



Briefing script for Invasive Procedures on Labor and Delivery

Philip Hess MD, Steven Pratt- MD , Susan Crafts MS RN, Susan Mann MD, Toni Golen MD

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

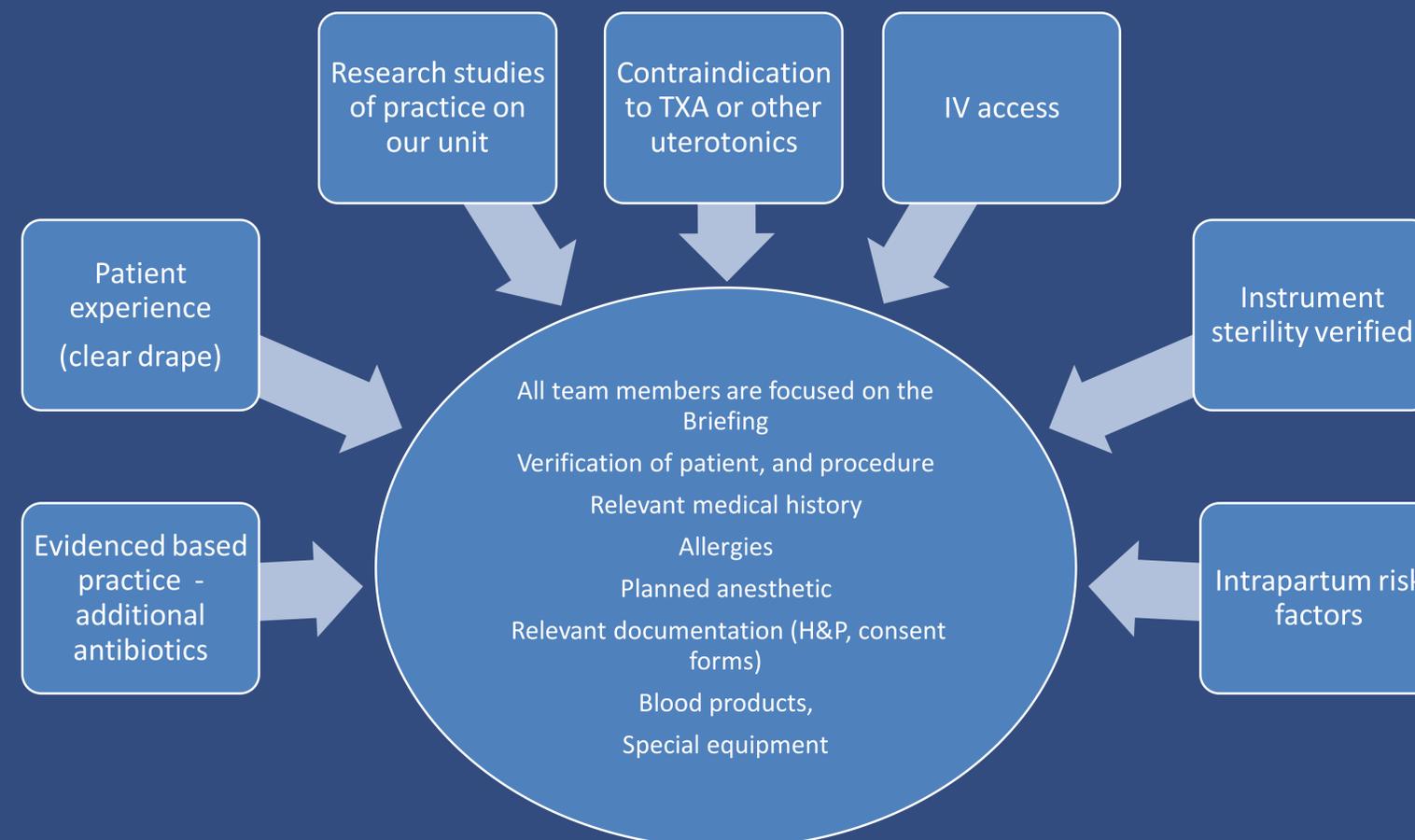
The Team

- 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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Philip Hess MD – Chief OB anesthesia, Steven Pratt- MD , Susan Crafts MSRN, Susan Mann MD, Toni Golen MD– Medical Director L&D

