

Clinical Assessment Tool	
Questions	Response
<b>Interviewee:</b>	<b>Date:</b>
<b>General</b>	
Is this unit LDR (Labor, Delivery, Recovery) or LDRP (Labor, Delivery, Recovery, Postpartum)? Antepartum?	
What is your EFM or Electronic Fetal Monitoring system?	
How do you handle walk-in patients?	
How does bed planning occur on the L&D/nursery/NICU area? In other words, do L&D users transfer patients freely across obstetric units and the NICU without going through bed management or entering an order to transfer?	
How many deliveries do you perform each year, on average?	
Are most of your patients seen at an associated clinic for prenatal care?	
How do you document calls with pregnant patients?	
<b>Patient Movement</b>	
Where do women who think they are in labor go when they arrive at the hospital?	
Do patients present directly to L&D or through central admitting? Are they bedded in specific rooms?	
Do you have separate triage rooms or are patients triaged in a labor room?	
When there is a delivery in the ED, do patients come up from the ED? Or does L&D staff float down to the ED?	
Are Patients roomed in the ED before coming to the L&D?	
Who will arrive and register expectant mothers when they present at the hospital for delivery?	
When are patients registered? At scheduling, pre-registration, or upon patient arrival? Who does it?	
Are non-L&D patients bedded in the L&D unit (for example: GYN patients)?	
Will users place advance orders before the mother arrives at the hospital?	
How are orders handled when placed before the mother arrives at the hospital?	
Do you have protocol-based triage orders which a nurse can initiate and are they cosigned?	
Do you get a copy of prenatal records prior to delivery? Do you enter any information from the prenatal records electronically (results, prenatal vitals, OB history)? If so, who does it? When is it completed (in advance, or at arrival for triage, or only once it's determined the patient is in labor)?	
Do you have 24/7 dedicated L&D reg staff?	
Are triage patients arrived with a status of OBSERVATION or OUTPATIENT?	
Will you generate hourly bed charges for the time the expectant mother is in observation and triage, including mothers who are discharged undelivered while still in observation/triage?	
What information do you give to patients when going home after triage without delivering?	
Do you ever schedule post triage visits? Who schedules post triage visits? Where?	
How do you dispense rhogam?	
<b>Admissions</b>	
Who places the admission order and when?	
When is the mother considered an inpatient? Who changes the status?	
Do you ever have expectant mothers admitted to non-L&D units for delivery? If so, how do you track these patients?	
<b>Orders</b>	
Do you have orders per protocol?	
Are there any orders that nurses are allowed to write without a physician cosignature?	
Are CNMs allowed to order medications and procedures? Do they need cosigns?	
Do pitocin drips come from the pharmacy or do nurses mix their own?	
If you pull baby medications in advance, for which patient record are the medications being pulled?	
Do you use Labor Med Packs? If so, what is in them? Are all the contents stored in a single drawer/bin of an ADS cabinet?	
What is the concentration of your pitocin drip - 20 units in a liter, 30 units in 500 ml, or other?	
Do you document/order in your third-party EFM system during Labor?	
Do you allow documentation directly on the strip? If so, on the paper strip, the electronic strip, or both?	
If fetal monitoring is done away from the unit (such as in the ED or an ICU), how is the interpretation documented?	
Is any NICU or nursery documentation performed in your fetal monitoring system?	
Do you have remote monitoring (e.g., from the physician's office or home)? If so, can the physician review only the strip, or the strip & annotations?	
Do all laboring patients receive an anesthesia consult (whether or not they will have an epidural or c-section)?	
Who is responsible for documenting the insertion and removal of the epidural?	
Who is responsible for documenting epidural site assessment?	
Who is responsible for following up with patients after epidural removal?	
Do you have dedicated Anesthesia staff for the L&D for C-sections & epidurals?	
If not, how is anesthesia notified of an epidural or C-section?	
Who is responsible for documenting bedside vitals during an epidural?	
<b>C-Sections</b>	
Who schedules C-sections?	
How are C-sections scheduled?	
For scheduled C-sections, when are orders for the C-section typically written?	

