**Annual Audit Form**

Please fill out this form to the best of your ability and email it back to the Smooth Transitions Program Coordinator at [smoothtransitions@qualityhealth.org](mailto:smoothtransitions@qualityhealth.org)

**Hospital Name/Reporting Year** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outcome Statistics**

1. Number of maternal transfers from planned home or birth center births from January 1 to Dec 31 of reporting year: \_\_\_\_\_\_\_

Breakdown of transfers by receiving provider

1. OB hospitalist: \_\_\_\_\_
2. Private practice OB: \_\_\_\_\_
3. Family practice doctor: \_\_\_\_\_
4. Nurse-midwife: \_\_\_\_\_
5. Number of neonatal transfers received from January 1 to Dec 31 of reporting year: \_\_\_\_\_\_\_
6. Of the transfers, the number of emergent transfers: maternal \_\_\_\_\_ neonatal \_\_\_\_\_
7. What are the 3 main reasons for maternal transfer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. What are the 3 main reasons for neonatal transfer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Of the maternal transfers, how many resulted in c-section? \_\_\_\_\_
10. Of the maternal transfers, how many resulted in an ICU admission? \_\_\_\_\_
11. Of the neonatal transfers, how many resulted in a NICU admission? \_\_\_\_\_

**General summary of transfer experiences**

Please do not include specific identifying information, but describe overall, how well the program is working in terms of:

1. Infant and maternal health:
2. Systematic and efficient transfer process:
3. Communication between community-based midwife and hospital staff:
4. Maternal satisfaction:
5. Satisfaction of receiving provider and nursing staff:

**Smooth Transitions Program Information**

1. Does your hospital have a maternal transfer protocol? Yes/No
2. Does your hospital have a neonatal transfer protocol? Yes/No
3. Was your protocol/s developed by the hospital staff in collaboration with the community midwives? Yes/No
4. Does your hospital have a transfer committee? Yes/No

* If yes, how often do you meet in a year: \_\_\_\_\_

1. Does your hospital collect data on transfers from community midwives? Yes/No

* If yes, please describe that process:

6. Do you review your statistics at your meetings? Yes/No

7. Do hospital staff, patients, and community midwives all fill out the Smooth Transitions’ surveys? Yes/No

- If no, why not?

1. Does your hospital participate in protected case reviews with community midwives: Yes/No

- If yes, how many case reviews were done this year: \_\_\_\_\_

- If no, why not?

9. Does your hospital invite the community midwives to participate in educational or training opportunities? Yes/No

- If yes, please describe:

10. Has the hospital ever developed resources or tools for community midwives to better support transfers? Yes/No

- If yes, please describe:

11. What have been the most significant barriers/challenges when working collaboratively with the midwives in your community? What actions has the hospital taken to address these barriers/challenges?

1. What have been the greatest successes when working collaboratively with the midwives in your community?
2. Would you be willing to share your protocols, resources, and lessons learned with other hospitals or organizations interested in participating in Smooth Transitions? Yes/No
3. Please describe any assistance needed from the Smooth Transitions program:

Reporter Information/Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_