Early in January, 2010 Dr. Howard Jones charged a committee comprised of Frank Boehm, Bennett Spetalnick, Mary Carroll and Sandy J. Smith to review 18 obstetric cases that were compiled by Risk Management and to make recommendations to the faculty and staff on how to improve the safety and quality of obstetric patient care at VUH. The 18 cases ranged a time span from Jan. 15, 2008 to Jan. 1, 2010 with 9 cases occurring in 2008, 8 cases in 2009 and 1 case in 2010. A full report was given to Dr. Jones on Jan. 31, 2010. At that time, it was requested that our committee prioritize the recommendations and that they be presented at the Ob/Gyn faculty retreat Jan. 19-20 for full discussion. The following are the 14 prioritized recommendations made and vetted and now ready for implementation.

1. Develop and put into place an improved handover of patients on L&D. (See attached Committee on Relationship Building to enhance teamwork for Continuity of Care in the Intrapartum Period)
2. Emphasize the need for and the importance of a chain of command policy to all L&D personnel.
3. Emphasize the importance of appropriate consultation with an Attending when labor progress is abnormal.
4. Require EFM certification for all L&D and 4East personnel including physicians, CNMs, residents and nursing staff.
5. Develop and disseminate policy that any concerning electronic fetal heart rate tracing of a patient being cared for by a SON CNM, SOM CNM, Resident physician or staff nurse be formally evaluated by an Attending physician along with documentation of that consult.
6. Abandon forceps and vacuum deliveries when the fetal position is OP and the station is less than +4 or +5.
7. Teach and stress the importance of paying attention to a patient’s labor curve as well as recording a peripartum progress note every 2 hours on patients in the active phase of labor.
8. Emphasize importance of listing fetal position with each pelvic exam, especially during the latter stages of the active phase of labor.
9. Universal documentation of maternal pelvis type and adequacy as well as estimated fetal weight.
10. Teach importance of the need in certain cases of a double set up in the Ob operating rooms.
11. Enhance teaching of the importance of providing and recording of informed consent.
12. Confirm reliability of a continuous updating process in a patient’s prenatal summary for quick review by health care providers to allow for appropriate and safe care for all patients admitted to L&D. This will require confirmation that all pertinent patient prenatal information is captured in a timely manner in the prenatal summary of the EMR.
13. Develop a policy that states that any lost FHR should be considered and treated the same as any situation in which a documented prolonged FHR deceleration is managed.
14. Develop and institute a plan for monthly review of incidents and near misses for policy changes to ensure continuous quality improvement.