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**HOSPITAL BASELINE SURVEY**

| **Item** | **Question** | **Response options** | **Skip pattern** |
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| 000 | Dear Hospital Partner,  The Safety Program in Perinatal Care-II (SPPC-II) Demonstration Project, implemented jointly by the Johns Hopkins University and the Alliance for Innovation on Maternal Health (AIM) with funding from the Agency for Healthcare Research and Quality, aims to demonstrate the value of integrating teamwork and communication training with AIM maternal safety bundles for obstetric hemorrhage and severe hypertension in pregnancy. You are being asked to complete this baseline survey because your hospital’s leadership has agreed to participate in this Demonstration Project and you were identified as the AIM Team Lead for your hospital.  This baseline survey is a tool to help identify the skills, processes, and infrastructure currently available at your hospital before the staff receives training on teamwork and communication tools and strategies for use in clinical obstetric practice. We will not identify your name or the name of your hospital in any reports or publications that use the information you provide.  Your responses will be kept confidential to the extent permitted by law, including AHRQ’s confidentiality statute, 42 USC 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied unless you consent to the use of the information for another purpose. | | |
| 1 | Enter the name of your hospital | \_\_\_\_\_\_ [Free text] |  |
| 2 | What types of **full-time, hospital-employed** health care providers do you have on your obstetric unit? |  |  |
| 2a | ObGyn Attending Physician | \_\_\_\_\_\_ [Number of providers] |  |
| 2b | ObGyn Resident | \_\_\_\_\_\_ [Number of providers] |  |
| 2c | ObGyn Hospitalist | \_\_\_\_\_\_ [Number of providers] |  |
| 2d | Registered Nurse | \_\_\_\_\_\_ [Number of providers] |  |
| 2e | Certified Nurse-Midwife | \_\_\_\_\_\_ [Number of providers] |  |
| 2f | Midwife | \_\_\_\_\_\_ [Number of providers] |  |
| 2g | Physician Assistant | \_\_\_\_\_\_ [Number of providers] |  |
| 2h | Nurse Practitioner | \_\_\_\_\_\_ [Number of providers] |  |
| 2i | Other clinical (specify) | \_\_\_\_\_\_ [Specify; free text]  \_\_\_\_\_\_ [Number of providers] |  |
| 3 | On average, what is number of **full-time, hospital-employed** health care providers per shift in your unit? | \_\_\_\_\_\_ [Number of providers] |  |
| 4 | Did any of your **full-time, hospital-employed** health care providers receive TeamSTEPPS or similar training in the **past year**? | Yes 1  No 0  Don’t remember -88 | *🡪Skip to question 6*  *🡪Skip to question 6* |
| 5 | Approximately what proportion of **full-time, hospital-employed** health care providers received TeamSTEPPS or similar training in the **past year**?  *Just like you do for the AIM program, please report estimate in 10% increments rounding up. For example, if you estimate that between 10% and 15% of full-time, hospital-employed health care providers received such training, please report 15%.* | \_\_\_\_\_\_ [Proportion (%)] |  |
| 6 | How many **private providers** have practice privileges at your hospital? | \_\_\_\_\_\_ [Number of providers] |  |
| 6a | ObGyn Attending Physician | \_\_\_\_\_\_ [Number of providers] |  |
| 6b | Certified Nurse-Midwife | \_\_\_\_\_\_ [Number of providers] |  |
