Prioritization on the labour suite

Dipanwita Kapoor
Gemma Wright
Lucy Kean

Abstract
The ability to successfully prioritize the workload on a labour suite is an essential skill for a trainee Obstetrician to develop. To successfully achieve this, the trainee must be able to communicate effectively and work within a multidisciplinary team of obstetricians, anaesthetists and midwives who are all vital members of the labour suite team. It also requires a trainee to develop leadership skills and be able to delegate work appropriately.

Keywords labour suite; obstetrics; pregnancy; prioritization; triage

General principles

The workload on a labour suite varies little over the course of 24 hours with the exception of elective work such as planned caesarean sections and inductions of labour. The work carried out is varied in nature and may include caring for women requiring high dependency care through to supporting natural birth. Similarly the experience levels of healthcare professionals involved in intrapartum care will vary from newly qualified midwives and foundation trainees through to Band 7 midwives and consultant obstetricians. The working day is structured around formal handovers and regular ward and board rounds which should enable current and potential future problems to be identified.

Handover

It is recommended that a period of time is allowed for a formal handover between staff at the shift change over. The handover should be multidisciplinary and involve the midwife co-ordinating the labour suite, the incoming and outgoing obstetric and anaesthetic teams and where possible the senior obstetrician and anaesthetist covering the labour suite. A handover that is supported by written documentation has been shown to improve the retention of information minimizing the risk of important patient information becoming lost.

Dipanwita Kapoor *MBBS DFSRH MRCOG is an ST6 in Obstetrics and Gynaecology at Nottingham University Hospitals NHS Trust, City Hospital Campus, Nottingham, UK. Conflicts of interest: none declared.*

Gemma Wright *BSc MBBS MRCOG is a Consultant Obstetrician at Nottingham University Hospitals NHS Trust, Queen's Medical Centre, Nottingham, UK. Conflicts of interest: none declared.*

Lucy Kean *BM BCh DM FRCOG is a Consultant in Fetal and Maternal Medicine at Nottingham University Hospitals NHS Trust, City Hospital Campus, Nottingham, UK. Conflicts of interest: none declared.*

Structuring the handover using the SBAR (situation, background, assessment and recommendation) tool keeps things efficient and succinct and allows all members of the team to contribute to handover in an organized way. All consultant led cases should be discussed along with new referrals to the unit and midwifery led cases as required. The handover for each patient should include the current management plan and detail any outstanding investigations or jobs that need to be completed. Any woman who is pregnant on a non-obstetric ward should also be discussed so that care can be co-ordinated.

Ward rounds

At the start of each shift there should be a ward round involving the obstetric team, the co-ordinating midwife and where possible the anaesthetist covering the labour suite. The safer childbirth report recommends that when there is no consultant presence on the labour ward there should be two ward rounds in the day with a further round in the evening.

The complexity of individual cases and the workload on the labour suite should determine the frequency of additional board or ward rounds. Women receiving high dependency care on the labour suite should be reviewed at least 4 hourly. The ward round is the time to identify any current problems and develop a management plan. It is also an opportunity to identify potential future problems and put in place a plan to reduce the risk of the complication arising.

Balancing planned and emergency work

A large proportion of the workload on a labour suite is emergency cases and the degree to which they are predictable will vary. The planned work on a labour suite takes place on most days and includes elective caesarean sections and inductions of labour. In most units the planned workload will need to be fitted in amongst the emergency work and part of the skill of prioritization on the labour suite comes from developing an understanding of this balance.

Non-technical skills

Non-technical skills are the cognitive, social and personal resource skills that complement clinical and technical skills. Such skills are of particular relevance in our specialty, where multiple tasks are often required simultaneously.

In the last CEMACE report, 70% of direct deaths and 55% of indirect deaths were considered to have involved an element of substandard care. The report identified failures in teamwork, communication and interpersonal skills as areas of particular concern. These weaknesses result not just in increased mortality, but also significant morbidity and economic losses, with obstetrics and gynaecology malpractice claims representing half of the UK NHS litigation bill over the last 10 years. Interest in non-technical skills is growing, in part as a result of leadership and patient safety initiatives within the NHS.

Situational (or situation) awareness: situational awareness is the ability to understand the workload and the resources available to you and how you can best use this information to prioritize tasks, anticipate future problems and take effective actions. This concept is crucial to prioritizing the workload on a labour suite, where multiple tasks may present simultaneously,

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task interruption is common and delegation is often required. Situational awareness can be aided by regular board rounds with the labour suite co-ordinator.

