

Implementing a Delivery Suite Transfer Checklist

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Introduction

- The problem:
- Level 3 transfers from delivery suite are rare → **staff felt inexperienced and anxious** when preparing for and conducting transfers
 - **Geographical separation** of the Women’s Centre from the John Radcliffe Hospital main building
 - Narrow corridor → **hospital bed and ICU transfer stack will not fit**
 - **Lack of clarity** around equipment required and where to find it

- Our aims:
- To develop and implement an **adapted transfer checklist**, which meets the **specific needs of our site**
 - To thereby **improve safety and efficiency of transfers** from delivery suite to critical care areas within the trust

Methods

Approval for this quality improvement project was obtained from the trust clinical governance department.

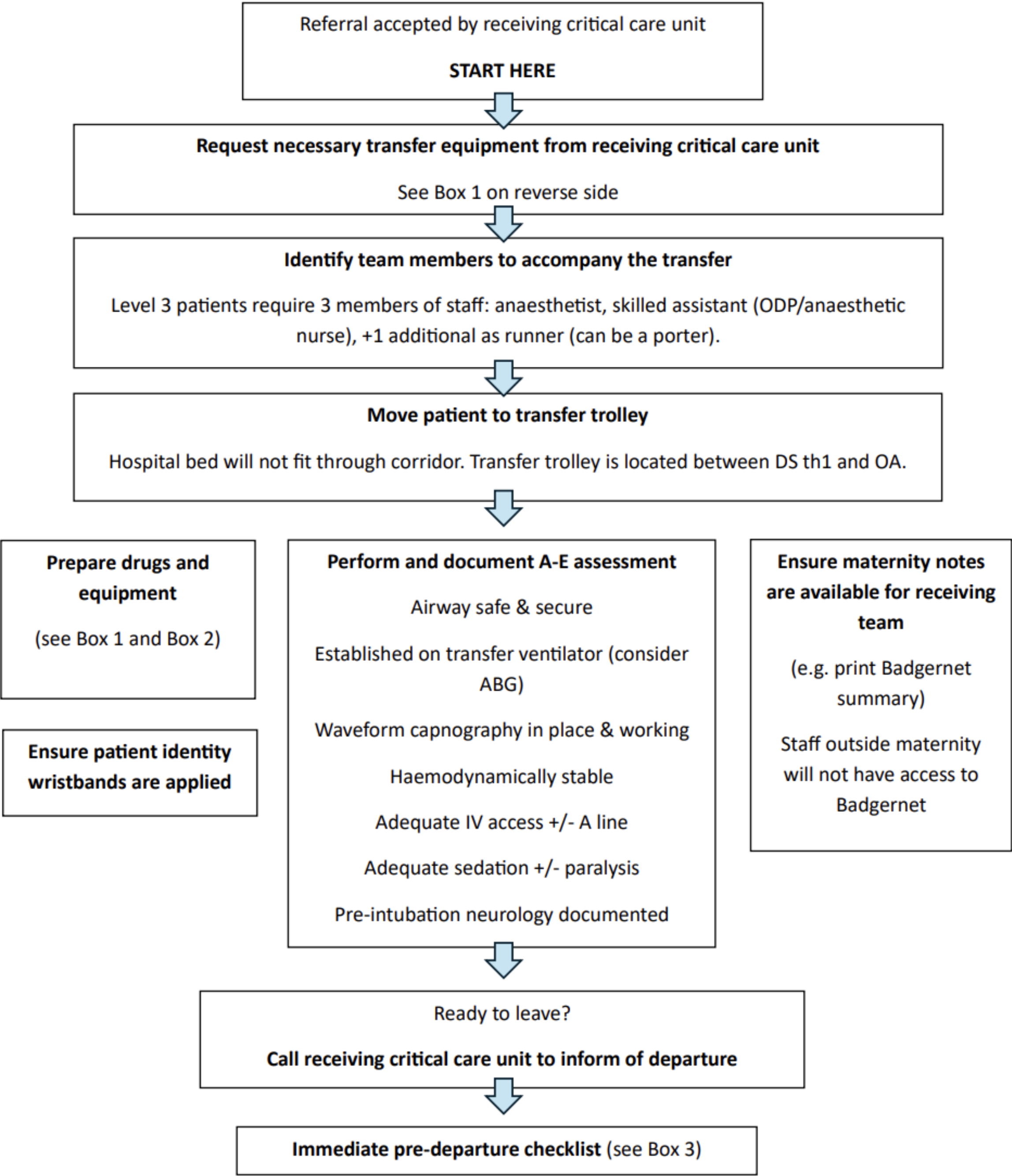
During the planning phase, **anaesthetists and theatre staff were consulted to identify key concerns and barriers**. A draft DS transfer checklist was developed and presented at obstetric anaesthesia clinical governance.

