Implementation of an OB Rapid Response Team

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Rapid Response System

- Encourage early recognition of patient deterioration
- Promptly mobilize resources
- Treat patient in crisis
- Optimize patient outcome
- Prevent adverse consequences
- Summoned with a single call
Rapid Response System

Components
- Case detection
- Crisis team response available at all times
- Evaluation and process improvement system
- Administrative support
Rapid Response System

Committee
- MFM
- OB/GYN
- Anesthesiologist
- Director of Women’s Services
- Assistant Director
- CNS
- Managers
OB Rapid Response Team

- Acute situation when the care provider believes that immediate evaluation is needed to avoid maternal or fetal harm
  - Acute vaginal bleeding
  - Severe abdominal pain
  - Fetal bradycardia
  - Patient unresponsive
  - Shoulder dystocia
  - Seizure
Responders and their Roles

- In-House OB
- OB/GYN resident (upper level)
- Anesthesiologist
- CRNA
- Patient’s nurse
- Labor & Delivery nurse
  - OB Charge Nurse
- Surgical technician
- Administrator
Prior to implementation
- Team goals
- Team composition
- Team roles
- Team function
Education

- Staff meetings
- Department meetings
- Service newsletter
- Posters on patient care units
- Unit Practice Council
- Charge Nurse Meetings
- Telephone number on each phone
- Email
Scenarios

- Performed to allow teams to practice and troubleshoot prior to full scale implementation
Data Collection

- Quality
  - After Action Report
  - Collect data on the characteristics of the event
    - The patient
    - The fetus
  - Evaluate records
  - Review documentation
  - Communication between members of HCT
  - Process improvement ideas
Location

- Majority of OB RRT from L&D
- Antepartum
- Postpartum
- Other hospital units
Indications 2010/2011

- Postpartum hemorrhage ........................................ 4
- Intrapartum/Antepartum bleeding .......................... 2
- Patient unresponsive ........................................... 2
- Shoulder dystocia .............................................. 3
- Fetal bradycardia ............................................... 3
- Seizure .............................................................. 4
- Maternal respiratory distress .............................. 2
Evaluation

- Challenges
  - Documentation
  - Team leader identification
  - Beeper “issues”
- Reinforce OB RRT usage
- Assign specific maternal & fetal monitoring parameters to trigger OB RRT
  - Code Blue
  - Massive Transfusion Protocol
Case Review

- Revealed suboptimal team dynamics
- TeamSTEPPES
  - An evidenced-based teamwork system
  - DOD program
  - Master training preparation
  - All medical, nursing and support staff