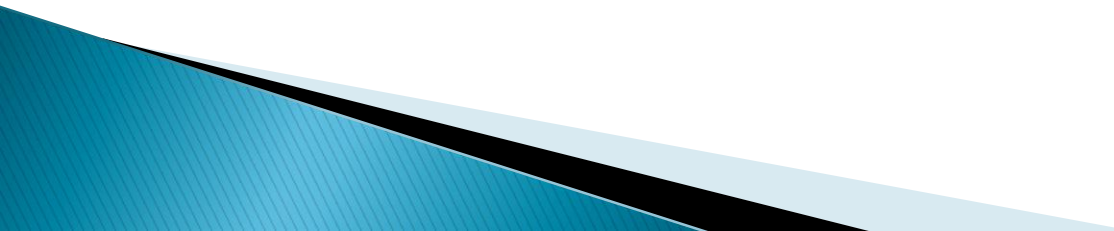


Implementation of an OB Rapid Response Team

Patricia A. Heale DNP, RN, CNS
Texas Children's Hospital Houston, TX

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

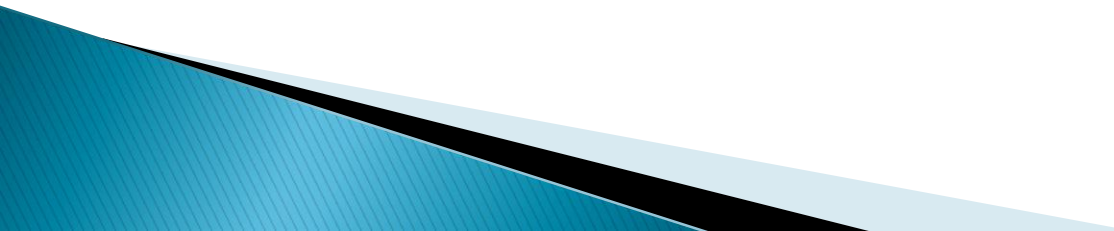
Rapid Response System

- ▶ 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

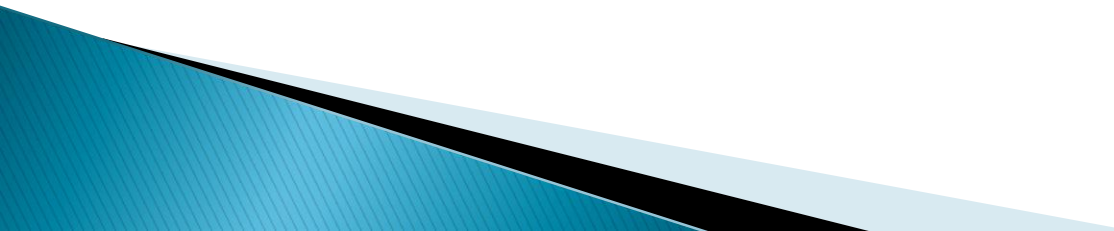
Responders and their Roles

- ▶ In-House OB
 - ▶ OB/GYN resident (upper level)
 - ▶ Anesthesiologist
 - ▶ CRNA
 - ▶ Patient's nurse
 - ▶ Labor & Delivery nurse
 - OB Charge Nurse
 - ▶ Surgical technician
 - ▶ Administrator
- 

Education

- ▶ 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
- 

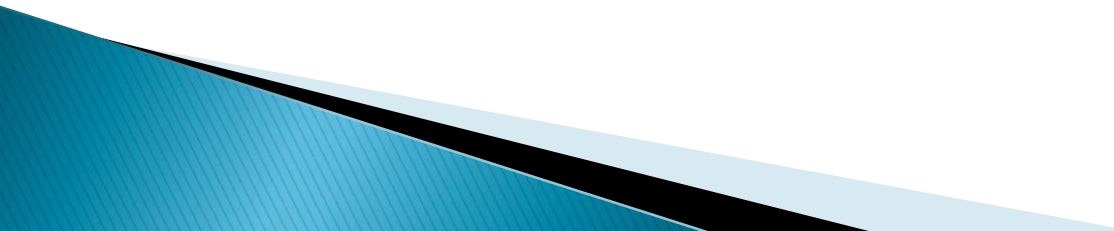
Scenarios

- ▶ 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
- ▶ TeamSTEPPEES
 - An evidenced-based teamwork system
 - DOD program
 - Master training preparation
 - All medical, nursing and support staff