Pre-Huddle Checklist: A Multidisciplinary Tool to Improve Communication and Efficiency

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Introduction

- Delays in the operating room (OR) increase costs, negatively impact patient experience, and delay future cases (1)
- The pre-operative huddle facilitates communication and patient safety (2) , and at our institution, is done before all OR cases on L&D.
- First case delays are seen as a large issue at our institution's L&D unit, with an average delay of 43.6 minutes in 2022.
- A team was formed to address the delays utilizing a Plan, Study, Do, Act (PDSA) cycle with implementation of a pre-huddle checklist

Background

- A survey was sent out to L&D nursing staff, obstetricians, and anesthesiologists regarding delays for first start scheduled cases
- Among the 46 respondents, 60.9% stated that cases never or almost never start on time (figure 1)
- 58.7% of respondents stated that tasks such as IV placement, labs drawn and resulted were the largest driver of delay. 21.7% of respondents felt that pre-operative order placement and history and physical completion were the largest driver of case delays (Figure 2).
- A pre-huddle checklist was developed in consultation with nursing staff and the obstetricians to improve the efficiency of starting cases on time

Figure 1: How often do cases start on time?

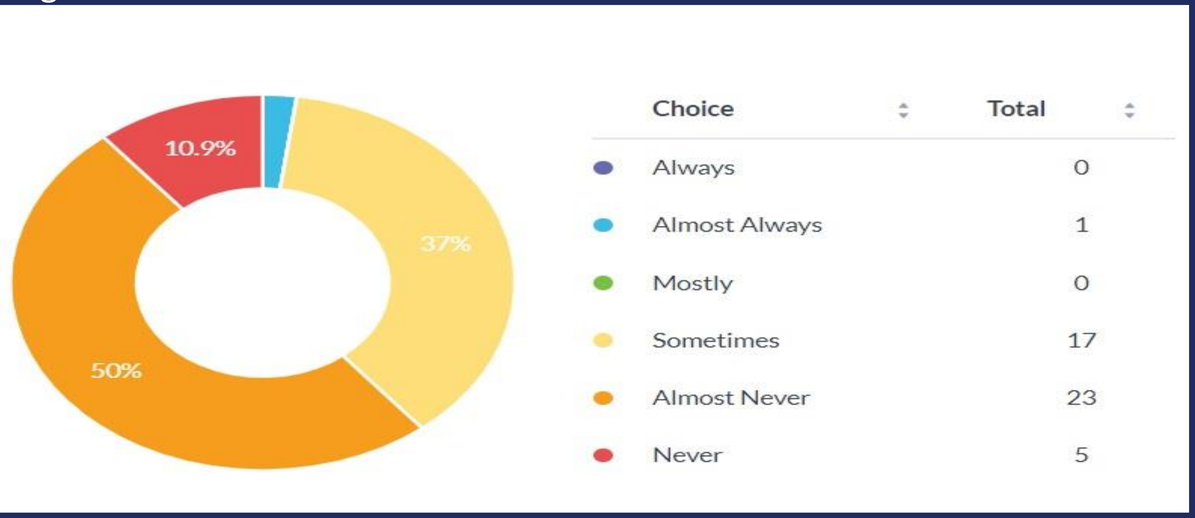
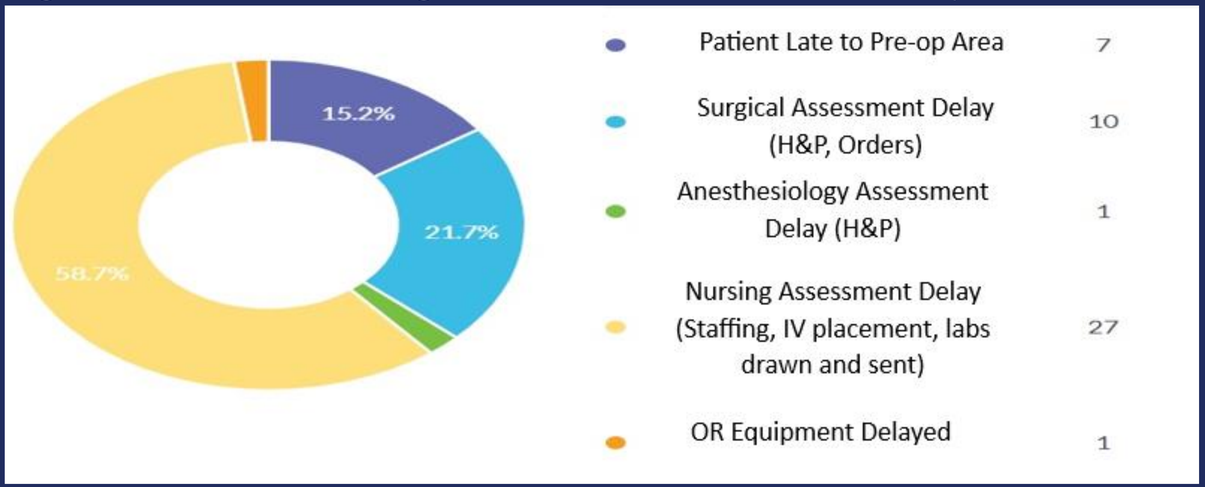


