Stat Cesarean Deliveries! Improving Efficiency & Communication

The Problem

- Cesarean delivery is sometimes performed emergently because of concern for the wellbeing of the fetus. This is a very high-risk event.
- Emergency cesarean delivery requires activity by multiple teams of caregivers. These activities require coordination, communication and teamwork.
- Historical practice was to train each team of caregivers independently.
- This resulted in great variability of individual practice and inconsistent results.

Aim/Goal

To create a standardized practice for caregivers that would result in consistent and

The Team

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The Interventions

- A series of in situ simulation sessions were scheduled creating an environment similar to an emergency cesarean.
- Each session included dedicated observers who recorded events and took notes, and sessions were also filmed by media services.
- Observations of practice from observers and filming were made and corrective changes were brainstormed.
- Actions focused on the movement and activities of personnel, specifically eliminating unnecessary actions and coordinating activities.
- Staff education occurred prior to the next session as to the expectations for each team member.
- After multiple observations, changes were made to attempt to improve coordination of the team tasks.
- Interventions were focused on
 - Room preparation and instrument counting
 - Patient preparation by nursing

The Results/Progress to Date

- Staff activities have been reassigned with several changes:
 - Reduction in number of people needed to complete tasks
 - Reduction in time required to complete tasks
 - Reduction in number of missed items

In Operating Room

Anesthesia

-completes time out with primary nurse

Room nurse/Left side of bed

- 1. FHR check-ok to do after prep
- 2. Assists in placing wedge
- 3. Place foley
- 4. Apply pneumoboots /activate
- 5. Apply bovie pad/plug in/turn on set at 35/35/2
- 6. Attaches suction catheter
- 7. Apply safety strap above knee
- 8. Once case starts- you are gopher

1. Support patient

- 2. Do abdominal chloraprep- do 10 ten swipes across incision and start 3 minute timer

Primary nurse/Right side of bed

- 3. Check for and remove gum and jewelry
- 4. Check ID band and allergy band to to verify info for time out: right pt, allergies, procedure
- 5. Communicate with anesthesia
- 6. Report to NICU

Resource Nurse

- 1. Director in OR/delegate tasks
- 2. Starts OR sheet/sign in sheet 3. In charge of noise control

Lessons Learned

- Education of multiple disciplines is difficult with many different opinions and agendas
- Designing staff roles allows for standardization of care and improves the ability to effect further changes
- Some things are unpredictable: e.g. Staff who are right vs. left handed affect foley insertion assignment
- The Plan-Do-Check Act process can be used to improve teamwork function in healthcare.

Next Steps/What Should Happen Next

- Continue monthly drills for both training and further improvement
- Goal of including every staff member at least once
- Examine STAT Cesarean sections to determine the effect

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