This project is a quality improvement project that will use aggregate data for analysis. Measurement of this data will be used to determine statistical improvements in response times, self-confidence, and roles and responsibilities of team members. The project leader will be at the site of the code to measure response time and evaluate whether the nurses responding knew their roles and responsibilities according to the Code OB policy that is outlined in Appendix E under roles and responsibilities. Additional data will be collected from the survey monkey questionnaire and the National League for Nursing questionnaire.

After each in situ drill the respondents will be given a questionnaire Student Satisfaction and Self-Confidence in Learning (Appendix A) that will measure satisfaction and self-confidence. This questionnaire is a series of statements that represents the attitude toward their satisfaction with learning and self-confidence in obtaining the instruction they need to respond and manage an obstetric emergency. This questionnaire was developed by the National League for Nursing and permission was received for use. This tool is a valid source approved by the National League for Nursing professional development and research team. Student Satisfaction and Self-Confidence in Learning is a 13-item instrument designed to measure student satisfaction (five items) with the simulation activity and self-confidence in learning (eight items) using a five-point scale. Reliability was tested using Cronbach’s alpha: satisfaction = 0.94; self-confidence = 0.87 (nln.org). Each participant will indicate on their questionnaire the number of times participating in a drill. Answers will be anonymous with results compiled as a group, not individually.

Registered Nurses with two years or greater Labor and Delivery experience employed by facility. Benner (2014) proposes that there are five levels of nursing and this project will focus on the first three levels: the novice (consists of beginners with no experience), the advanced beginner (consists of nurses with some experience; here nurses are starting to form their guiding principles of practice), and the competent (consists of nurses with two to three years of experience; here, nurses can see long-term effects, plan consciously, and act efficiently, but they lack flexibility and the ability to prioritize).

There will be four nurses on the team identified as:
- Quarterback: The charge nurse
- Running Back: Labor and Delivery RN
- Wide Receiver: Labor and Delivery RN
- Center: Labor and Delivery RN

There is minimal risk to participants.

Role responsibilities:
- The Running Back team member (labor and delivery RN) will be responsible at the beginning of their shift to verify the equipment and expiration dates are current in the Code OB pack, obtaining SBAR report from primary nurse, ensure intravenous access, and administer medications or blood products as ordered.
- The Quarterback team member (charge nurse) will be responsible of attending all Code OB calls, confirming the patient’s health care provider has been notified, paging other responders such as anesthesia team, NICU team, OR team, initiating mass transfusion protocol if needed, and verifying Code OB team documentation is complete, including variance report.
- The Wide Receiver team member (labor and delivery RN) will be responsible of documenting all activities in the electronic medical record Code OB flowsheet, start time of the code, document patient’s response to interventions, and confirm all orders are entered into the electronic medical record.
- The Center team member (labor and delivery RN) will be responsible for obtaining report from primary nurse if available, remaining at the bedside as primary caregiver to patient,
assist providers with intrauterine resuscitation as needed, assist providers with other interventions as needed, and calculation of quantitative blood loss.

- The Back-up team members (labor and delivery RNs on floor watching other patients) will assume care of team members patients when called to code.

Title:
Development of Obstetric Rapid Response Team for Labor and Delivery Staff in a Rural Hospital

Keywords:
maternal morbidity and mortality, obstetric emergencies and rapid response team

References:


Abstract Summary:
This quality improvement project will aim to implement an obstetric rapid response team (OB-RRT) and conduct in situ drills of this team with the goal of improving response times, improving self-confidence of OB-RRT team members, and improve outcomes of obstetrical emergencies.

Content Outline:
Up to 50% of reported maternal deaths could be prevented (Green, Rider, C., Ratcliff, & Woodring, 2015; Kilpatrick & Berg, 2016). Innovation of obstetric rapid response teams (OB-RRT) improves performance of staff and improves patient outcomes of obstetric emergencies (Spaulding & Ohsfeldt, 2014). Obstetric emergencies include cardiac arrest, postpartum hemorrhage, emergency cesarean sections, uterine rupture, prolapsed umbilical cord, shoulder dystocia, abruptio placenta, operative vaginal delivery, and eclampsia.

This project will focus on implementation of an obstetric rapid response team (OB-RRT) on a Labor and Delivery unit. Although recommended by the American College of Obstetricians and Gynecologists (ACOG), the facility does not currently have a Code OB-RRT. Literature demonstrates evidence to support RRT in general emergencies. Nursing staff are often the first responders to obstetric
emergencies. Therefore, having a Code OB-RRT, preparation, and drills, can help ensure optimal patient outcomes for both mother and baby (Green, Rider, Ratcliff, & Woodring, 2015).

First Primary Presenting Author
Primary Presenting Author
Nina D. Williams, DNP, MSN-NE, RN
UNC Wilmington
School
Lecturer
Wilmington NC
USA