Fitting (in) the 'Brief': Implementing emergency obstetric theatre safety huddles

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Background

According to NatSSIPs2 guidelines[1] and the WHO surgical checklist, a team brief/safety huddle is required for all theatre cases. At our centre, the safety huddle was performed routinely for all elective but not emergency obstetric cases. We felt the team brief was the ideal opportunity to discuss patient safety, logistical and holistic care concerns for the emergency patient and should be implemented.

- Stage 1: Pre intervention survey – Do stakeholders think a brief/ huddle is needed?
- Stage 2: Implement huddle - 2 week pilot period (Nov 23) – assess uptake
- Stage 3: Post intervention survey - Has it been well received? Barriers to the brief /Improvement areas

Stage 1

Following approval by the trust quality improvement committee, we sent a survey to all staff involved in obstetric emergency cases. We had 46 responses to the survey.

Initial survey – 46 responses

- **54%** had experienced issued with patient safety due to not huddling prior to surgery
- **78%** thought it would be useful to have a team brief before each case
- Perceived barriers - time pressure, availability of staff and high volume of workload (especially at night)

Examples of patient safety issues: unaware of patient co-morbidities, sending for the wrong patient, equipment issues (cell salvage, translation services, Alexis retractor) and being unaware of sensitive information. Ideas of **how to make the huddle work** included having a **leader**, keeping it as **brief** as possible and huddling **immediately prior to sending.**

Stage 2

Survey results were reviewed and discussed with department leads, and a proforma for the huddle was created based on this in order to help to increase update and active engagement in the huddle. The theatre co-ordinator on the day is to run the huddle, immediately prior to sending for the patient, for all emergency obstetric theatre cases with the exception of a category 1 caesarean section.

We ran a **2 week pilot period** where huddles were performed for 62% of eligible cases.

Stage 3

After the pilot period, we performed a repeat staff survey (37 responses):

Follow up survey

- **67%**: huddle useful/very **useful**
- **72%**: it **improved** patient safety risk identification & case planning
- **Issues**: time constraints (15%) and gathering staff (40%)

EMERGENCY OBSTETRIC THEATRE SAFETY HUDDLE

W Number	Staff present at huddle (Tick if present)	CAT.	Surgical Concerns	Anaesthetic Concerns	Hb / Blood conservation plan	Sensitive info?	Senior informed? (Y/N)
	ANAES ☐ SCRUB ☐ SURG ☐ MW ☐ ODP ☐						
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Discussion

Our survey results demonstrated a strong need for obstetric emergency safety huddles - we were able to achieve this for the majority of eligible cases during the initial pilot, and this was found useful by staff. Involvement of feedback from relevant staff groups at all stages was helpful in ensuring logistics and engagement. Making the huddle as concise as possible, led by the theatre coordinator and just before sending for the patient were important factors. **6 months after implementation, the huddle is being recorded in an electronic format and is being performed for 97% of all eligible cases**, proving our intervention has achieved a long term impact in striving towards the highest standards of patient safety.

References
1: National Safety Standards for Invasive Procedures 2 (NatSSIPs), Centre for Perioperative Care, Jan 2023. Available from URL:https://cpoc.org.uk/sites/cpoc/files//2022-12/CPOC_NatSSIPs2_Summary_20documents23.pdf

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