

Introduction of a Multidisciplinary Obstetric COVID-19 Team Safety Brief

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Introduction:

COVID-19 resulted in frequent changes to processes, protocols and guidelines in our obstetric unit. This brought to light issues involving frequently changing PPE requirements and multiple changes in type of PPE supplied which led to the need for repeated staff fit tests. In addition, there were communication difficulties due to PPE, delays in the theatre team's readiness due to donning and high levels of background stress amongst the team.¹ Additional challenges included increased staff turnover and those returning from self-isolation making it difficult to keep everyone abreast of rapid written guideline changes.

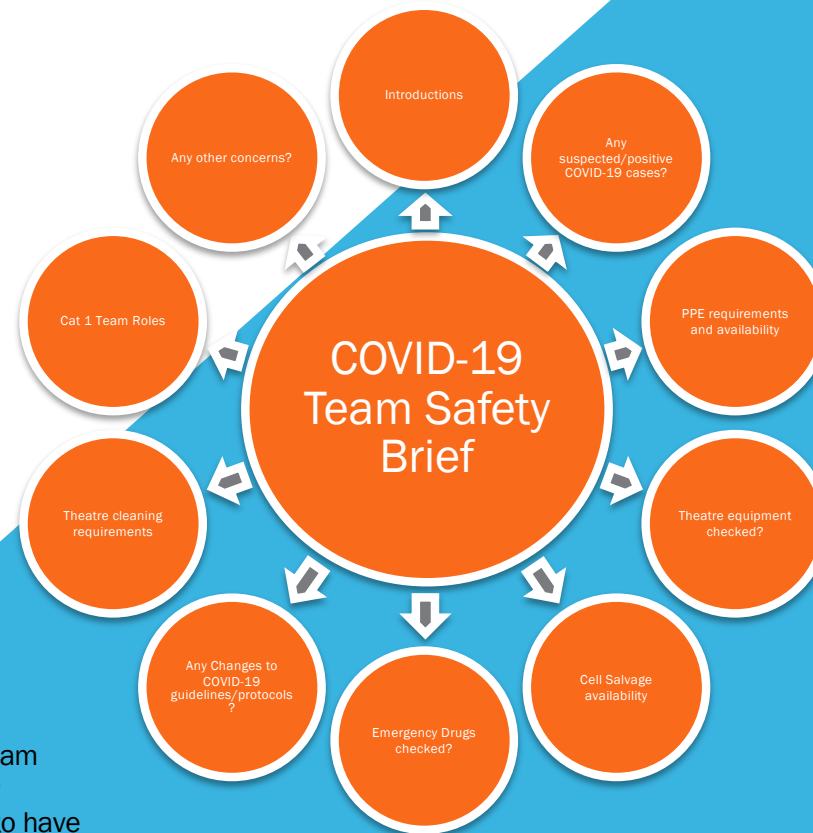
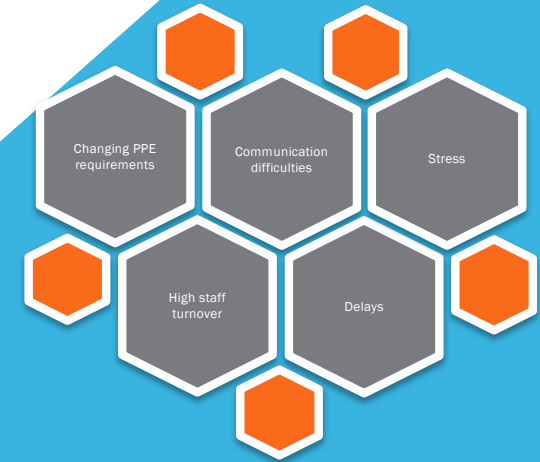
Background:

Performing team briefings has been shown to “foster a sense of belonging to teams, empowerment for all members, and better communication” leading “not only to a culture of safety” but also “significantly improving job satisfaction”. Pre-operative briefings in particular have been shown to improve patient outcomes² and reduce “the frequency of communication breakdowns that lead to delays”.³ This is obviously of high importance during an obstetric emergency. However, before the COVID pandemic we did not perform such briefings on labour ward. We felt it was key that all team members were able to identify challenges in advance and felt reassured with regards to PPE requirements if there was an emergency theatre case.

Process:

We introduced a multidisciplinary obstetric team brief on the acute maternity unit at University Hospitals Dorset, Poole. The aim of this was to have a shared mental model which would help staff feel reassured about anticipated challenges, with plans in place to tackle these.

It was attended each shift by the co-ordinating midwife, theatre scrub team, operating department practitioner, senior obstetric doctor and the senior anaesthetic doctor.



Outcome:

The whole team found that the team brief prepared them for emergencies, saved time, improved teamwork, communication and ultimately patient safety.

In conclusion, we would recommend the introduction of such a team brief at all obstetric units in the event of any further unanticipated events resulting in major changes to working practices and also feel it is useful as we continue to deal with the COVID-19 pandemic.

References:

1. S.Hignett et al. “Human factors issues of working in personal protective equipment during the COVID-19 pandemic”. *Association of Anaesthetists*, 2020.
2. National Patient Safety Agency. “Five Steps to Safer Surgery”. *NPSA*, 2010.
3. Nundy et al. “Impact of Preoperative Briefings on Operating Room Delays”. *Archives of surgery*, 2008.