| 6c | Certified Midwife | \_\_\_\_\_\_ [Number of providers] |  |
| 6d | Other clinical (specify) | \_\_\_\_\_\_ [Specify; free text]  \_\_\_\_\_\_ [Number of providers] |  |
| 7 | Has your hospital provided TeamSTEPPS or similar training to **private providers** who have privileges at your hospital in the **past year**? | Yes 1  No 0  Don’t remember -88 |  |
| 8 | Are you familiar with any of the following TeamSTEPPS tools and strategies? |  |  |
| 8a | Call out | Yes 1  No 0 |  |
| 8b | Check back | Yes 1  No 0 |  |
| 8c | SBAR | Yes 1  No 0 |  |
| 8d | Handoffs or “I PASS the BATON” | Yes 1  No 0 |  |
| 8e | Two-challenge rule | Yes 1  No 0 |  |
| 8f | Power Words (e.g., concerned, uncomfortable, safety issue) | Yes 1  No 0 |  |
| 8g | Briefs | Yes 1  No 0 |  |
| 8h | Huddles | Yes 1  No 0 |  |
| 8i | Debriefs | Yes 1  No 0 |  |
| 8j | DESCR Script | Yes 1  No 0 |  |
| 9 | Which of the following TeamSTEPPS tools and strategies are **currently employed** in your unit? |  |  |
| 9a | Call out | Yes 1  No 0 |  |
| 9b | Check back | Yes 1  No 0 |  |
| 9c | SBAR | Yes 1  No 0 |  |
| 9d | Handoffs or “I PASS the BATON” | Yes 1  No 0 |  |
| 9e | Two-challenge rule | Yes 1  No 0 |  |
| 9f | Power Words (e.g., concerned, uncomfortable, safety issue) | Yes 1  No 0 |  |
| 9g | Briefs | Yes 1  No 0 |  |
| 9h | Huddles | Yes 1  No 0 |  |
| 9i | Debriefs | Yes 1  No 0 |  |
| 9j | DESCR Script | Yes 1  No 0 |  |
| 10 | Please indicate which of the following AIM bundle(s) or tool(s) is your hospital **currently** implementing? |  |  |
| 10a | Obstetric hemorrhage bundle | Yes 1  No 0 | *🡪 Skip question 11b* |
| 10b | Severe hypertension/preeclampsia bundle | Yes 1  No 0 | *🡪 Skip question 11b* |
| 10c | Maternal Early Warning Signs tool | Yes 1  No 0 |  |
| 10d | Severe Maternal Morbidity review form | Yes 1  No 0 |  |
| 10e | Other (specify) | \_\_\_\_\_\_ [Specify; free text]  Yes 1  No 0 | *🡪 Skip question 11c* |
| 11a | What specific components in the **obstetric hemorrhage bundle** did your hospital implement to date? | \_\_\_\_\_\_ [Specify; free text] |  |
| 11b | What specific components in the **severe hypertension/preeclampsia bundle** did your hospital implement to date? | \_\_\_\_\_\_ [Specify; free text] |  |
| 11c | What specific components in **any other AIM bundle** did your hospital implement to date? | \_\_\_\_\_\_ [Specify; free text] |  |
| 12 | At this time, does your unit have a **multidisciplinary** quality improvement committee that **meets regularly**? | Yes 1  No 0  Don’t know -88 |  |
| 13 | Is there a process for **regular** debriefs with unit staff after major obstetric complications? | Yes 1  No 0  Don’t know -88 |  |
| 14 | Does your unit have **standardized processes** (for example, order sets, unit policies, practice protocols) for the following? |  |  |
| 14a | Obstetric hemorrhage | Yes 1  No 0  Don’t remember -88 |  |
| 14b | Massive transfusion | Yes 1  No 0  Don’t remember -88 |  |
| 14c | Severe hypertension/preeclampsia | Yes 1  No 0  Don’t remember -88 |  |
| 14d | Eclampsia | Yes 1  No 0  Don’t remember -88 |  |
| 14e | Use of Maternal Early Warning Signs | Yes 1  No 0  Don’t remember -88 |  |
| 14f | Review of Severe Maternal Morbidity cases | Yes 1  No 0  Don’t remember -88 |  |
| 14g | Review of Maternal Deaths | Yes 1  No 0  Don’t remember -88 |  |
