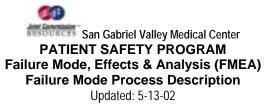
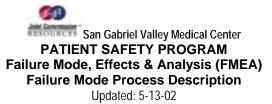


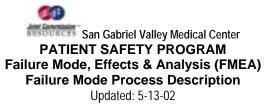
Process to be Assessed:	Management of macrosomic infants Effective nursing interventions in the assessment and anticipation of complications related to macrosomia Note: Process description presumes accurate and timely documentation of patient care.							
Process Scope Boundaries:	Patient presentation on LDRP unit through	V	ion of cesarean section procedure					
Essential Process Steps	Process Sub-Steps	Critical Sub-Processes	Potential Failure Mode	RPN*				
ASSESSMENT PHASE								
Patient enters LDRP unit	(Patients arrive through ED or are pre- admitted)	Video-intercom provides access to unit	Failure of controlled access notification device	A				
Visual assessment of patient	Inquiry re due date & reason presenting	Translator needed for non-English speaking patients	Lack of access to patient information due to no available translator	В				
		Prenatal care essential to accurate knowledge of due date	Lack of information due to absence of/or limited prenatal care	С				
	Inquiry re physician name	Patient's identification of physician presumes prenatal care received	Lack of information due to absence of/or limited prenatal care	D				
	Inquiry re pregnancy history *	Patient awareness of membrane status	Patient may not distinguish fluid leak from incontinence	E				
		Accurate patient communication of pregnancy history (gravida, gestation, prior birth weights, maternal weight gain)	Lack of information due to absence of/or limited prenatal care	F				
Physical assessment	Patient provided gown & assigned bed	RN assigns labor room and registers patient as outpatient	Inadequate labor beds due to census	G				
	External fetal monitor placed	Multiple gestation may require multiple monitors (Note: All monitors have twin capabilities.)	Inadequate number of monitors available due to census	Н				
	Contractions monitored		Inadequate number of monitors available due to census	I				
	Vital signs taken		Inadequate number of BP monitors available due to census	J				



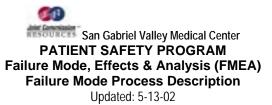
Process to be Assessed:	Management of macrosomic infants							
	Effective nursing interventions in the assessment and anticipation of complications related to macrosomia							
Process Scope Boundaries:	Note: Process description presumes accurate and timely documentation of patient care. Patient presentation on LDRP unit through vaginal deliver of viable infant or initiation of cesarean section procedure							
Essential Process Steps	Process Sub-Steps	Critical Sub-Processes	Potential Failure Mode	RPN*				
	Blood sugar evaluated if diabetes reported by patient	Patient awareness of diabetes presumes prenatal care	Lack of information due to absence of/or limited prenatal care	К				
	Inquiry to patient re last MD appointment, last ultrasound, hypertension, any physician referrals, current medications and awareness of placental position	Accurate patient history presumes prenatal care	Lack of information due to absence of/or limited prenatal care	L				
Assessment: Patient in active labor?	Yes: Admit patient as inpatient	Admit patient to LDRP room	Inadequate LDRP beds due to census	М				
	No: Observe patient minimum 2 hours	Continuous monitoring of fetal heart rate an d contractions, pain level	Incompetent nursing assessment of patient physical status and FM strip	N				
Assessment: Patient bleeding?	Yes: Defer vaginal exam Determine extent of bleeding Call physician	Extensive bleeding may indicate needed for minimally invasive vaginal examination in order to provide adequate information to physician	Failure to accurately assess extent of bleeding	0				
	No: Complete visual and physical (vaginal) exam		Failure to utilize collaborative efforts of care team to assure accurate patient assessment	Р				
Initiate standing MD orders	If no prenatal care, patient assigned to ED on-call OB	If patient newly assigned to MD, physician may come in to exam patient or order ultrasound (inc. gestation, estimated fetal weight, placental presentation, amniotic fluid index.	Failure to reach on-call obstetrician	Q				



