

OB Hub

OB Hub Nurse Name

- ☐ OB Hub Nurse #1
☐ OB Hub Nurse #2
☐ OB Hub Nurse #3

Incoming or Outgoing Call

- ☐ Incoming
☐ Outgoing

Communication Mode

- ☐ Phone Call
☐ Voalte

Date

Day of Week

Time Call Started

Time Call Ended

Length of Phone Call (minutes)

Time of day

Hospital/Clinic State

- ☐ IA
☐ MN
☐ NE
☐ SD
☐ Other

Hospital/Clinic Name

Hospital/Clinic Location

- ☐ Hospital/Clinic #1
☐ Hospital/Clinic #2
☐ Hospital/Clinic #3
☐ OTHER:

Hospital/Clinic Location - Other

Nurse First and Last Name (at hospital location, if applicable)

Nurse email (for feedback survey)

Physician First and Last Name (at hospital location, if applicable)

Physician email (for feedback survey)

Feedback email

Patient Name (first and last)

Patient DOB

Main EMR#

Reason for call

Type of Call - Primary Reason

- ☐ Transfer
- ☐ Consult
- ☐ MD
- ☐ Nurse question
- ☐ Fetal heart tones

Type of Call - Secondary Reason (select all that apply)

- ☐ Transfer
- ☐ Consult
- ☐ MD
- ☐ Nurse question
- ☐ Fetal heart tones

Transfer

- ☐ Ground
- ☐ Roto
- ☐ Fixed Wing
- ☐ Private Car

Transfer Type

- ☐ Maternal
- ☐ Neonate

Gestational Age

Was telemed used?

- ☐ Yes
- ☐ No

MD

- ☐ OB
- ☐ MFM

Nurse Question

- ☐ Fetal heart tones
- ☐ Meds
- ☐ Maternal

Fetal Heart Tones

- ☐ Review strip
- ☐ Increase or decrease

Meds

- ☐ Pit
- ☐ Mag
- ☐ Antihypertensive
- ☐ Pain
- ☐ Other _____

Maternal vital sign

- ☐ BP
☐ Temperature
☐ Bleeding
☐ Labor questions
☐ Other _____

Primary Categorization of Call (select one)

Comments:

Secondary Categorization of Call

Comments:

Anecdotal Information to provide?

- ☐ Yes
☐ No

Information

Was this a good catch?
(i.e. was the interaction impactful to the outcome?)

- ☐ Yes
☐ NA

Was this a good catch? Specify.

Was the sending facility provider called?

- ☐ Yes
☐ No
☐ NA

Was the sending facility provider called - Comments

Was a transfer avoided?

- ☐ Yes
☐ No
☐ NA

Was a transfer avoided - Comments

Send the feedback survey?

- ☐ Yes
☐ No

Voalte Message

Would you like to debrief this call at the Virtual OB
RN Project team meeting?

- ☐ Yes
☐ No

If Yes, Debrief Action recommended:

- ☐ Immediate action necessary
☐ General education

Date of debrief _____
Comments _____