| 15 | To what extent are you confident that staff in your unit use such obstetric emergency order sets, policies and/or protocols in an obstetric emergency? | Not confident 0  Somewhat not confident 1  Neither confident nor not confident 2  Somewhat confident 3  Very confident 4 |  |
| 16a | Does your unit conduct multidisciplinary in situ (on site) clinical scenario simulation drills for obstetric emergencies? | Yes 1  No 0  Don’t remember -88 | *🡪Skip to question 19*  *🡪Skip to question 19* |
| 16b | How often does your unit conduct such multidisciplinary in situ (on site) clinical scenario simulation drills for obstetric emergencies? | Monthly 0  Quarterly 1  Annually 2  Other (specify) -77  \_\_\_\_\_\_ [Specify; free text]  Don’t remember -88 |  |
| 16c | How many such multidisciplinary in situ (on site) clinical scenario simulation drills for obstetric emergencies have been organized in the **past year?** | \_\_\_\_\_\_ [Number of drills]  Don’t remember -88 |  |
| 17 | In the **past year**, which of the following obstetric emergencies do these clinical scenario simulation drills focused on? |  |  |
| 17a | Obstetric hemorrhage | Yes 1  No 0 |  |
| 17b | Severe hypertension/preeclampsia | Yes 1  No 0 |  |
| 17c | Eclamptic seizure | Yes 1  No 0 |  |
| 17d | Sepsis | Yes 1  No 0 |  |
| 17e | Emergent cesarean section | Yes 1  No 0 |  |
| 17f | Maternal code | Yes 1  No 0 |  |
| 17g | Other (specify) | \_\_\_\_\_\_ [Specify; free text] |  |
| 18 | Which of the following health care providers in your unit are **required to participate** in the obstetric clinical scenario simulation drills? |  |  |
| 18a | ObGyn Attending Physician | Yes 1  No 0 |  |
| 18b | ObGyn Resident | Yes 1  No 0 |  |
| 18c | ObGyn Hospitalist | Yes 1  No 0 |  |
| 18d | Registered Nurse | Yes 1  No 0 |  |
| 18e | Certified Nurse-Midwife | Yes 1  No 0 |  |
| 18f | Midwife | Yes 1  No 0 |  |
| 18g | Physician Assistant | Yes 1  No 0 |  |
| 18a | Nurse Practitioner | Yes 1  No 0 |  |
| 18b | Other clinical (specify) | \_\_\_\_\_\_ [Specify; free text]  Yes 1  No 0 |  |
| 19 | Does your unit have a “**stop the line**” policy where clinical staff know that they have the responsibility and authority to stop a procedure when patient safety is a concern? | Yes 1  No 0  Don’t remember -88 | *🡪 Skip to question 21*  *🡪 Skip to question 21* |
| 20 | How confident are you that clinical staff at all levels are empowered to "stop the line"? | Not confident 0  Somewhat not confident 1  Neither confident nor not confident 2  Somewhat confident 3  Very confident 4 |  |
| 21 | How does your unit obtain data to track unit-based outcomes? | Char review 0  Computer-generated reports 1  Both chart review and computer-generated reports 2  Other (specify) -77  \_\_\_\_\_\_ [Specify; free text] |  |
| 22 | Does your unit have difficulties reporting the required data for the AIM program in your state? | Yes 1  No 0  Don’t know -88 |  |
| 23 | Who is responsible for this reporting? | \_\_\_\_\_\_ [Specify position title, without names] |  |
| 24 | Please give your unit an overall grade on patient safety **at this time**. | A—Excellent 4  B—Very good 3  C—Acceptable 2  D—Poor 1  E—Failing 0 |  |
| 25 | Considering your work to implement the AIM bundle(s) using teamwork and communication strategies **over the past year**, please give your unit an overall grade on implementation of the AIM bundle(s). | A—Excellent 4  B—Very good 3  C—Acceptable 2  D—Poor 1  E—Failing 0 |  |

Thank you for completing this survey.