

Coordination, Collaboration and Communication: Taking the OB OR to the Next Level

Project Purpose

In 2018 many opportunities for improvement related to the obstetrics (OB) operating room (OR) were identified by a multidisciplinary leadership team. This team included leaders from the obstetrics unit, infection prevention, central sterile processing, and affiliated clinics and providers. Some of the opportunities included enhanced OR orientation, improved staff and provider education, inventory management, surgical site infection (SSI) investigation, and improved collaboration with the main OR. These opportunities led to the creation and implementation of a full time OB OR Coordinator position in the OB department of this 220 bed Magnet designated regional facility.

Development & Implementation

January 2019

- Opportunities presented to the chief nursing officer (CNO)
 - 1.0 full time equivalent (FTE) OB OR Coordinator position requested
 - Presented plan included
 - Current state
 - Proposed future state
 - Position requirements
 - Specified duties
 - Expectations
 - Committee participation

February 2019

- Job description developed from the existing OB registered nurse (RN) and main OR Coordinator job descriptions
- Interview process began
 - Nursing administration
 - Anesthesiologists
 - OR RNs
 - OB RNs
 - OB physicians

April 2019

- Candidate hired

History

- 2018: 5 OB RNs were oriented to the OR skill sets
- The orientation and instrument management processes were inconsistent
- Relationship between the OB department and main OR providers and staff was strained
- Cesarean section SSI data was collected from July to December 2018 and a 5.5% infection rate was identified
 - Annualizing FY19 data, we were on track to end FY19 with 15 SSIs, which provided clear evidence of the opportunities to improve our patient outcomes

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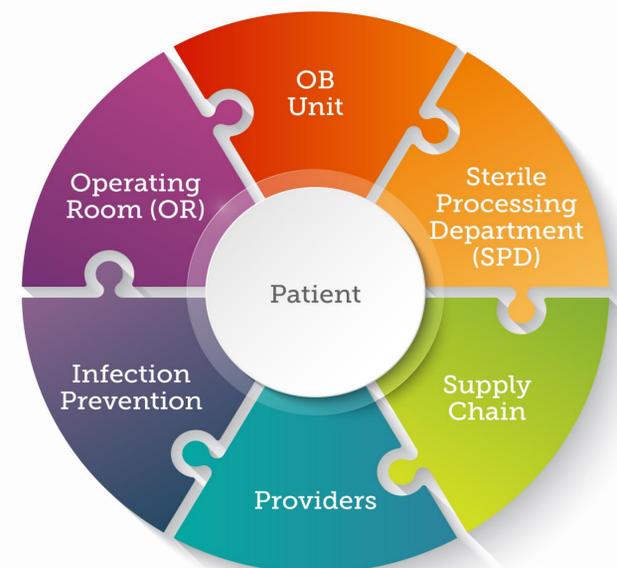
Big Dot GOALS – 2021



Outcomes & Evaluation

April 2019-Present

- Oriented 26 OB RNs to at least one of the two OR skill sets
- Established a periodic automatic replenishment (PAR) level
- New process for instrument utilization has been implemented
- Education has been provided about instrument maintenance
- Reorganized Inventory for better utilization
- Standardized OB OR practices
- Improved working relationships with the main OR providers and staff
- Only 4 SSIs have been reported.



Other Settings

The creation and implementation of this position has improved patient outcomes and interdisciplinary working relationships between OB RNs and providers, and the main OR staff and providers.

This project can be successfully implemented in any hospital setting where cesarean sections are performed.

Evidence Based Practice

One of the most commonly performed current day surgical procedures in United States hospitals is a cesarean section (Schneid-Kofman, Sheiner, Levy, & Holcberg, 2005) and one of the most common causes of morbidity and mortality after a cesarean section is an SSI (Yerba, Failoc-Rojas, Zena-Nanez, & Valladares-Garrido, 2020). As an indirect indicator of the quality of care a patient receives in a hospital, the incidence of SSIs is something extremely important for all maternity units to focus on (Delamou, et al., 2019). SSIs can lead to longer hospital stays and can cause undo physical and emotional trauma for the patient, leading to socioeconomic hardships (Alkadhim & Albdairi, 2019). According to one study, in the United States, SSIs can result in \$10 billion annually in avoidable health care costs. These preventable morbidities are the reasons that our focus on reducing the number of SSIs in our facility was essential.

References:

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