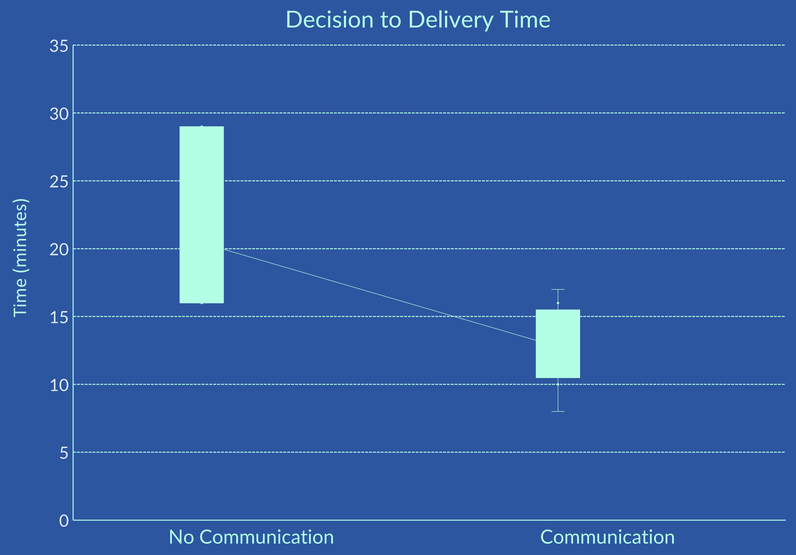
Better communication between obstetric & anaesthesiology teams improved time to delivery in emergency C-sections



Changing communication culture at the time of emergency caesarean section by introduction of a 'safety pause' in delivery suite ward rounds

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BACKGROUND:
Emergency caesarean section (CS) is a time-sensitive and stressful event for staff and patients. A 'Category 1' CS is indicated if there is an immediate threat to the life of the woman or foetus and carries significant risk of poor communication, posing a safety concern[1]. Handover guidelines involve multidisciplinary (MDT) introductions such as 'safety huddles' to allow familiarity within teams and communicate concerns to mitigate patient risk[2]. We hypothesized that utilising a 'safety pause' during daily delivery suite (DS) ward rounds to introduce anaesthesia staff and communicate direct contact information would benefit patient safety[3].

METHODS:
1. Questionnaire administered to obstetric registrars to identify barriers to communication at time of emergency CS
2. ISBAR3 'safety pause' expanded to include staff introduction at daily handover & remind of direct telephone line to anaesthetics
3. Data from time of emergency LSCS was collected pre- and post-intervention. In category 1 LSCS, decision-to-delivery interval was recorded.

RESULTS: 15 obstetric registrars surveyed
- 100% felt contacting anaesthesiology was important
- 90% were aware of cell phone
- Pre-intervention: 54% utilized phone for direct communication on-call, 40% of cases were discussed with anaesthetics
- Post-intervention: 80% of cases were discussed with anaesthetics either verbally or by phone
- Mean time from decision to delivery decreased from 16 minutes to 12.5 minutes (p=0.182)

Challenges to communication included:
- Difficulty designating category 1 vs 2 LSCS
- Task-fixation in emergency scenarios and finding opportunity to call

ISBAR$_3$ Communication (clinical handover) Tool SAMPLE Inter-departmental Handover	
I Identify	**Identify:** You Recipient of handover information Patient
S Situation	**Situation:** Location of patient as appropriate Brief summary of patient's current status Is there a problem?
B Background	**Background:** Concise summary of reason for interdepartmental handover Summary of treatment to date Baseline observations (current admission) Vital Signs: BP, Pulse, Resps, S_pO_2, (F_iO_2), Temp, AVPU. IMEWS (include previous IMEWS if appropriate) NEWS (include previous NEWS if appropriate)
A Assessment	**Assessment:** What is your clinical assessment of the patient at present?
R_3 Recommendation Read-Back Risk	**Recommendation:** Specify your recommendations Read-Back: Recipient(s) to confirm handover information and responsibility Risk: Include the safety pause to identify possible risks

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CONCLUSION:
The safety pause is a team-led initiative intended to anticipate challenges in the clinical setting and allow MDT involvement to maintain patient safety. Out intervention improved communication between obstetric and anaesthesiology teams at the time of emergency CS. This allowed more time for decisions regarding anaesthetic technique to be made efficiently and safely, resulting in shorter DDI, though this finding was not statistically significant. Ongoing challenges will be to maintain this culture change and utilization of the safety pause at the time of bi-annual staff changeover.

1. Caesarean birth NICE Guideline [NG192], Published 31/03/2021. hps://www.nice.org.uk/guidance/ng192/chapter/Recommendaons#procedural-aspects-of-caesarean-birth
2. Lamming L, Montague J, Crosswaite K, Faisal M, McDonach E, Mohammed MA, Cracknell A, Lovatt A, Slater B. *Fidelity and the impact of patient safety huddles on teamwork and safety culture: an evaluation of the Huddle Up for Safer Healthcare (HUSH) project.* BMC Health Serv Res. 2021 Oct 1;21(1):1038. doi: 10.1186/s12913-021-07080-1. PMID: 34598704; PMCID: PMC8487146.
3. HSE (2017). *Resource Manual & Facilitator Guide for Clinical Handover: An Inter-Disciplinary Education Programme.* https://healthservice.hse.ie/filelibrary/onmsd/resource-manual-facilitator-guide-for-clinical-handover-an-inter-disciplinary-education-programme.pdf