requirements of for hire of L&amp;D nurse</li> <li>• Certificates of coursework completion (APS/AWHONN/ALSO) of all providers and staff</li> </ul>

Tier 2 Requirements	
Fetal Strip Review	Document Request
<p>Multidisciplinary* electronic fetal monitoring (EFM) strip reviews are attended, at minimum, six times per year by all providers and nursing staff who care for laboring mothers</p> <p><i>*Participants must include an OB physician, Family Practitioners who deliver babies, L&amp;D unit nurses, residents and CNM's.</i></p>	<ul style="list-style-type: none"> <li>• Logs or strip review sign-in sheets to confirm documentation of participation</li> <li>• Will reference staff lists as requested above</li> </ul>
Simulation and Drills	
<p>In a multidisciplinary fashion, high or low fidelity simulation (in-situ or offsite) or drills are conducted twice per year</p> <p>Two high-risk, low frequency issues will be pre-selected based on organization's trends or national trends</p> <p>This criterion requires evidence of a debrief process</p>	<ul style="list-style-type: none"> <li>• Evidence of staff participation through sign-in sheets</li> <li>• Evaluation and planning form which describes identified disciplines</li> <li>• Evidence of evaluation of high-risk, low frequency events that were selected</li> <li>• Debrief summary of each simulation/drill scenario</li> </ul>
Culture of Safety	
<p>Unit specific information is gathered through a survey process specifically targeting culture and teamwork behaviors in the Perinatal setting</p> <p>At minimum, four lessons from losses or case study presentations are shared with staff specific to medical error or near miss activity.</p> <p>Department specific event trends are shared quarterly at medical staff and nurse staff meetings</p> <p>Leadership WalkRounds are implemented by December 1 of the policy period and are conducted at least monthly with information obtained, recorded and a feedback mechanism in place.</p>	<ul style="list-style-type: none"> <li>• Culture survey baseline survey results</li> <li>• Case study or PPT presentations of Lessons from Losses shared</li> <li>• Sign-in sheets for attendance in those sessions</li> <li>• Evidence of event trend information shared at staff meetings on a quarterly basis through review of staff meeting minutes</li> <li>• Evidence of frequency of WalkRounds and information obtained and fed back</li> </ul>

<b>Communication</b>	
<p>Deliver Crucial Conversations training to all staff that practice in the Perinatal Services area</p> <p>Implement a unit specific chain of command policy</p> <p>Implement SBAR-R tool. Utilize in verbal report</p> <p>Track and monitor effectiveness of the adoption of SBAR-R with evidence of observation for compliance</p>	<ul style="list-style-type: none"> <li>• Evidence of participation through sign-in sheets</li> <li>• Chain of Command Policy</li> <li>• 10 patient records randomly selected to demonstrate evidence of use of SBAR tool</li> <li>• Data set which demonstrates evidence of observations conducted and measures of success</li> </ul>
<b>Elective Induction Bundle</b>	
<p>Implement bundle requirements and measure for compliance. 90% compliance must be achieved by May 1 of the policy period</p>	<ul style="list-style-type: none"> <li>• Evidence of quality indicator measured by quality department statistics</li> <li>• Policy Review: <ul style="list-style-type: none"> <li>○ Induction of Labor</li> <li>○ Cervical Ripening</li> <li>○ Electronic Fetal Monitoring</li> </ul> </li> <li>• Tachysystole algorithm with evidence of medical staff approval (Committee minutes or documentation thereof)</li> <li>• 10 patient records admitted for elective delivery</li> </ul>
<b>Vacuum Bundle</b>	
<p>Implement bundle requirements and measure for compliance. 90% compliance must be achieved by May 1 of the policy period</p>	<ul style="list-style-type: none"> <li>• Evidence of quality indicator measured by quality department statistics</li> <li>• Quality data showing volume of vacuum delivery</li> <li>• Evidence of quality review of 100% vacuum assisted delivery</li> <li>• Evidence of education to staff on Operative Vaginal Delivery (Certificates of completion of APS coursework or other)</li> <li>• Policy Review: <ul style="list-style-type: none"> <li>○ Vacuum Assisted Delivery or Operative Vaginal Delivery</li> </ul> </li> <li>• 10 patient records that demonstrate they underwent vacuum assisted delivery</li> </ul>

