| LID40 | GN HELPING BABIES BREATHE | QI Visit ID |
|-----------------|---------------------------|-------------|
| HB12 | QI Visit | |
| V 1.3, 03/25/13 | QI VISIL | |

This form should be completed by the HBB Master Trainer or Quality Improvement Monitor for observations of HBB facilities. When completing this form, the trainer or monitor <u>must have</u> a method of recording time (such as a watch or cell phone which displays time).

A. QI Visit and Facility and Staff Information

| | this a regular or a | an unannounced | QI visit? 1 ☐ R | Regular 2 🗌 Unar | nnounced | |
|---|---|--|---|---|----------------------------|--|
| 3. Wh 4. Ho 5. For 5. 5 | acility ID: nich shift is curren w many delivery st r staff currently on a. Physician b. Nurse c. Midwife d. Other | aff are currently or duty, how many a | n duty? | econd 3 | nher of the delivery staff | |
| No. | HBB ID | Profession* | Previous | If previous | Comments/Specification | |
| | (if previously assigned) | | Resuscitation Training: time since most recent training.^ | resuscitation training: type of training? 1= HBB; 2 = ENC; 3 = NSSK; 4= Other (specify) | остинот организат | |
| 1 | | | - | | | |
| 2 3 4 5 6 7 | | | | | | |
| 3 | | | | | | |
| 4 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 9 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| * 1 = Physician; 2 = Nurse; 3 = Midwife; 4 = ANM; 5 = Other (specify) ^ 0 = no resuscitation training; 1 = < 1 month; 2 = 1-3 months; 3 = 4-6 months; 4 = 7-12 months; 5 = >12 months | | | | | | |
| C. R | Resuscitation E | Equipment Ma | intenance | | | |
| 1. Is the staff completing the Daily Practice and Equipment Maintenance Log? (form HB10) 1 Yes 2 No 2 No | | | | | | |
| 3. 4. Ho | w many preterm or a. How many are ir w many term or lar a. How many are ir | n working order? rger masks are ava | | | | |
| 5. Is | the NeoNatlie in wo | orking order? 1 | □Yes 2□No | | | |
| 6. Dic | d any of the equipm | nent require cleani | ng? (bag, mask and | d∕or NeoNatalie) ₁□Yes | ₂ No | |
| 7. Are weekly spot checks performed on completion of the HB10 Daily Practice and Maintenance $Log?_1$ Yes $_2$ No | | | | | | |

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D. Practice with Mannequins.

This section is no longer required to be completed.

| E. | Actual Delivery | | | | | | | |
|------|---|--|--|--|--|--|--|--|
| Cor | mplete Delivery Observation Checklist (form HB11) for the delivery and attach the HB11 form to this form. | | | | | | | |
| 1. | How many deliveries were observed at this visit? | | | | | | | |
| F. | . Simulated Delivery | | | | | | | |
| Cor | mplete an OSCE B (form HB05) for each member of the delivery staff and attach the HB05 forms to this form. | | | | | | | |
| 1. | How many OSCE B forms were completed at this visit? | | | | | | | |
| G. | Resuscitation Debriefings | | | | | | | |
| 0. | How many deliveries occurred since the last visit? | | | | | | | |
| 1. | How many babies did not cry/breathe immediately at birth, since last visit? (including all babies that received bag and mask ventilation) | | | | | | | |
| 2. | How many resuscitations with bag and mask were conducted since last visit? | | | | | | | |
| 3. | How many resuscitation debriefings were conducted for these events since last visit? | | | | | | | |
| 4. | Did you review these debriefings with birth attendant staff? 1 Yes 2 No | | | | | | | |
| 5. | Please comment on feedback provided: | | | | | | | |
| Н. | Perinatal Death Audits | | | | | | | |
| 1. | How many perinatal deaths were recorded since last visit? | | | | | | | |
| 2. | How many perinatal death audits were conducted for these events since last visit? | | | | | | | |
| 3. | Please include comments on the perinatal death audit process: | | | | | | | |
| | | | | | | | | |
| | Form Completion | | | | | | | |
| 1. 1 | Date form completed: d d m m y y y y | | | | | | | |
| 2. I | Name of person completing form: | | | | | | | |
| 3. I | HBB Master Trainer or QI monitor ID: | | | | | | | |