What is the workflow for emergency (unscheduled) C-sections? How are these scheduled?	
Where is the patient triage/pre-op performed?	
How do you move patients in your current system to the L&D OR?	
Does an L&D nurse circulate a section, or an OR nurse?	
Are the L&D OR beds in the L&D or OR?	
Under what circumstances would you take a mom to the main OR?	
Are equipment, anesthesia, and/or staff shared with the main OR?	
Do you use surgeon or procedure specific preference cards?	
What documentation does the physician complete? Where? Does he dictate?	
Where do you recover your C-section patients? Do patients ever go to PACU?	
Do you capture and report on decision to incision times? How are the decision and incision times documented?	
What other procedures (other than C-sections) are performed in your OR?	
<b>Newborn Admissions</b>	
What is your baby naming convention for singles and multiples?	
Who contributes to the delivery documentation? Who is responsible for signing off that it is complete?	
Who completes the delivery note? When is this usually signed?	
If changes are made to the delivery documentation, how is the physician notified?	
Who admits the newborn in your current system? How are they notified of a new delivery?	
When is the baby admitted?	
What information is required to create a new MRN?	
Are healthy newborns admitted to mom's postpartum room or a nursery bed?	
If newborn needs to be admitted to NICU, how do you notify NICU about a pending admit?	
At delivery, does the same nurse care for mother and newborn? If not, is the second nurse part of the L&D staff or part of the Nursery/NICU staff?	
What information about the delivery and/or baby is given during handoff?	
Do you document and/or order in your EFM system in the NICU or nursery?	
What is the notification process to complete your legal requirements for a neonatal demise or stillbirth?	
Do you change the baby's name to its legal name before discharge?	
Do any of your payors require follow-up on newborns who remain hospitalized once the mother is discharged for authorization purposes?	
<b>Misc</b>	
What is your current breast milk workflow?	
Do you barcode breast milk?	
When do providers complete medication reconciliation? Do they place recovery & PP orders at that time?	
Is the process for handoff different from a Cesarean delivery vs. a vaginal delivery for recovery to postpartum?	
How are your lactation consultants notified of deliveries?	
Are the lactation consultants required to see every mother?	
How do you plan for after-hospital follow-up related to lactation and breastfeeding?	
Do physicians write postpartum orders before delivery?	
Do you have separate LCs, or are they floor nurses?	
Is postpartum considered a change in level of care (for all deliveries, not just sections)?	
<b>Reports</b>	
What are the top five reports that you use today?	
How do you access your reports?	
Who are the key consumers of L&D operational data?	
Do you write your own reports? Do you have a dedicated resource that you work with to write new reports?	
What quality metrics do you currently track?	
Do you currently report on baby-friendly metrics?	
What regulatory bodies do you report to? What are your regulatory reporting requirements? Do you have copies of these reports?	
What data elements are collected for the birth certificate? Do you have a copy of the current document?	
Who collects data for the birth certificate?	
Who submits birth certificate data to the state?	
What else do I need to know about your reporting processes in the perinatal departments? Are there any topics that we haven't already covered?	
<b>Adoptions</b>	
Who documents the adoption case and when?	
Do you have both open and closed adoptions?	
Do you have a different naming convention for adoption babies?	
Do you allow open access to charts for adoptive cases?	
<b>Scheduling</b>	
Do you perform any procedures? If so, which ones do you do schedule in advance?	
Do you schedule to a provider or a room in your L&D unit?	
Do you schedule newborn follow-up appointments? If so, which type of appointments?	
Do you schedule newborn follow-up appointments in the same department as all other L&D appointments?	
Who schedules appointments in the L&D?	
Where are scheduled procedures performed?	
What information do you collect upon scheduling visits or procedures?	
How do you schedule inductions and versions? Is it on paper? Is it in a third-party scheduling system?	
What is your cap on the number of inductions and/or versions per day? Do you take this cap into consideration with your C-section block scheduling/cap?	

Do you schedule ultrasounds in the L&D department?	
Do you perform bedside ultrasounds? If so, by whom?	
Do you perform obstetric ultrasounds in areas of the hospital other than the perinatal areas?	
How do you capture ultrasound measurements currently?	
Who results the ultrasounds? Where?	
Do you charge professional fees for resulting ultrasounds?	
Who enters professional charges for resulting ultrasounds?	
Charging	
Who generates charges in your department?	
How do they generate charges?	
Who reviews charges in your department?	
How do they reconcile charges?	
Certificates	
What is your process for Birth Certificates?	
What is your process for Death Certificates?	
What secondard software systems do you use?	