

When Less is More – Streamlining to promote safety in instrument counts

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Introduction/Problem

L&D has been running drills with the goal to improve the safety of our STAT cesarean deliveries. A contingency team was created to improve the efficiency with each member of the team having specific roles. Designated roles have kept the team coordinated as well as decreased the crowds in the OR.

Debriefs are held after each drill to discuss communication, successes and barriers. One of the barriers that was repeatedly expressed was the issue of the amount of instruments and sponges that needed to be counted and the delay it was causing. Over the years both the instruments and the C/S packs have increased in volume which had contributed to this issue.

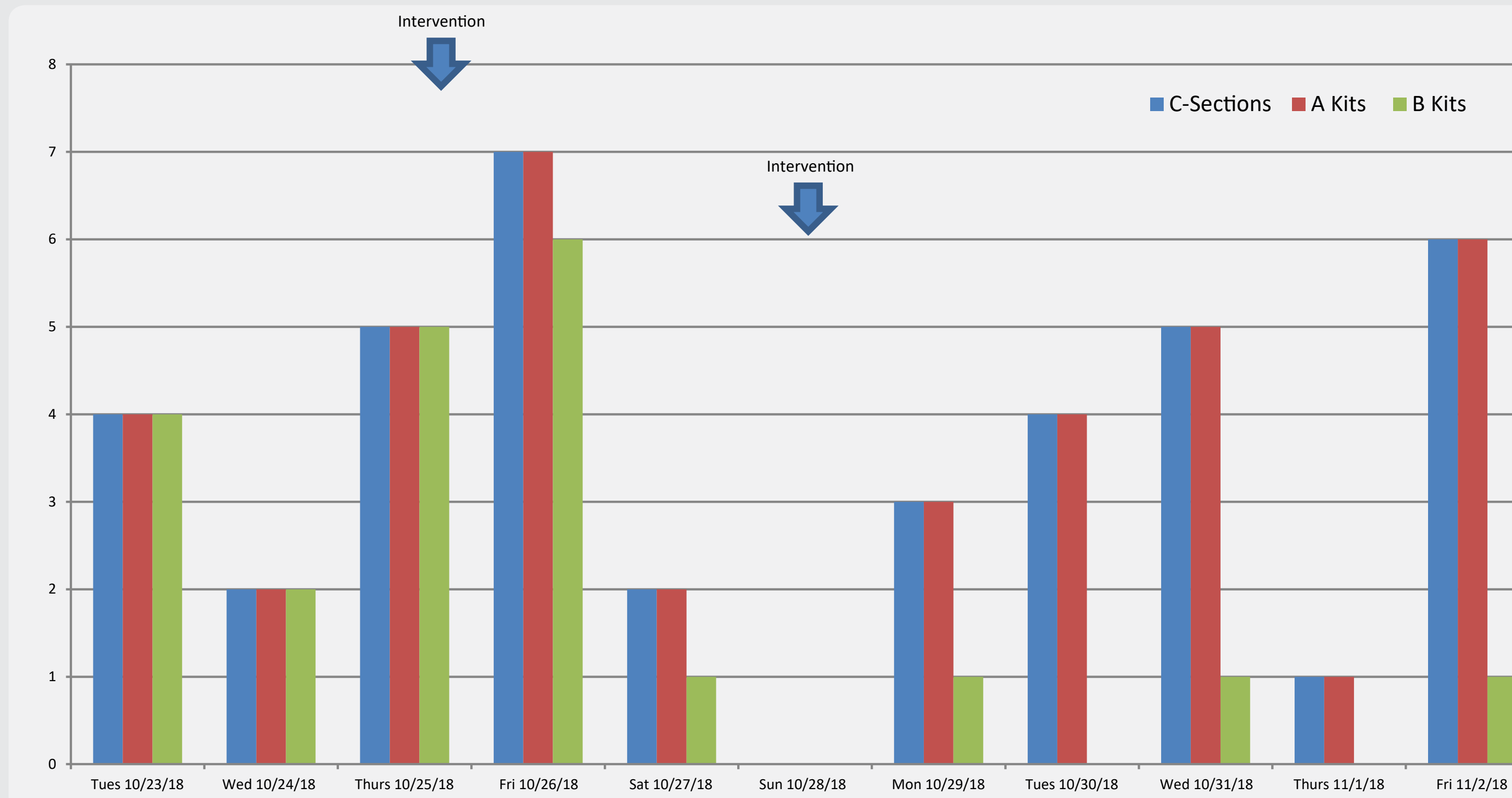
Aim/Goal

- Improve the efficiency and safety of our STAT cesarean deliveries
- Facilitate instrument and sponge counts for STAT cesarean deliveries by streamlining instrument kit and pack
- Ultimately streamline instrument kit for all cesarean deliveries

