Quiet in the Operating Room! Team STEPPS and OR Distractions

Zabecca S. Brinson, MD  
Thomas Jefferson University

Adam P. Johnson, MD, MPH  
Thomas Jefferson University

Rose Farmer, RN  
Thomas Jefferson University

Tesa Leonard, CRNA  
Thomas Jefferson University

Susan Cacciatore, RN  
Thomas Jefferson University

Follow this and additional works at: https://jdc.jefferson.edu/patientsafetyposters

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.  
https://jdc.jefferson.edu/patientsafetyposters/48

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in House Staff Quality Improvement and Patient Safety Conference (2016-2019) by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
Authors
Zabecca S. Brinson, MD; Adam P. Johnson, MD, MPH; Rose Farmer, RN; Tesa Leonard, CRNA; Susan Cacciatore, RN; Maritza Sanchez, RN; Lorie Weikel, RN; Paul Sammut, RN; and Francesco Palazzo, MD

This poster is available at Jefferson Digital Commons: https://jdc.jefferson.edu/patientsafetyposters/48
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 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 Concerned</td>
<td>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.</td>
<td>This is a Safety Issue</td>
</tr>
<tr>
<td>I am Uncomfortable</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>
<td></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
- If the outcome is still not acceptable:
  - Take a stronger course of action
  - Utilize supervisor or chain of command
- The team member being challenged must acknowledge the concern

Distractions in the Operating Room

- Critical Times:
  1. Induction
  2. Time Out
  3. Emergence
- Phone Usage
- Social Conversations
- Music

The Effect of Team STEPPS Training on Distractions in the OR

<p>|</p>
<table>
<thead>
<tr>
<th>Pre Team STEPPS Training</th>
<th>Post Team STEPPS Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distracted Critical Times</td>
<td>80%</td>
</tr>
<tr>
<td>Nondistracted Critical Times</td>
<td>20%</td>
</tr>
</tbody>
</table>

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 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 critical portions of surgery, events identified to be times when every team member should be focused in order to prevent adverse outcomes for the patient.