5-31-2017

Quiet in the Operating Room! Team STEPPS and OR Distractions

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Recommended Citation
Brinson, MD, Zabecca S.; Johnson, MD, MPH, Adam P.; Farmer, RN, Rose; Leonard, CRNA, Tesa; Cacciatore, RN, Susan; Sanchez, RN, Maritza; Weikel, RN, Lorie; Sammut, RN, Paul; and Palazzo, MD, Francesco, "Quiet in the Operating Room! Team STEPPS and OR Distractions" (2017). House Staff Quality Improvement and Patient Safety Conference (2016-2019). Poster 48.
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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 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 safe practices. Distractions in the operating room can hinder safe communication and subsequently lead to adverse outcomes for the patient. During the critical portions of 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 subsequently lead to adverse outcomes for the patient. During the critical portions of 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 subsequently lead to adverse outcomes for the patient.

The objective of this project was using Team STEPPS training to reduce distractions during the critical portions of surgery, defined as the time of anesthesia induction, the time out, and the time of emergence from anesthesia.

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.”

CUS Rule/Reminder Tool

<table>
<thead>
<tr>
<th>C</th>
<th>U</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am</td>
<td>Concerned</td>
<td>Uncomfortable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is the first cue that a potential safety issue should be addressed. If not acknowledged, the team member is obligated to voice their concern again.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I am</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is the second cue that a potential safety issue should be addressed. The team member being challenged is obligated to acknowledge the concern.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is a Safety Issue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the concern has still not been addressed, the team member should take a stronger course of action or utilize the supervisor or chain of command to ensure patient safety.</td>
</tr>
</tbody>
</table>

Two Challenge 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
- The team member being challenged must acknowledge the concern

If the outcome is still not acceptable:

- Take a stronger course of action
- Utilize supervisor or chain of command

Project Implementation

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

- Collect Baseline Data
  - Medical Students performed covert observations over a 3 week period to count interruptions by phone calls/usage, music, and social conversations during critical times in the operating room: Induction, time out and emergence.

- Team STEPPS Training
  - 9 perioperative staff members participated in formalized Team STEPPS training, ranging from Master Training, half day training, or online modules.

- Follow-up Data Collection
  - 27 staff members received focused education on the two focus tools: CUS and the two challenge rule.

- Nurse educators repeated covert observations over a 3 month period, documenting distractions during critical portions of procedures

Discussion and Next Steps

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 24% of observed cases before training to only 4% 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.