Decision making: decision making requires an assessment of the situation and choosing a course of action. The woman should be involved in the decision making process with the benefit of clear, accurate information so that she can make an informed choice. It is also necessary to review the result of a chosen plan of action, check that the desired outcome has been achieved and default to a 'Plan B' if necessary. Decision making may be influenced by fatigue, time pressures, the feasibility of available options, task demands, experience and the levels of support available to you.

Communication: effective communication with the multidisciplinary team and the women is crucial to ensure optimal birth outcomes. The ability to communicate effectively with the mother and her partner is essential in order to gain their confidence, provide reassurance in a stressful situation and to avoid complaints. In emergency situations, clear communication is necessary for efficient team working. Although poor communication does not always lead to harm, it may lead to an increase in frustration, complaints and litigations, and delay in treatment.

Dissemination of information and mobilizing the necessary staff can be streamlined by making certain that the bleep numbers of all relevant medical staff including on-call consultants and a list of the extension numbers that may be required (ward, laboratories, porters) are clearly displayed and up to date.

Staff should be encouraged to use the SBAR format (situation, background, assessment and response) in transmitting critical information during handovers, advice telephone calls and referrals.

Leadership: good leadership skills are essential to the smooth running of the labour suite. This involves motivating, directing and organizing the medical and midwifery team, encouraging individuals to work together, appropriately triaging and delegating the workload, assessing performance and generating a positive environment. One of the keys to good leadership is to make decisions at the appropriate times so that clear plans exist for all women, meaning that both patients and staff understand what is happening and what will happen going forward.

Teaching

Senior trainees are expected to engage with teaching medical students and supervising more junior doctors and midwives when labour suite activity allows. This in turn will provide greater flexibility to delegate tasks during busy periods. However, supervision of trainees should be balanced against the trainee's own educational needs and they should only be supervising procedures to a level that is appropriate for their stage of training and competency level. Quiet periods on the labour suite can be used to complete workplace based assessments such as mini CEX, OSATS and to provide constructive feedback.

Consultant presence on labour suite

Currently most maternity units in the UK have consultant presence on the labour suite during daytime working hours. Larger units may have a consultant presence out of hours as well. The aim of this is to improve patient care and safety and also to provide support and supervision to trainees to maximize their learning opportunities. Trainee's should be encouraged to take this opportunity to complete workplace base assessments requiring direct observation of a patient encounter or clinical skill such as mini CEX, OSATS and labour ward assessment tools.

Simulation training

With the implementation of the European Working Time Directive, specialty trainees are spending fewer hours on the labour suite leading to a reduction in their experience of managing obstetric emergencies. Successive confidential enquiries have consistently identified problems such as poor communication and poor or non-existent team-working as obstacles to the provision of care. Simulation based training provides an opportunity to develop and practice the technical and non-technical skills necessary to successfully manage obstetric emergencies.

Senior specialty trainees should aim to become involved in the running of these drills as this will help to fulfil the requirements of the Advanced Labour Ward Practice and Labour Ward Lead ATSM and will help with preparation for their future role as a Consultant.

Prioritizing (triage) the workload

An understanding of the principles of triage is particularly important when the workload on the labour suite is greater than the number of staff or resources available. The aim of triage is to deliver the right care, to the right person at the right time. It was initially developed for use by the military to aid the prioritization of casualties. Four categories are assigned to patients: immediate, urgent, delayed and expectant. Immediate are those requiring lifesaving treatment. Urgent patients require treatment within 6 hours. Delayed have less serious problems that require management but not within a set time period. Expectant are those that cannot survive treatment and will rarely apply in obstetrics.

Triage in obstetrics is determined primarily by threats to maternal health and then by the presence of threats to the fetus. Threats to maternal life are the immediate priority and in general optimizing the mother's condition will improve the situation for the fetus. Women with immediately life threatening problems should be assessed using a structured ABCDE approach beginning with an assessment of the woman's airway, breathing and circulation, followed by an assessment of fetal wellbeing. Triage should be informed by the Obstetric Early Warning Score (OEWS); this will aid early recognition of the sick woman by highlighting small changes in a woman's observations before a marked deterioration is noted in any one system or in the woman's clinical condition.

The principles of triage can be simplified to a traffic light system in obstetrics 'red' for the woman who needs immediate attention, 'amber' for semi urgent cases and 'green' for elective reviews who should be dealt with after more urgent cases.

Prioritization of care on labour suite is usually assessed in the OSCE of the MRCOG part 2 examinations. Trainees should be encouraged to use the labour ward assessment tool (assessment of your prioritization skills by the consultant or senior midwife

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