Process to be Assessed:	Management of macrosomic infants Effective nursing interventions in the assessment and anticipation of complications related to macrosomia Note: Process description presumes accurate and timely documentation of patient care.							
Process Scope Boundaries:	Patient presentation on LDRP unit through vaginal deliver of viable infant or initiation of cesarean section procedure							
Essential Process Steps	Process Sub-Steps	Critical Sub-Processes	Potential Failure Mode	RPN*				
	Order routine lab tests		Failure to order baseline lab tests results in incomplete or delayed patient assessment	R				
	If no prenatal care, order expanded lab tests to include Hepatitis, toxicology screen and Rebella		Failure to order baseline lab tests results in incomplete or delayed patient assessment	S				
	Continue to monitor fetal heart rate	If monitoring inadequate, RN applies internal fetal electrode if membranes are ruptured.	Failure to recognize inadequate monitoring strip	Т				
	Continue to monitor contractions	If monitoring inadequate, RN applies internal fetal electrode if membranes are ruptured.	Failure to recognize inadequate monitoring strip	U				
	Assess pain (1 – 10 pain scale)	Patient's subjective assessment of own pain.	Patient refusal of medication	V				
Contact physician for ultrasound order	Ultrasound order request by RN due to suspected macrosomia based on known	Effective communication of assessment outcome	Failure of MD to order ultrasound	W				
	past delivery history.		Delayed completion of ultrasound or radiologist's report	Х				
			Failure to communicate ultrasound result to MD	Y				
Assessment: Probability of macrosomic infant?	Yes: Contact physician	Observed slow progress in first stage of labor	Failure to recognize lack of descent, dilation and inadequate contractions	Z				



Process to be Assessed:	Management of macrosomic infants Effective nursing interventions in the assessment and anticipation of complications related to macrosomia Note: Process description presumes accurate and timely documentation of patient care.							
Process Scope Boundaries:			n vaginal deliver of viable infant or initia					
Essential Process Steps		Process Sub-Steps	Critical Sub-Processes	Potential Failure Mode	RPN*			
			Assessment of intensity of labor	Failure to recognize lack of descent, dilation and inadequate contractions	AA			
	No: Co	ontinue to monitor labor	Assessment of staffing/census	Inability to anticipate future admissions	BB			
			Assessment of OR availability	Inadequate Env. Serv. support for operating room turn-around	CC			
Communications of macrosomic indications to MD	Accurate communication & documentation of observed macrosomi indications		Assertive request by nurse for specific physician intervention by clinically credible nurse	Failure to effectively communicate patient assessment and needed intervention	DD			
ASSESSMENT PHASE CONCLUDED								
MACROSOMIC DELIVERY INTERVENTION PHASE								
Continuous Assessment: Patient progressing?		ntinue to monitor labor rough delviery	Continuous assessment of fetal heart rate	Failure to recognize fetal heart rate changes	EE			
			Monitoring of maternal vital signs	Failure to observe vital sign changes	FF			
		o dilation or fetal descent , hedule surgery	Assessment of intensity of labor	Failure to recognize failure to progress	GG			
			Assessment of staffing/census	Inability to anticipate future admissions	HH			



Process to be Assessed:	Management of macrosomic infants						
	Effective nursing interventions in the assessment and anticipation of complications related to macrosomia Note: Process description presumes accurate and timely documentation of patient care.						
Process Scope Boundaries:	Patient presentation on LDRP unit through	vaginal deliver of viable infant or initiat	tion of cesarean section procedure				
Essential Process Steps	Process Sub-Steps	Critical Sub-Processes	Potential Failure Mode	RPN*			
		Assessment of OR availability	Inadequate Env. Serv. support for operating room turn-around	II			
		Assertive request by nurse for specific physician intervention by clinically credible nurse	Failure to effectively communicate patient assessment and needed intervention	JJ			
Continuous Assessment: Patient descending?	Yes: Continue to monitor labor through delivery	Continuous assessment of fetal heart rate	Failure to recognize fetal heart rate changes	KK			
		Monitoring of maternal vital signs	Failure to observe vital sign changes	LL			

