

Briefing script for Invasive Procedures on Labor and Delivery

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TAP TO GO BACK TO KIOSK MENU

Introduction/Problem

The most common surgical procedure in the US, and the world, is cesarean delivery. However, variations in provider requests and in individual practice result in massive variability in what occurs between one case and the next. Furthermore, in a large clinical unit the number of nursing, obstetric, anesthesia, and technician staff result in a massive permutation of teams, prohibiting 'team-based' practice.

The Joint Commission, the American College of Obstetricians and Gynecologists (ACOG), the Society for Obstetric Anesthesia and Perinatology (SOAP) and the Institute of Medicine (IOM) all acknowledge that teamwork / communication are critical elements of patient safety.

Starting in 2006, the leadership of Labor and Delivery at BIDMC began focusing on creating systems to improve communication and teamwork throughout the unit. Leadership recognized that as part of this effort, tools would have to be created to:

- Standardize work
- Reduce variability
- Continually update best practices

A tool that we developed was the Pre-procedure Briefing Script. We have used an iterative process to update the script over time to incorporate the evidence based changes in our practice.

Aim/Goal

Ensure reliable safe procedures in L&D
Reduce preventable unexpected events in the OR
Support Team dynamics of situational awareness and open communication

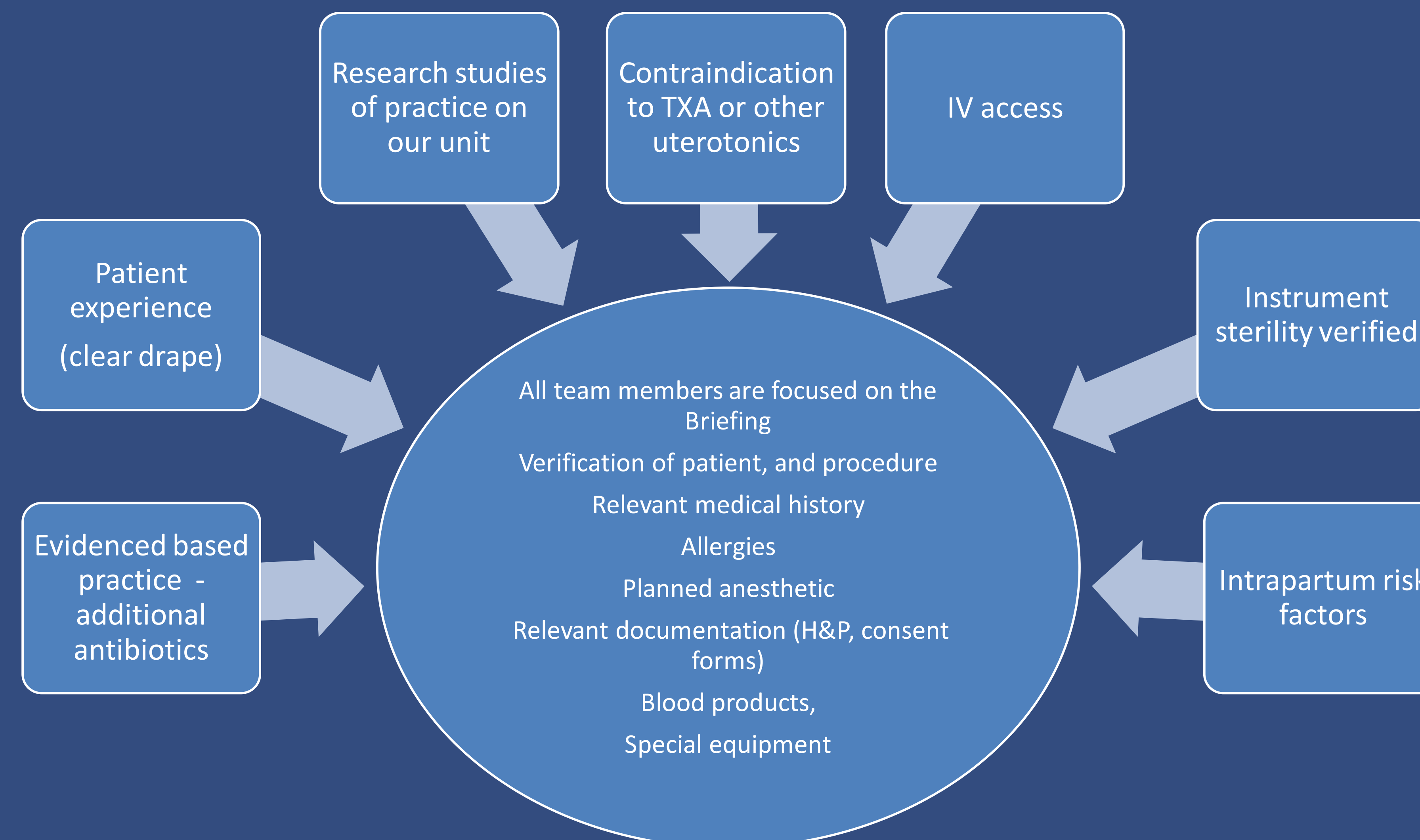
The Team

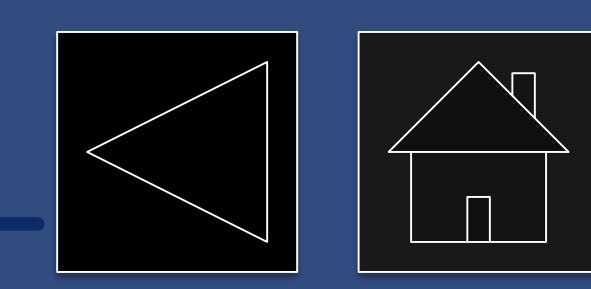
- Susan Crafts MS RN – Nurse Specialist L&D
- Philip Hess MD – Director OB Anesthesia
- Susan Mann – MD
- Steven Pratt MD – Director Pre-Admission Testing
- Toni Golen – MD - Medical Director L&D

The Interventions

- 2006 –Team training for all Nursing, OB and Anesthesia staff
- Briefing Script developed as Tool for Team Training
- Bi annual Team training for all new residents, attendings and nursing staff
- Staff education on use of tool for all non-emergent maternal or fetal procedures that are invasive or have potential to become invasive in L&D
- Expectation that nursing, OB attending, and resident as well as Anesthesia attending and resident meet at designated location prior to patient entering the OR
- Using iterative approach we have updated our briefing script based on Patient safety reports, EBP changes, Studies being conducted on our unit, intrapartum issues, and patient preferences.

Results/Progress to Date





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More Results/Progress to Date

This was one of the early versions of the form created with our 'best guesses' of what would result in standardized work.

The most recent form being used. Additions have come from multiple sources, including scientific literature, clinical events, observation of work flow, and patient-centered issues



Team members gather prior to any invasive procedure and form a circle to encourage eye contact. New members are encouraged to speak up as needed. Every member of the team is expected to contribute to the briefing

Lessons Learned

- Need for periodic review of script to update with important changes
- Challenge to keep script to one page
- Importance of having Perinatal Scrub techs attend the briefing to ensure correct equipment is available
- The value of interactive communication between immediate members of the team cannot be overstated

Next Steps

- Create time table for regular review of the form. Feedback concerning items that may / may not be required can come from surveys and observations
- Identify frequency of knowledge exchange that occurs during the briefing
- Identify additional areas of work standardization

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