Figure 2: What are the largest drivers of first-start case delays?



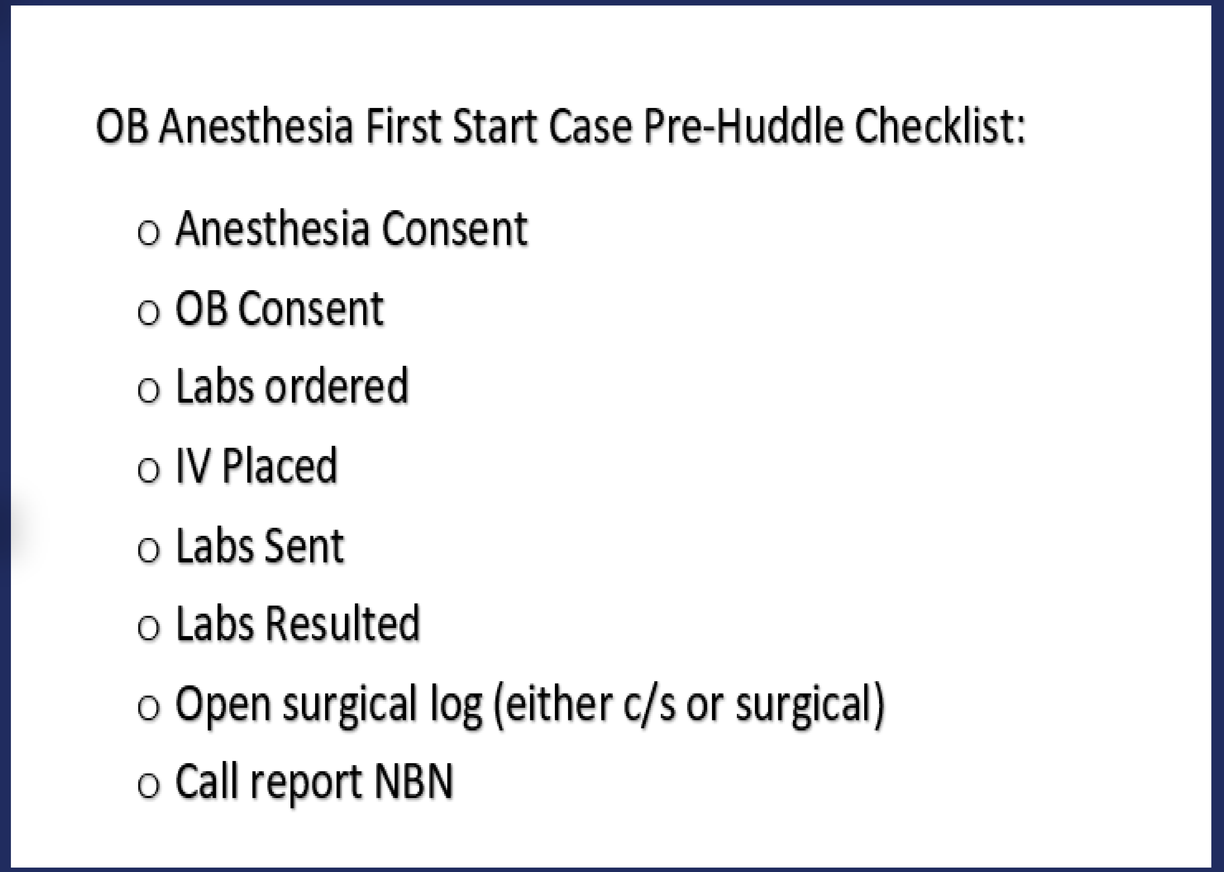
Process Change

- The Checklist contained the following items: anesthesia consent, obstetrician consent, labs ordered, iv placed, labs sent, labs resulted, case log opened on EPIC, and report given to the newborn nursery (Figure 3)
- The nurse assigned to the operating room was charged with checking when the items were complete, and once the checklist was finished, the nurse would call the huddle
- This process was rolled out on November 21, 2022

