Quiet in the Operating Room! Team STEPPS and OR Distractions

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Background and Objective

From the moment that a patient enters the operating room to the time that they are brought to the post anesthesia care unit, a distraction has the potential to lead to an adverse outcome for the patient. During the critical portions of the surgery, it is even more important for all members of the operating staff to be focused and engaging in safe practices. Distractions in the operating room can hinder safe communication and potentially endanger patient safety. Team training has been shown to both improve team communication and reduce distractions.

The objective of this project was using Team STEPPS training to reduce distractions and unnecessary communications, which can potentially endanger patient safety. Team training has been shown to improve safe practices. Distractions in the operating room can hinder safe communication and potentially lead to adverse outcomes for the patient. During the critical portions of surgery, it is even more critical that every team member should be focused in order to prevent adverse outcomes for the patient. On average, every team member should be focused at least 90% of the time.

The project was designed to evaluate the impact of Team STEPPS training on distractions and communication during critical times in the operating room. The study was conducted over a 3-week period, with 9 perioperative staff members participating in formalized Team STEPPS training, ranging from Master Training, half-day training, or online modules.

Team STEPPS Training

Team STEPPS training aims to provide healthcare professionals with a common language to address safety concerns and a framework with which to escalate action in order to prevent a safety issue from turning into an adverse outcome.

Communication tools help staff distinguish between and triage useful communication and unnecessary distractions. There are two focus tools that healthcare professionals can use to alert the team that a potential safety issue should be addressed, in other words “stop the line.”

The Effect of Team STEPPS Training on Distractions in the OR

The CUS Rule/Reminder Tool

CUS Rule/Reminder Tool

This is the first cue that a potential safety issue should be addressed. If it is not acknowledged, the team member is obligated to voice their concern again.

CUS Rule/Reminder Tool

This is the second cue that a potential safety issue should be addressed. The team member being challenged is obligated to acknowledge the concern.

CUS Rule/Reminder Tool

This is a safety issue. If the concern has not yet been acknowledged, the team member should take a stronger course of action or utilize the supervisor or chain of command to ensure patient safety.

CUS Rule/Reminder Tool

When an initial assertion is ignored:

- It is your responsibility to assertively voice concern at least two times to ensure it has been heard
- Take a stronger course of action
- The team member being challenged must acknowledge the concern

If the outcome is still not acceptable:

- Utilize supervisor or chain of command
- Take a stronger course of action
- It is your responsibility to assertively voice concern at least two times to ensure it has been heard
- The team member being challenged must acknowledge the concern

The Effect of Team STEPPS Training on Distractions in the OR

An initial meeting was held to review the process and design the improvement plan. The team included:

- Director of Peri-Op, Nurse Manager, CRNA
- Members of the Performance Improvement Department
- Vice Chairmen of Anesthesia and Surgery

Overall distractions during critical portions of the procedure are low, and were made even lower with the additional staff Team STEPPS training. The use of Team STEPPS training demonstrated a reduction in distractions during the defined critical portions of surgical procedures, from 21% of observed cases before training to only 5% of observed cases after training. The only distraction observed in this small sample of cases was “social communication,” both before and after Team STEPPS training.

Limitations of this project include the small number of observed cases and the limited timeframe of the study period. Future directions include the continued monitoring for distractions and utilization of CUS and Two challenge rule to measure the long-term impact of Team STEPPS training.

Conclusions

Effective teamwork in the operating room depends not only on direct and targeted communication but freedom from distractions. This project suggests that training can be effectively implemented to improve patient safety by reducing the number of distractions during the critical portions of surgery, events identified to be times where every team member should be focused in order to prevent adverse outcomes for the patient.

Discussion and Next Steps

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