

Communication for
Obstetric and
Perinatal
Events



**Resource
Guide**

Montefiore
Inspired Medicine

 **EINSTEIN**
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

**Department of Obstetrics & Gynecology
and Women's Health**

Communication for **O**bstetric and **P**erinatal **E**vents

Step 1 Clinical Care (Charge RN)

- **Assess provider status**
- **Assess patient status**
- **Call for support for care of other patients & provider support (colleagues and leadership)**
- **Call for patient/family support and comfort (social worker, clergy, other staff member)**
- **Notify ANM/ADN**
- **Reminder to complete Midas report (prior to end of shift)**

Step 2A Plan Initial Patient/Family Meeting (Provider)

- **Gather the facts and Debrief**
- **Review the all medical records**
- **Review with other health care providers who were involved**
- **Clarify and understand the facts**
- **Avoid speculation and blame**
- **Who should attend meeting**
- **Patient and patient approved family members**
- **Other health care providers directly involved**
- **Skilled communicators, if needed**
- **Non-family member translator**
- **Meet any special needs of your patient**
- **Decide who will lead the discussion**
- **Location of Meeting**
- **Set the time and place for the meeting as soon as possible**
- **Choose a setting where you can meet face to face, seated**
- **Find comfortable environment with confidentiality/privacy**

Resource Guide

COPE

Resource Guide

Special Considerations:

*If **fetal/neonatal issue**, have Peds/Neonatal team accompany you when speaking with the family

In the event of a **maternal death, consider the following for **family**:

- viewing the body
- calling family/friends
- ask if clergy should be called
- discuss postmortem examination (hospital autopsy/medical examiner)
- arrange follow up meeting
- provide contact information
- provide resources for bereavement

for **staff:

- staff debrief
- call patient's primary physician
- discuss with Risk Mgmt
- alert office staff to stop billing make sure no appointment reminders go out for the patient
- should you go to the funeral?

Step 2B Planning What to Say (Provider)

Organize your thoughts and consider how you will:

- Manage your own emotions
- Acknowledge that something unexpected has happened
- Express your concern and regret
- LISTEN to patient/family
- Respond to your patient's emotional reactions
- Respond to questions your patient is likely to ask
- Explain the process for any analysis of the adverse event and plan for further follow up

Step 3 Initial Patient/Family Meeting (Provider)

During Meeting

- Listen
- Present facts
- Welcome questions

End of Meeting

- Address next steps and follow up
- Document discussion in a factual way

Step 4 Follow up and Recovery

Patient/Family:

- Keep patient and family aware of patient condition
- Continue to provide clinical and emotional support
- Provide resources for patient/family
- Convey newly uncovered facts to your patient
- Discuss steps have been taken to prevent similar harm

COPE Team:

- Inform primary providers of patient condition
- Arrange appropriate emotional support for all those involved

COPE Trigger Events

Maternal Events

- Maternal Death
- Unanticipated hysterectomy on nulliparous patient
- Unanticipated admission to ICU

Neonatal Events

- Unanticipated fetal/neonatal death
- Neonatal brain damage (brain cooling)/neonatal code

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Contact List:

(personalize)

COPE Provider Checklist

Step 1 Clinical Care (Charge RN)

- Assess provider stability
- Assess patient stability
- Call for support for care of other patients & provider support (colleagues and leadership)
- Call for patient/family support and comfort (social worker, clergy, other staff member)
- Notify ANM/ADN
- Reminder to complete Midas report (prior to end of shift)

Step 2A Plan Initial Patient/Family Meeting (Provider)

- Gather the facts and Debrief
- Who should attend meeting
- Location of Meeting

Step 2B Planning What to Say (Provider)

- Organize your thoughts

Step 3 Initial Patient/Family Meeting (Provider)

- During Meeting
- Listen
- Present facts
- Welcome questions
- End of Meeting
- Address next steps and follow up
- Document

COPE Coach Event Form

Date/Time: _____

Location of Event: _____

Type of Event:

- Maternal Death
- Unanticipated fetal/neonatal death
- Neonatal brain damage (brain cooling)/neonatal code
- Unanticipated ICU admission
- Unanticipated hysterectomy on nulliparous patient

Personnel involved:

Charge RN _____

Primary Attending _____

Primary Nurse _____

Residents _____

Other Attendings

Other providers (nurses, PAs, CNM, etc.)

Debriefing:

Was the information provided helpful for guiding your phone call?

Any system or logistic change you would recommend creating to provide more seamless process?

Any information the staff needed that you did not have available?

Could the provider find materials?

Do you feel you were able to help provider?

Any tips for other COPE counselors?

Please send completed to [personalize]. **DO NOT** include any patient information.

This information is provided according to section 2805-M of the NYS Public Health Law

COPE Coach Checklist

Trigger event occurs

Coach contacted by staff member

Coach Tasks:

- 1. Coach speaks with Charge RN and reviews and completes Step 1 of Provider checklist

- 2. Coach will ask to speak with the provider and review steps 2A, 2B, and 3 of Provider checklist

- 3. After speaking with provider and Charge RN, coach will call: Vice Chair of OB or designee

Vice Chair (or designee) will notify:

- Department Chair
- Site Director
- Medical Director
- Director of Residency program
- Risk Management
- VP of Women's Services (maternal death ONLY)

4. Complete Coach Event Form and send to MFM Division

5. Arrange Step 4 of Resource Guide:

- Follow up with Nurse Liaison

Checklist for Vice-Chair or Designee

Department Chair

Name:

Cell:

Office:

Vice-Chair Obstetrics

Name:

Cell:

Office:

Hospital Site Director

Name:

Cell:

Office:

Medical Director

Name:

Cell:

Office:

Director of Residency program

Name:

Cell:

Office:

Risk Management

Name:

Cell:

Office:

VP of Women's Services (maternal death ONLY)

Name:

Cell:

Office: