

Identifying Team Leads in Emergency Situations and the Operating Room—A Visual Cue

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Problem

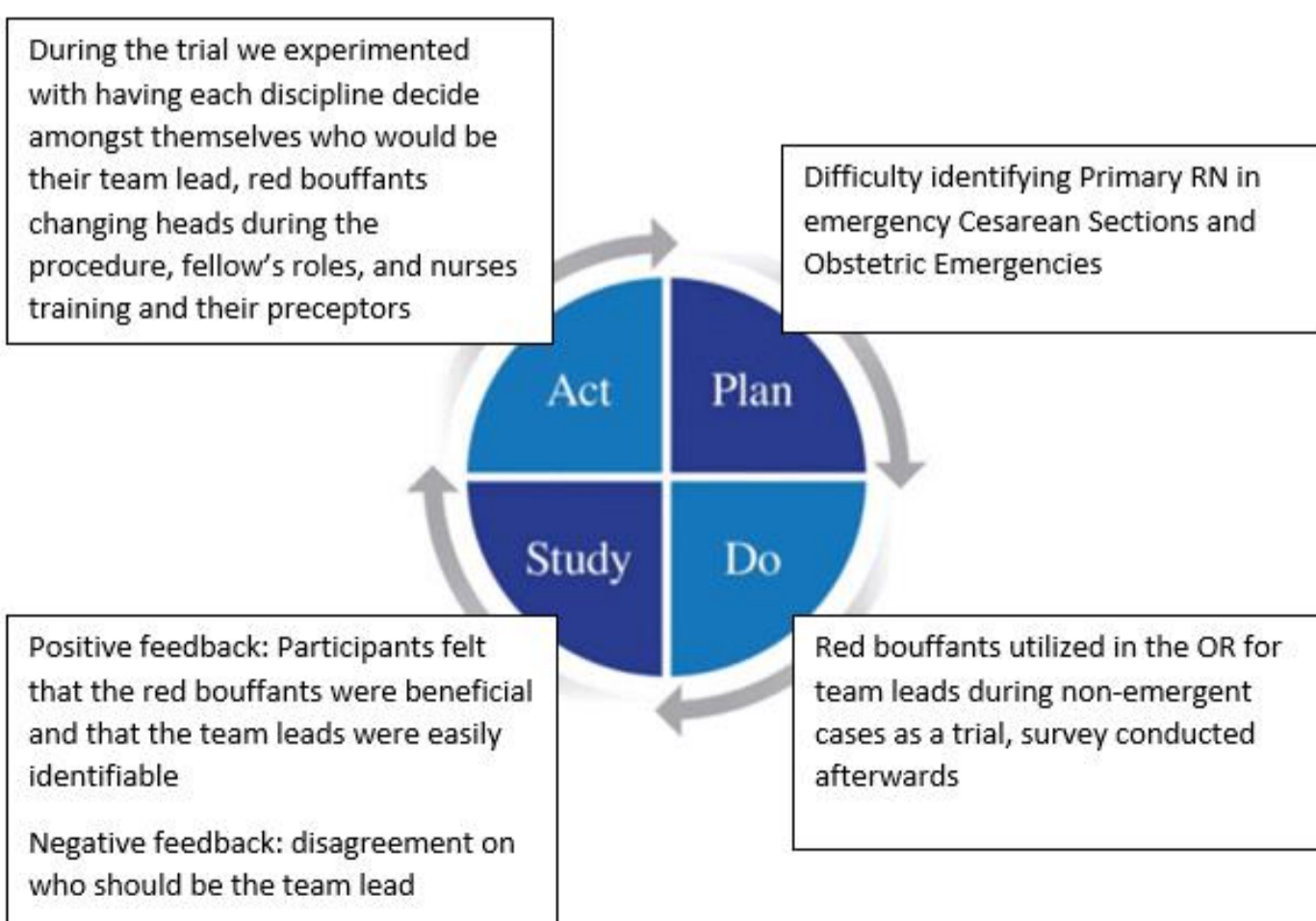
- Labor and Delivery is an environment where there is always help available from peers, but in an emergency, having multiple nurses, obstetricians and anesthesiologists in one room can make it difficult to know who are the primary individuals in these roles and this can lead to communication break down. The primary individuals in these roles know the most information about the patient and are responsible for making clinical decisions.
- Physicians brought forward concern having difficulty identifying the primary nurse in emergencies in the Operating Room and Labor Rooms, leading to confusion and serving as a barrier to clear communication
- Since March 2023, out of 13 debriefs, there were 6 (46%) debriefs that listed role clarity as an area for improvement and 2 (15%) debriefs that listed communication as an area for improvement
- A specific example of when roles are unclear, is when a patient arrives in triage and needs to be brought to the OR immediately for an emergent Cesarean section; there are often multiple nurses, multiple anesthesia and obstetric residents and multiple OB and Anesthesia Attendings. Often the primary RN is identified while the patient is already in the OR for these emergencies.
- Poor communication and break down in communication can lead to delays in intervention and adverse outcomes for patients.

Goal

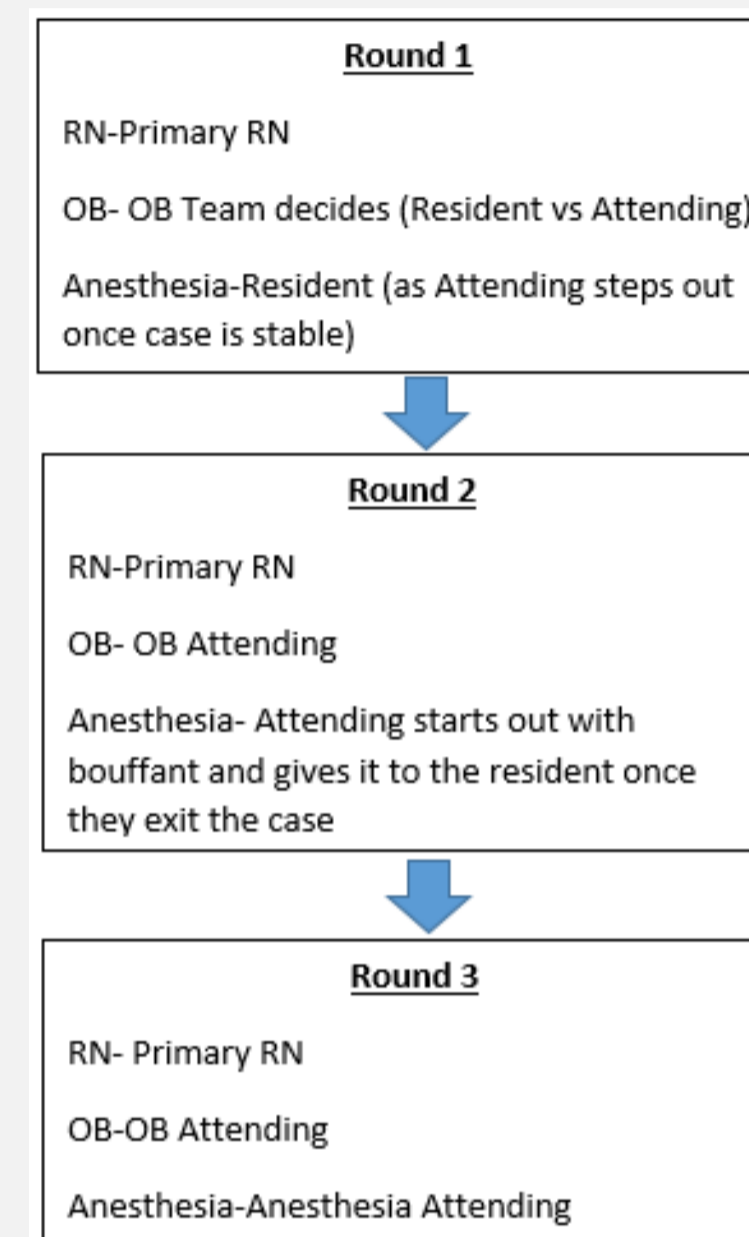
- The goal of this project was to identify the Primary Nurse, Obstetrician and Anesthesiologist in order to improve communication amongst the team and maximize clinical outcomes for patients, going hand in hand with UCM Pediatrics and Perinatal Services Operating Plan to, “Align and achieve transparent and sustainable goals and incentives to prevent harm, improve outcomes and deliver value.”
- A quasi-experimental study, explored if identifier bouffant caps had an effect on communication within the operating room. The results of this study showed a significant association between the use of identifier caps and enhanced communication among the operating room team. (Grogan et al., 2022)
- We aim to decrease how often role clarity is listed in the FBC debrief as an area that needs improvement by 50% and maintain communication listed as an area that could be improved in the debrief under 20% 6 months post intervention

Intervention Design

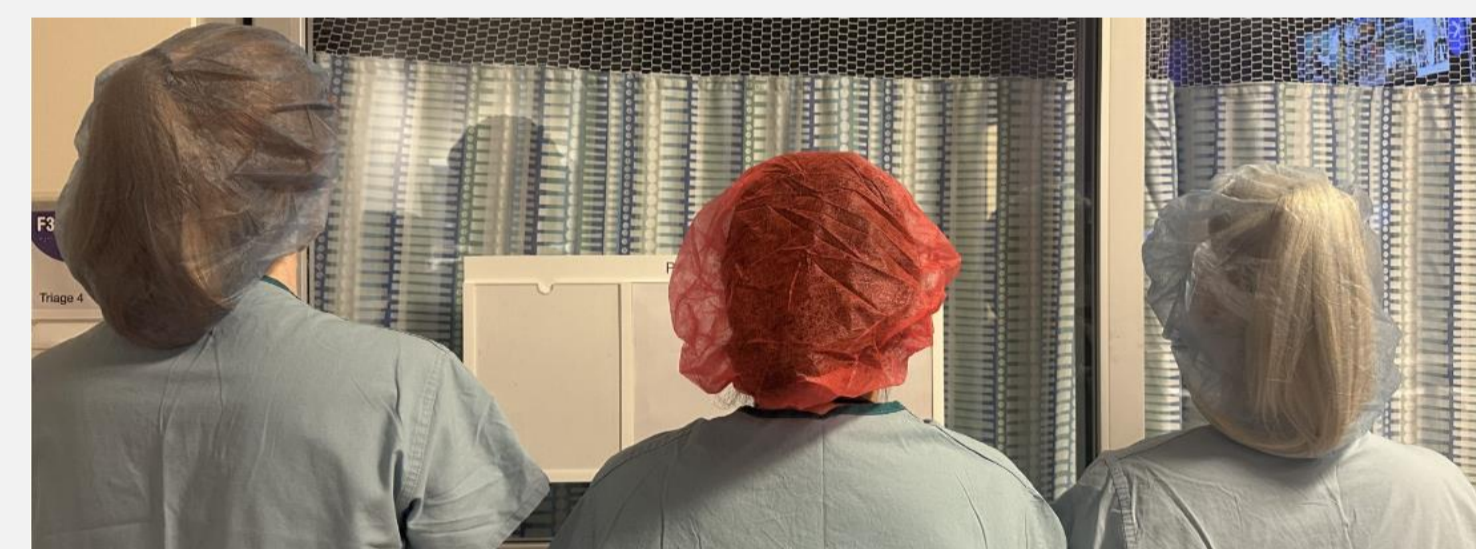
- In an FBC quality meeting it was brainstormed that the Primary RN, OB Team Lead and Anesthesia Team Lead needed to be easily identifiable
- Team Leads were to wear Red bouffants in Cesarean sections instead of the standard blue bouffants
- In May, red bouffants were trialed in non-emergent Cesarean sections in the Family Birth Center
- Success was measured via survey with the Primary RN, OB and Anesthesia by the unit’s Quality RN. Was each team lead easily identifiable? Was the correct team lead wearing the bouffant? At what point were the OB and Anesthesia team leads identified? Was this beneficial? And other general feedback.
- After a PDSA cycle, based on survey feedback, consistent team leads were identified by their role: attending vs resident, fellows, preceptors, new nurses



Results



- In all trials, participants felt that the red bouffants clearly identified the team lead and would be a beneficial implementation.
- During the trials, the Primary RN always wore the red bouffant.
 - If an RN is precepting an orientee, the preceptor decides which RN wears the bouffant.
- Initially, the OB team decided whether the resident or attending would be the team lead in each case. After feedback it was decided that the OB attending would always wear the red bouffant as they are ultimately responsible for decisions made.
 - A fellow may wear the red bouffant if operating as an attending.
- Originally the anesthesia resident wore the red bouffant. Then we trialed the attending wearing it and handing it off to the resident once the case was stable and they leave the OR, in order to have three red bouffants present at all times. This was impractical. The anesthesia attending was ultimately designated the team lead since they would be present for any emergency on the unit.
- Red bouffants serve as a visual cue for safety. Three red bouffants should be present in all emergencies. If only two are visible, it alerts the room that one team lead is missing and the individual needs to be contacted to come to the bedside.
- The red bouffants will be worn in all Cesarean sections, obstetric emergencies, and when patients have an altered mental status.



Next Steps

- The Family Birth Center is currently waiting on the red bouffants to arrive to roll out the initiative.
- Communicate workflow and location of red bouffants to staff—red bouffants will be located in every room and Operating Room in Labor and Delivery.
- Red Bouffant use will be added into the FBC debrief. We will review the correlation of usage with communication and role clarity amongst team.

Acknowledgements/References

- Thank you to Supply Chain and all FBC staff who participated in the trials and gave feedback
- Grogan, M. (2022). Identifier Bouffants: An Exploration of the Impact on Verbal Communication Among Interdisciplinary Operating Room Personnel. AANA Journal, 90(1), 27–33.