Background Quality Improvement Team Information Form

Who should use this tool? Health care teams

Please indicate staff members designated as Labor and Delivery Quality Improvement Team members. Your team might not have people who serve in all of these roles.

**We recommend redesigning the following roster to meet the needs of your team and posting it in a prominent area.**

| Name & Title | Role | Phone & Email Address |
| --- | --- | --- |
|  | Labor and Delivery Medical Director |  |
|  | Hospital Patient Safety Officer or Chief Quality Officer |  |
|  | Nurse Champion |  |
|  | Nurse Educator |  |
|  | Labor and Delivery Nurse Manager |  |
|  | Labor and Delivery Nurses (list all) |  |
|  | Nurse Midwives (list all) |  |
|  | Obstetricians (list all) |  |
|  | Anesthesiologists/Certified Nurse Anesthetists |  |
|  | Neonatal Intensive Care Unit Staff |  |
|  | Pharmacist |  |
|  | Senior Executive (Vice President or above) |  |
|  | Support Staff (e.g., Operating Room Technicians, Ward Clerks, Nurse’s Aides) |  |
|  | Staff from Safety, Quality, or Risk Management Office |  |
|  | Unit Champion (Unit Team Lead) |  |
|  | Other Roles? (fill in below) |  |