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.

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 □ Yes □ No □ Yes □ No Hysterectomy: □ Yes □ No

Other surgical or radiology procedures: □ Yes □ No ________________________________

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

Continued on next page...
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 _________________________________________________________________________

(Used with permission of CMQCC)