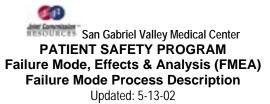
No:	A) -	Possible physician mgmt by Pitocin	Administration of pitocin consistent with protocol	Failure to effectively titrate Pitocin	MM
	-	Vacuum Shoulder dystocia protocol	Vacuum application consistent with protocol	Excessive use of vacuum pressure or duration	NN
			Anticipation of utilization of McRobert's maneuver at delivery	Inadequate assistance from other team members essential to deliver intervention	00
			Assistance requested from NICU team	Inadequate resuscitative support upon delivery	PP
	B)	Schedule surgery	Notification to anesthesiologist and assistant surgeon	Delay in surgery due to no available anesthesiologist or assistant	QQ
	C)	Lack of MD orders or intervention	Assertive request by nurse for plan of care for stable patient who is not progressing	Failure to effectively communicate patient need for immediate intervention	RR



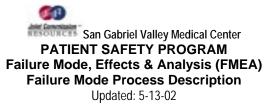
Continuous Assessment:	Fetal distress?	Notify physician	Specific request by nurse for	Failure to effectively	SS
			surgical intervention	communicate patient need for	
				immediate intervention	
			Utilization of chain of command	Failure to initiate chain of	TT
			physician reluctance to commence	command	
			surgery		
			OR prepared	Delay due to OR unavailable	UU
			Anesthesiologist notified	Delay due to participation	VV
				current case	
			NICU team notified	Delay due to NICU census or	WW
				acuity	
Cesarean -section initiated	d	Physician arrives for surgery	Surgery initiated within 30 minutes	(See above)	

* RPN Risk Potential Number determined in subsequent document

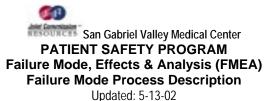
Process to be Assessed:	Management of macrosomic infants Effective nursing interventions in the assessment and anticipation of complications related to macrosomia							
Potential Failure Mode	Potential Effect of Failure Mode	Frequency (Likeliness Scale) 1-10	Severity (Potential for Harm) 1-10	Detectability (Potential Discovery) 1-10	Risk Priority Number (RPN)			
Identify potential failures for each component step in process (Complete this analysis page for each process step)	Identify potential outcome of failure to patient	Characteristic Characteristic On a scale of 1-10 (10= highly likely), identify the likelihood of this failure actually occurring. Example: Example: 1 = Remote probability 5 = Moderate probability 10 = Very high probability	On a scale of 1-10 (10= worst potential failure outcome), identify the potential severity of the consequences of this failure. Example: 1 = Very minor outcome 5 = Moderate outcome 10 = Very severe outcome	On a scale of 1-10 (1 = failure easily discovered under normal circumstances), identify the potential difficulty of discovery of failure. Example: 1 = Certain detection 5 = Possible detection 10 = Cannot detect	RPN = Freq. x Sev. x Detect.			
RPN*								



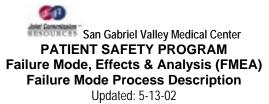
Process to be Assessed	d:	Management of macroso Effective nursing intervent	to macrosomia			
Potential Failure Mode	9	Potential Effect of Failure Mode	Frequency (Likeliness Scale) 1-10	Severity (Potential for Harm) 1-10	Detectability (Potential Discovery) 1-10	Risk Priority Number (RPN)
Identify potential failures for each component step in process (Complete this analysis page for each process step)		Identify potential outcome of failure to patient	On a scale of 1-10 (10= highly likely), identify the likelihood of this failure actually occurring. Example: 1 = Remote probability 5 = Moderate probability 10 = Very high probability	On a scale of 1-10 (10= worst potential failure outcome), identify the potential severity of the consequences of this failure. Example: 1 = Very minor outcome 5 = Moderate outcome 10 = Very severe outcome	On a scale of 1-10 (1 = failure easily discovered under normal circumstances), identify the potential difficulty of discovery of failure. Example: 1 = Certain detection 5 = Possible detection 10 = Cannot detect	RPN = Freq. x Sev. x Detect.
	RPN*					
Failure of controlled access notification device	A	No patient access to unit	1	1	1	1
Lack of access to patient information due to no available translator	В	Lack of patient history and accurate pain assessment or effective patient instruction	3	3	1	9
Lack of information due to absence of/or limited prenatal care	С	Lack of accurate patient information essential to safe delivery	3	8	1	24
Lack of information due to absence of/or limited prenatal care	D	Lack of accurate patient information essential to safe delivery	3	8	1	24
Patient may not distinguish fluid leak from incontinence	E	Delay in accurate patient assessment	1	2	1	2
Lack of information due to absence of/or limited prenatal care	F	Lack of accurate patient information essential to safe delivery	3	8	1	24
Inadequate labor beds due to census	G	Delay in accurate patient assessment	3	3	1	9



