



The Women's Place: Event Debriefing – perishable data

Event date / time: _____ Event Debriefing completed by: _____

Type of Event? Code: (circle) neonatal / perinatal / NERT
 Unplanned C/S Unplanned Resuscitation of routine delivery
 Team Member Injury _____ Other Event: _____

Patient Involved? No Yes: Mom / Baby / Both

Services involved (circle all involved): OB Nursing / OB Physicians / NBM / NICU / Anesthesia / Other: _____

Debriefing with group:

1. What went well?

2. Any problems with **METHODS**?

a) All services responded (NICU, Anesthesia, OB, etc.)? Yes No

b) Paging sent through 4-2012? Yes No

c) Other issues? Yes No

If yes, describe:

3. Any problems with **EQUIPMENT** (monitors, pumps, etc.)? Yes No

If yes, describe:

4. Any problems with **SUPPLIES**? Yes No

If yes, describe:

5. Any problems with **STAFFING**? Yes No

If yes, describe:

6. Any problems with **COMMUNICATION**? Yes No

7. Other comments about the event/Follow-up that is needed?

**** QI document only - Not part of the medical record ****
Place in UBL folder on Labor & Delivery

****This side to be completed by UBL team****

1. Identified problems discussed and addressed in real time?
 Yes No, comment

2. Patient disposition: Remained on TWP
 Transferred to ICU– any problems with transfer? _____

3. Applicable standard work? _____
Followed? Yes No
Need revision? Yes No

4. Any take home points or significant info that should be shared with team members?
Comment:

Date information shared with team members:

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