Methods

- First start case times from November 21-December 30, 2022 and all of 2022 were evaluated, and start times were compared
- Cases delayed for ongoing emergencies were excluded

Figure 3: The Pre-Huddle Checklist



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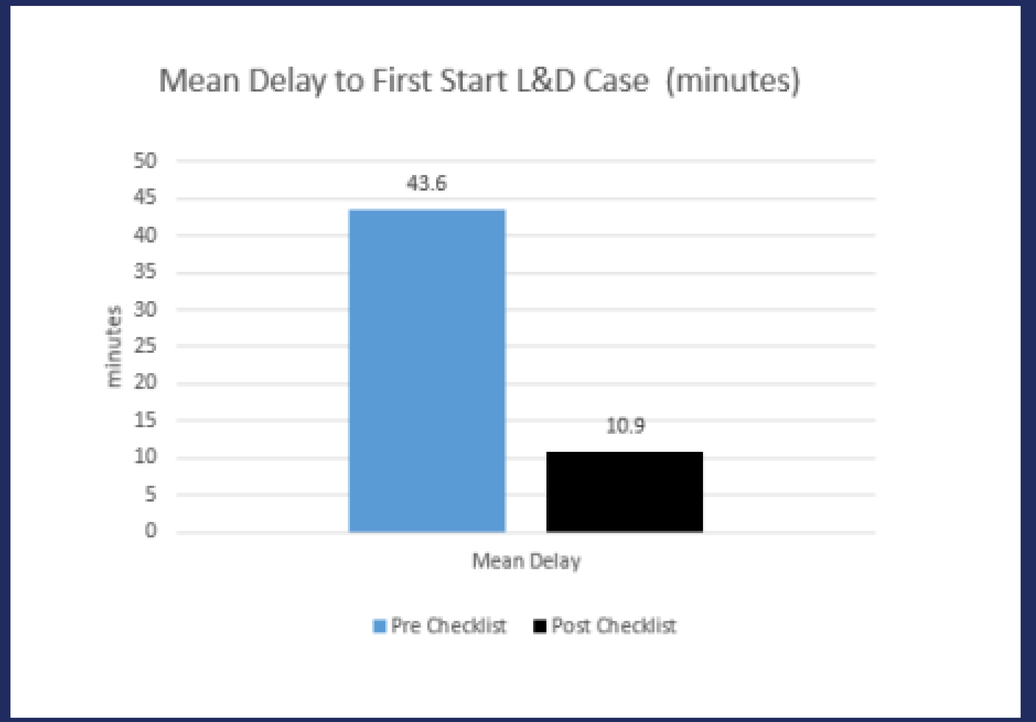
Results

- In 2022, the average delay for first start cases was 43.6 minutes, with a median of 21 minutes. Following the implementation of the checklist, the average first start case delay improved to 10.92 minutes, with a median of 7 minutes (fig. 4)

Discussion

- A dynamic labor and delivery floor provides unique challenges to nurses, obstetricians and anesthesiologists
- The communication and completion of tasks needed to huddle was seen as the largest barrier to cases starting on time and no one person was responsible for calling the huddle
- By implementing a pre-huddle checklist, we worked with L&D staff to change the perioperative workflow, provide structured communication, and designate OR nurse with the role of calling the huddle
- We demonstrated that this multidisciplinary approach to quality improvement reduced the first case delay from 43.6 minutes to 10.9 minutes

Figure 4: Mean Delay to First Start L&D Cases:



References

1. Pashankar, Dinesh S., et al. “A Quality Improvement Project to Improve First Case onTime Starts in the Pediatric Operating Room.” Pediatric Quality & Safety, vol. 5, no. 4, 2020.
2. McQuaid-Hanson, Emily, and May C.M. Pian-Smith. “Huddles and Debriefings.” Anesthesiology Clinics, vol. 35, no. 1, 2017, pp. 59–67.