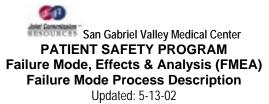
Process to be Assesse	d:	Management of macrosomic infants Effective nursing interventions in the assessment and anticipation of complications related to macrosomia						
Potential Failure Mode	Potential Failure Mode		Frequency (Likeliness Scale) 1-10	Severity (Potential for Harm) 1-10	Detectability (Potential Discovery) 1-10	Risk Priority Number (RPN)		
Identify potential failures for each component step in process (Complete this analysis page for each process step)		Identify potential outcome of failure to patient	On a scale of 1-10 (10= highly likely), identify the likelihood of this failure actually occurring. Example: 1 = Remote probability 5 = Moderate probability 10 = Very high probability	On a scale of 1-10 (10= worst potential failure outcome), identify the potential severity of the consequences of this failure. Example: 1 = Very minor outcome 5 = Moderate outcome 10 = Very severe outcome	On a scale of 1-10 (1 = failure easily discovered under normal circumstances), identify the potential difficulty of discovery of failure. Example: 1 = Certain detection 5 = Possible detection 10 = Cannot detect	RPN = Freq. x Sev. x Detect.		
	RPN*							
Inadequate number of monitors available due to census	H	Delay in accurate patient assessment	3	5	1	15		
Inadequate number of monitors available due to census	ļ	Delay in accurate patient assessment	3	5	1	15		
Inadequate number of BP monitors available due to census	J	Delay in accurate patient assessment	1	1	1	1		
Lack of information due to absence of/or limited prenatal care	К	Lack of accurate patient information essential to safe delivery	3	8	1	24		
Lack of information due to absence of/or limited prenatal care	L	Lack of accurate patient information essential to safe delivery	3	8	1	24		
Inadequate LDRP beds due to census	М	Delay in accurate patient assessment	3	3	1	9		
Incompetent nursing assessment of patient physical status and fetal monitoring strip	N	Delay in essential nursing interventions	1	10	7	70		
Failure to accurately assess extent of bleeding	0	Delay in essential nursing interventions	1	10	2	20		



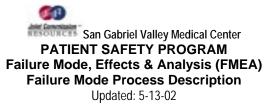
Management of macrosomic infants Process to be Assessed: Effective nursing interventions in the assessment and anticipation of complications related to macrosomia Potential Failure Mode Potential Severity Detectability **Risk Priority Number** Frequency (Potential Discovery) Effect of Failure (Likeliness Scale) (Potential for Harm) (RPN) Mode 1-10 1-10 1-10 Identify potential outcome of failure to On a scale of 1-10 (10= highly likely), On a scale of 1-10 (10= worst potential failure On a scale of 1-10 (1 = failure easily discovered RPN = Freq. x Sev. x Detect. Identify potential failures for each patient identify the likelihood of this failure actually outcome), identify the potential severity of the under normal circumstances), identify the component step in process occurrina. consequences of this failure. potential difficulty of discovery of failure. (Complete this analysis page for each Example: Example: Example: 1 = Remote probability 1 = Very minor outcome 1 = Certain detection process step) 5 = Moderate probability 5 = Moderate outcome 5 = Possible detection 10 = Very high probability 10 = Very severe outcome 10 = Cannot detect RPN* Failure to utilize Ρ Delay in essential 1 7 2 14 collaborative efforts of nursing interventions care team to assure accurate patient assessment Failure to reach on-call 0 Delay in essential 3 3 1 1 obstetrician nursing interventions Failure to order baseline R Lack of accurate patient 2 2 1 4 information essential to lab tests results in incomplete or delayed safe delivery patient assessment Lack of accurate patient Failure to order baseline S 2 2 4 1 information essential to lab tests results in safe delivery incomplete or delayed patient assessment Failure to recognize Delay in essential 10 10 1 1 inadequate monitoring nursing interventions strip Failure to recognize Delay in essential U 10 10 1 1 inadequate monitoring nursing interventions strip Patient refusal of V 2 3 Inadequate pain relief 1 6 medication