More Results/Progress to Date

Person speaking	What to STATE	Responsible person to respond
Circulator RN	Speak clearly, introduce yourself and your role	RN facing group introduces self, names scrub tech and what they are opening to OR and aware of briefing of participants and introduce themselves.
Circulator RN	Patient's name	RN reads label on chart with patient name
Circulator RN	Medical History	RN states any pertinent medical history, team confirms
Circulator RN	Allergies	States patient allergies or NKA, team confirms
Circulator RN	Planned Antibiotic	Anesthesiologist states antibiotic to be given Surgeon confirms
Circulator RN	What is the procedure being done?	Surgeon confirms procedure (CS-primary or repeat) Include any predictable additional procedure(s) including lab, apnea, etc. in the chart
Circulator RN	What is the indication for the procedure?	Surgeon states indication (CS-epidural, breech, etc.)
Circulator RN	Planned anesthetic	Anesthesiologist states planned anesthetic (spinal, epidural, CSE, GA, MAC)
Circulator RN	Blood bank information	RN states if Blood bank T&C products available
Circulator RN	Is the NICU team needed for delivery?	Team states whether NICU will be needed at the delivery
Circulator RN	Is any additional personnel/equipment necessary and has verify of equipment been confirmed?	Team states if any additional personnel or items needed and that scrub person is aware of items
Circulator RN	OB H&P 24 hour update and consent are in chart	Visualize and confirms that consent, H&P and 24 hour update are in the chart
Circulator RN	Anesthesia Assessment and consent are in the chart	Visualize and confirms that assessment and consent are in the chart
Circulator RN	We encourage open communication of any concerns	All confirm

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

What to STATE	Responsible person to respond
Speak clearly, introduce yourself and your role	RN facing group introduces self All participate and introduce themselves.
Patient's name	RN reads label on chart with patient name
Medical History	RN states pertinent medical history, team confirms.
What is the procedure being done?	Surgeon confirms procedure any predictable additional procedure(s)
Indication for the procedure?	Surgeon states indication (CS-epidural, breech, etc.)
Planned anesthetic?	Anesthesiologist states planned anesthetic (spinal, epidural, CSE, GA, MAC)
Allergies	RN states patient allergies or NKA, team confirms.
Planned Antibiotic?	Anesthesiologist states antibiotic, surgeon confirms.
Is Aithromycin indicated	Yes (ROM, cervic 34cm or 2cm change, change in effacement >50%) or No
Need for Betadine vaginal prep?	Surgeon stated Yes or No
Intrapartum C/S - Summary	Fluid balance - Calculated I&O's Will magnesium infusion be continued in OR? Duration of oxytocin administration Duration of 2nd stage / Review any major issues in labor Need for push up - identify who will perform
IV access	Anesthesiologist states if appropriate or assesses patient for improved access.
Blood bank information	RN states if Blood bank status, whether T&C products are available.
Personnel management	Contraindications to any uterotonic? Contraindications to T&A?
Is the NICU team needed?	Team states whether NICU will be at the delivery
Plan for postoperative pain?	Anesthesiologist states plan (neuraxial morphine, PCA, appropriate meds)
Are any additional personnel or equipment necessary?	Team states if any additional personnel or items needed and that scrub person is aware of items.
Is patient in any study?	Investigator describes what is being studied, what is needed and expected.
Stability of equipment	RN and scrub confirm stability of equipment.
Use of clear drapes for delivery?	RN states patient device.
OB H&P 24 hr update & consent	RN visualize / confirms that consent, H&P and 24 hour update are in the chart.
Anesthesia Assessment & consent	RN visualize and confirms that assessment and consent are in the chart.
We encourage open communication of any concerns	All confirm.

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

For more information, contact:
Susan Crafts MSRN Nurse Specialist L&D scrafts@bidmc.harvard.edu