<p style="text-align: center;"><b>Obstetrical Hemorrhage</b></p> <p>All staff in L&amp;D, antepartum and postpartum must complete the postpartum hemorrhage module offered through APS or other coursework offered through CMQCC's project on OB hemorrhage</p> <p>A hemorrhage protocol is in place Simulation and/or drills specific to OB hemorrhage occur annually</p> <p>An OB hemorrhage cart is in place in L&amp;D and postpartum</p> <p>Blood utilization is reviewed as a quality metric</p>	<ul style="list-style-type: none"> <li>● Evidence of certificates of completion of APS module</li> <li>● OB Hemorrhage Policy/Protocol and evidence of approval</li> <li>● Evidence of participation of all staff involved in an OB hemorrhage such as sign-in sheets</li> <li>● Quality metrics demonstrating blood utilization review</li> </ul>
<p style="text-align: center;"><b>Shoulder Dystocia</b></p> <p>A risk screening/stratification methodology is in place and has undergone approval by medical staff</p> <p>A second stage of management protocol is in place and approved by medical staff</p> <p>Interventions employed during shoulder dystocia are evidenced in charting</p> <p>Simulation and/or drills specific to shoulder dystocia occur, at minimum, annually and there is evidence of participation by all involved staff</p>	<ul style="list-style-type: none"> <li>● Screening tool</li> <li>● Policy Review <ul style="list-style-type: none"> <li>○ Shoulder dystocia</li> </ul> </li> <li>● 10 patient records of those who experienced a shoulder dystocia</li> <li>● Evidence of participation by all involved providers and staff in simulation/drill as demonstrated by sign-in sheet</li> </ul>
<p style="text-align: center;"><b>NCC Certified Staff Indicator</b></p> <p>All eligible staff in the departments listed below will sit for the RNC exam</p> <ul style="list-style-type: none"> <li>● Inpatient Obstetrical Nursing</li> <li>● Neonatal Intensive Care Nursing</li> <li>● Low Risk Neonatal Nursing</li> <li>● Maternal Newborn Nursing</li> </ul>	<ul style="list-style-type: none"> <li>● Listing of all employed staff to include dates of hire</li> <li>● Verification of certification of all staff who meet eligibility requirements</li> </ul>

Perinatal Medication Safety	
<p>All staff have viewed the ISMP perinatal medication safety DVD</p> <p>All structure standards have been met for safe use of five common medications that are administered in Perinatal Services</p> <ul style="list-style-type: none"> <li>• Oxytocin</li> <li>• Magnesium Sulfate</li> <li>• Misoprostol/Cytotec</li> <li>• Heparin (in NICU)</li> <li>• Epidural analgesia</li> </ul>	<ul style="list-style-type: none"> <li>• Staff sign-in sheet demonstrating that the video was viewed</li> <li>• Policy Review <ul style="list-style-type: none"> <li>○ Cervical Ripening</li> <li>○ Induction of Labor</li> <li>○ VBAC</li> <li>○ Electronic Fetal Monitoring</li> <li>○ Postpartum Hemorrhage</li> <li>○ Epidural analgesia</li> <li>○ High alert medication</li> <li>○ Heparin</li> <li>○ Magnesium Sulfate and/or Pregnancy Induced Hypertension and Preterm Labor</li> </ul> </li> <li>• Interview with pharmacy staff and observation of practice</li> <li>• Tachysystole algorithm with evidence demonstrating approval by medical staff</li> <li>• Evidence of annual drill focused on OB hemorrhage</li> <li>• Sign-in sheet demonstrating evidence of attendance</li> </ul>

Thank you again for your ongoing commitment to patient safety in the perinatal setting. I look forward to celebrating your team's success.

Sincerely,

Heather Gocke, RNC-OB, LNC, CPHRM, C-EFM  
Director of Risk Management/Quality Assessment  
BETA Healthcare Group  
[hgocke@betahg.com](mailto:hgocke@betahg.com)