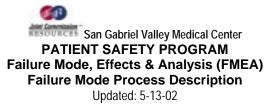
Process to be Assesse	d:	Management of macrosomic infants Effective nursing interventions in the assessment and anticipation of complications related to macrosomia						
Potential Failure Mod	е	Potential Effect of Failure Mode	Frequency (Likeliness Scale) 1-10	Severity (Potential for Harm) 1-10	Detectability (Potential Discovery) 1-10	Risk Priority Number (RPN)		
Identify potential failures for each component step in process (Complete this analysis page for each process step)		Identify potential outcome of failure to patient	On a scale of 1-10 (10= highly likely), identify the likelihood of this failure actually occurring. Example: 1 = Remote probability 5 = Moderate probability 10 = Very high probability	On a scale of 1-10 (10= worst potential failure outcome), identify the potential severity of the consequences of this failure. Example: 1 = Very minor outcome 5 = Moderate outcome 10 = Very severe outcome	On a scale of 1-10 (1 = failure easily discovered under normal circumstances), identify the potential difficulty of discovery of failure. Example: 1 = Certain detection 5 = Possible detection 10 = Cannot detect	RPN = Freq. x Sev. x Detect.		
	RPN*							
Failure of MD to order ultrasound	W	Lack of accurate patient information essential to safe delivery	1	5	1	5		
Delayed completion of ultrasound or radiologist's report	Х	Delay in essential physician interventions	2	3	1	6		
Failure to communicate ultrasound result to MD	Y	Delay in essential physician interventions	1	3	1	3		
Failure to recognize lack of descent, dilation and inadequate contractions	Z	Delay in essential physician interventions	1	3	1	3		
Failure to recognize lack of descent, dilation and inadequate contractions	AA	Delay in essential physician interventions	1	3	1	3		
Inability to anticipate future admissions	BB	Delay in essential physician interventions	8	2	1	16		
Inadequate Env. Serv. support for operating room turn-around	CC	Delay in essential physician interventions	3	1	1	3		
Failure to effectively communicate patient assessment and needed intervention	DD	Delay in essential physician interventions	2	5	1	10		



Process to be Assesse	ed:	Management of macrosomic infants					
			tions in the assessment and a	nticipation of complications related			
Potential Failure Mode	е	Potential	Frequency	Severity	Detectability	Risk Priority Number	
		Effect of Failure	(Likeliness Scale)	(Potential for Harm)	(Potential Discovery)	(RPN)	
		Mode	1-10	1-10	1-10		
Identify potential failures for each component step in process (Complete this analysis page for each process step)		Identify potential outcome of failure to patient	On a scale of 1-10 (10= highly likely), identify the likelihood of this failure actually occurring. Example: 1 = Remote probability 5 = Moderate probability 10 = Very high probability	On a scale of 1-10 (10= worst potential failure outcome), identify the potential severity of the consequences of this failure. Example: 1 = Very minor outcome 5 = Moderate outcome 10 = Very severe outcome	On a scale of 1-10 (1 = failure easily discovered under normal circumstances), identify the potential difficulty of discovery of failure. Example: 1 = Certain detection 5 = Possible detection 10 = Cannot detect	RPN = Freq. x Sev. x Detect.	
	RPN*						
Failure to recognize fetal	EE	Delay in essential	2	3	1	6	
heart rate changes		physician interventions					
Failure to observe vital	FF	Delay in essential	3	3	2	18	
sign changes		nursing interventions					
Failure to recognize failure	GG	Delay in essential	2	2	2	8	
to progress		nursing interventions					
Inability to anticipate future	HH	Delay in essential	2	5	1	10	
admissions		physician interventions					
Inadequate Env. Serv.		Delay in essential	3	1	1	3	
support for operating room		physician interventions					
turn-around							
Failure to effectively	JJ	Delay in essential	2	3	1	6	
communicate patient		physician interventions					
assessment and needed							
intervention							
Failure to recognize fetal	KK	Delay in essential	2	4	1	6	
heart rate changes		physician interventions					
Failure to observe vital	LL	Delay in essential	2	4	1	6	
sign changes		physician interventions					
Failure to effectively titrate	MM	Continued ineffective	2	2	1	4	
Pitocin		labor					
Excessive use of vacuum	NN	Delivery trauma to	1	8	1	8	
pressure or duration		infant					