The checklist was then **tested during a multidisciplinary in-situ simulation involving obstetric, anaesthetic, and critical care teams**.

Feedback from the simulation was collected and used to refine the checklist. Further **input from intensive care colleagues** led to development of a **quick reference flowchart** alongside an **immediate pre-departure checklist**. The final document underwent peer review by the obstetric anaesthesia consultant group, and was approved at a departmental clinical governance meeting.

Delivery Suite Transfer Checklist

For transfer of critically unwell patients from Delivery Suite to another location within the John Radcliffe (intra-hospital)



Box 1: Transfer Equipment

Review equipment availability on delivery suite before calling critical care unit. Note that some items could come from DS or critical care.

From critical care unit	
Oxylog ventilator, circuit, HME filter	
Transfer monitor with: BP cuff & cable; pulse oximeter; ECG leads & electrodes; arterial line transducer; capnograph sensor & cable	
From delivery suite	
Transfer trolley	
Red transfer bag	
From delivery suite or critical care	
Oxygen cylinders x2 (size E, full) with connector to attach to ventilator	
Portable suction unit, tubing, Yankauer + flexible suction catheter	
Infusion pumps x2 and giving sets	
Self-inflating bag & facemask	

Box 2: Transfer Drugs

Propofol infusion + spare	
Consider fentanyl infusion (co-sedation improves CV stability) + spare	
Rocuronium, or alternative muscle relaxant	
Vasopressor infusion if required + spare	
Emergency drugs: phenylephrine or metaraminol; atropine; adrenaline minijet	
IV fluid and pressure bag	
Saline flush + spare	

Box 3: Immediate pre-departure time out

Read aloud with all transfer team members present

Stable and secured on transport trolley	
Monitoring in place and visible	
Emergency drugs and airway equipment available	
Spare sedatives / vasopressors / fluids available	
Consider paralysis	
Oxygen and batteries adequate	
IV access checked	
Suction checked	
Infusions running and secure	
Temperature maintenance measures in place	
Patient identity wristbands applied	
Destination aware and ready	

Results and outcomes

Findings from in-situ simulation:

- The first draft of the checklist was **practical and useful in real time**
- Several **areas for improvement were identified and incorporated** into subsequent iterations
- Feedback from participants was uniformly positive, with staff reporting **improved confidence and perceived safety** during the simulated transfer

Implementing the updated transfer checklist:

- **Uploaded to the trust intranet** obstetric anaesthesia document library
- Checklist printed, laminated and **attached to the transfer bag** kept on delivery suite
- Checklist copy added to the resource board in the obstetric anaesthesia office
- The checklist has been **included within induction materials** for new starters in obstetric anaesthesia.

Discussion

This project demonstrates that a structured checklist, developed collaboratively and tested via in-situ simulation, can **address safety and efficiency challenges** associated with rare, high-risk obstetric transfers.

Simulation proved an effective method for checklist refinement and multidisciplinary engagement.

Ongoing feedback will inform future updates, facilitated by hosting the checklist on the intranet.

This approach is likely transferable to other units facing similar logistical and training challenges.