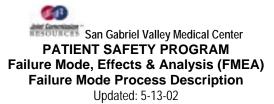


Process to be Assessed:		Management of macrose Effective nursing intervent		nticipation of complications related	to macrosomia		
Potential Failure Mod	e	Potential Effect of Failure Mode	FrequencySeverity(Likeliness Scale)(Potential for Harm)1-101-10		Detectability (Potential Discovery) 1-10	Risk Priority Number (RPN)	
Identify potential failures for each component step in process (Complete this analysis page for ea process step)		Identify potential outcome of failure to patient	On a scale of 1-10 (10= highly likely), identify the likelihood of this failure actually occurring. Example: 1 = Remote probability 5 = Moderate probability 10 = Very high probability	On a scale of 1-10 (10= worst potential failure outcome), identify the potential severity of the consequences of this failure. Example: 1 = Very minor outcome 5 = Moderate outcome 10 = Very severe outcome	On a scale of 1-10 (1 = failure easily discovered under normal circumstances), identify the potential difficulty of discovery of failure. Example: 1 = Certain detection 5 = Possible detection 10 = Cannot detect	RPN = Freq. x Sev. x Detect.	
	RPN*						
Inadequate assistance OC from other team members essential to deliver intervention		Delivery trauma to 1 infant		8	1	8	
Inadequate resuscitative PP support upon delivery		Delivery trauma to infant due to delayed resuscitation	1	10	1	10	
Delay in surgery due to no QQ available anesthesiologist or assistant		Delay in essential physician interventions	1	3	1	3	
Failure to effectively RR communicate patient need for immediate intervention		Delay in essential physician interventions	2	10	3	60	
Failure to effectively SS communicate patient need for immediate intervention		Delay in essential physician interventions	2	10	3	60	
Failure to initiate chain of TT command		Delivery trauma to infant	6	8	7	336	
Delay due to OR UU unavailable		Delay in essential physician interventions	1	8	1	8	
Delay due to participation current case	VV	Delay in essential physician interventions	1	2	1	2	

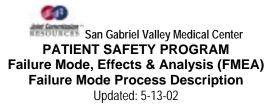


Process to be Assesse	d:	Management of macroson Effective nursing intervent	to macrosomia			
Potential Failure Mode		Potential	Frequency	Severity (Detertial for Horry)	Detectability	Risk Priority Number
		Effect of Failure Mode			(RPN)	
Identify potential failures for each component step in process (Complete this analysis page for each process step)		Identify potential outcome of failure to patient	On a scale of 1-10 (10= highly likely), identify the likelihood of this failure actually occurring. Example: 1 = Remote probability 5 = Moderate probability 10 = Very high probability	On a scale of 1-10 (10= worst potential failure outcome), identify the potential severity of the consequences of this failure. Example: 1 = Very minor outcome 5 = Moderate outcome 10 = Very severe outcome	On a scale of 1-10 (1 = failure easily discovered under normal circumstances), identify the potential difficulty of discovery of failure. Example: 1 = Certain detection 5 = Possible detection 10 = Cannot detect	RPN = Freq. x Sev. x Detect.
RPN*						
Delay due to NICU census WW or acuity		Delay in essential nursing interventions	1	2	1	2

Critical Failure Mode	le		ing interventio	IIS III LIIE ASSESSITIETIL AL	nd anticipation of complications	s related to macrosomia					
		Proximate Causes		Proximate Causes R		Root Cause	Remedial Action or Current Controls	Implementation & Measurement	Action Assigned	Date Due	Status/Comments
List root causes with RF highest RPN	RPN	Brainstorm possible causes. Assessment & Observation Info. Availability Medication Issues Communication Education & Training Education & Training Environment		Identify probable or critical causes	Describe action to be taken to "error proof" process	Describe pilot test and measurement preliminary to final implementation	Identify responsible party	Identify completion date			
	336 TT	Environment Equipment Competency Communication skills Education & training Perceived Historical Lack of Supervisor Support		Perceived historical lack of supervisory support	Remedial Action: LDRP/Postpartum chain of command call sequence to be revised to be initiated by call to one of two unit supervisors for assistance in triage of needed action. On-call schedule to be published.	 Chain of command phone numbers to be published on card to attach to ID badge Supervisor s on-call schedule posted Pilot July 1 through Sept. 30,2002 to be monitored via log of all calls to supervisor and subsequent disposition . Logto be compared to reported perinatal events during same peirod. 					



Process to be Assessed:			t of macroson		nd anticipation of complications	related to macrosomia			
Critical Failure Mode		Proximate Causes				Implementation & Measurement	Action Assigned	Date Due	Status/Comments
List root causes with highest RPN	RPN	Brainstorm possible causes. Assessment & Info. Availability Observation Medication Issues Communication Security Education & Training Supervision Environment Tech Support		Identify probable or critical causes	Describe action to be taken to "error proof" process	Describe pilot test and measurement preliminary to final implementation	Identify responsible party	Identify completion date	
Competency of nursing assess- ment of patient physical status and fetal monitoring strip	70 N			Inadequate integrated nursing assessment skills	Current Control: Current requirements document verification of nursing fetal monitoring competencies annually with completion of advanced fetal monitoring class at 2 year intervals. Adjunctive Remedial Action: Monthly LDRP staff strip reviews with physician educator to be reinitiated July 2002.	 Monitor for initiation of monthly strip reviews July 2002. Survey LDRP staff September 2002 for perceived assessment of benefit 			



Process to be Assessed: Critical Failure Mode		•	t of macroso		and anticipation of complications	related to macrosomia			
		Proximate Causes				Implementation & Measurement	Action Assigned	Date Due	Status/Comments
List root causes with highest RPN	RPN	Assessment & Observation Communication Competency Education & Training Environment Equipment	storm possible causes. Identify probable or critical causes Info. Availability Medication Issues Security Staffing Supervision tent of the feel support Security Staffing Supervision Tech Support		Describe pilot test and measurement preliminary to final implementation	Identify responsible party	Identify completion date		
Failure to 6 effectively R communicate S need for immediate intervention Image: S		Communications Perceptions of p interactions		Communication skills	Remedial Action: Education module to be developed by supervisors to include principles of effective communication to physicians and role playing of those themes. Content to include reiteration of 4 essential components of communi- cation & documentation of MD contacts: • Change/Condition precipitating call • What was communicated to MD • What request made of MD • MD response Rubber stamp for use in narrative nursing notes listing 4 critical communications points above to be implemented to structure charting.	 Education to be implemented July 2002 Rubber stamp to be implemented on education Chain of command reference (laminated card described above) to include 4 essential communication components and to be distributed at July education session Pilot July 1 through Sept. 30,2002 to be monitored through use of stamp in nursing notes as compared to supervisor call log. 			



Process to be Assessed:			it of macroson									
		Effective nursing interventions in the assessment and anticipation of complications related to macrosomia										
Critical Failure N	Critical Failure Mode		te Causes	Root Cause Remedial Action or Current Controls			Implementation	Action	Date	Status/Comments		
							& Measurement	Assigned	Due			
List root causes with highest RPN	RPN	N Brainstorm possible cause		Identify probable or critical causes			cribe pilot test and measurement iminary to final implementation	Identify responsible party	Identify completion date			
		Assessment & Observation Communication Competency Education & Training Environment Equipment	Info. Availability Medication Issues Security Staffing Supervision Tech Support							-		
Lack of patient assessment information due to absence of/or limited prenatal care	24 C D F K L	Absence of prenatal care Patient records unavailable Inadequate nursing assessment		Adequacy of nursing assessment sufficient to elicit absent prenatal information.	LDRP nursing assessment tool to be revised to include queries to patient which would elicit patient information predictive of macrosomia in the absence of complete prenatal history.	•	Nursing assessment tool to be revised by 7-01-02. Revised tool to be piloted from July 1 through Aug. 30,2002 chart review to compare documented utilization of revised assessment with occurrence of perinatal events related to macrosomia during the same time period.					

Disclaimer:

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