The Interventions

- Review of debrief data over several years
- Review of PSR for counts not being completed prior to start of case
- Using the PDSA cycle –
 - New Packs reorganized: number of lap sponges reduced, surgical gown placement and drape moved to top
 - All cesarean kits – instruments divided into 2 parts – Kit A and Kit B – only kit A to be opened for STAT
 - Several assessment points with altering of Kit A to reach correct mix of instruments needed for all cases

Results/Progress to Date



- Count sheets were collected from each cesarean
- Instruments added to A kit based on consistent use from B kit
- Feedback from staff at team meetings

Instruments decreased from 62 to 44



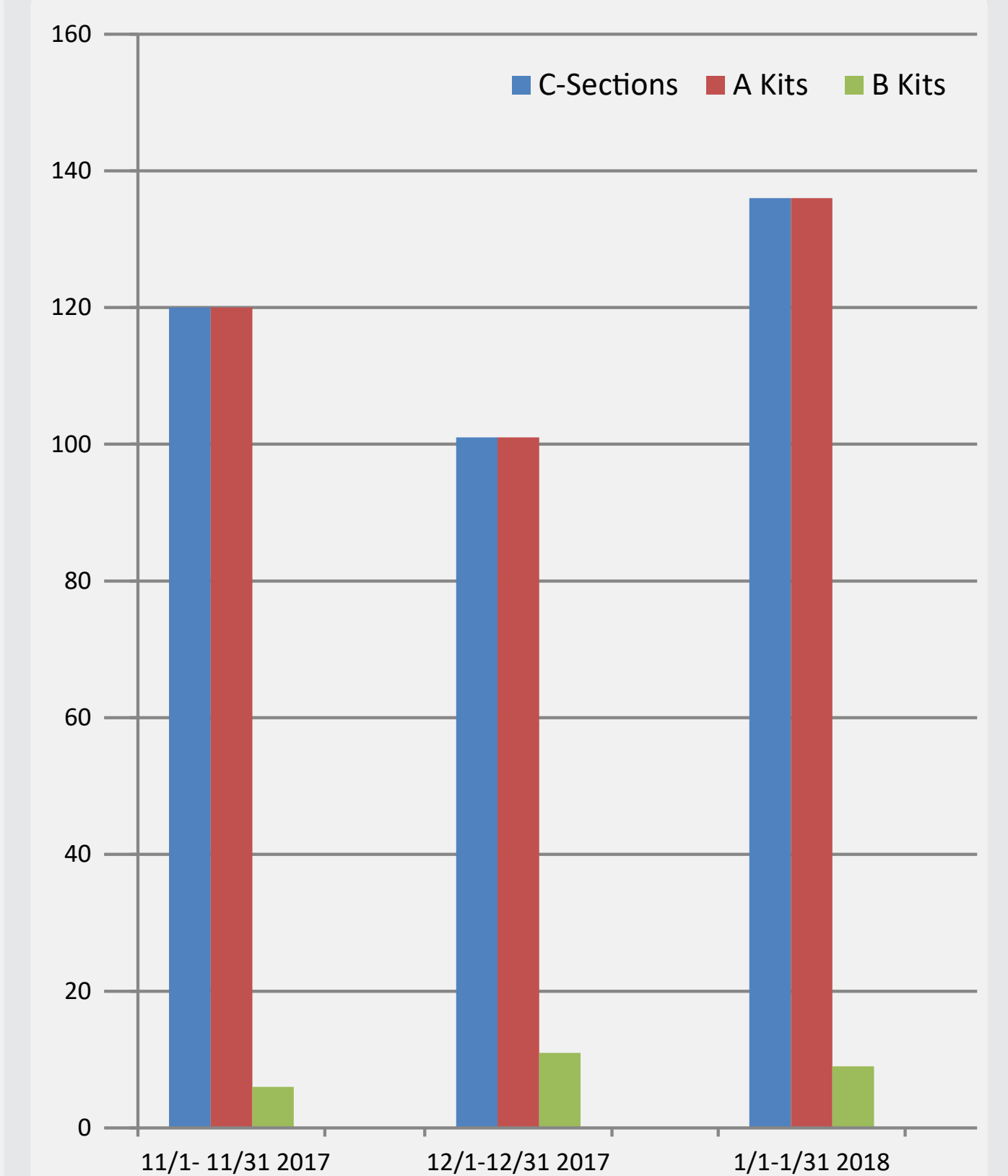
Before, 62 instruments



After, 44 instruments

Lessons Learned

- Though process communicated prior to initiation it was extremely stressful for staff during rapid change cycles
- Importance of frequent reminders on goal of change
- Importance of frequent updates on changes being made



- B Kit's were being opened for instruments required for tubal ligation
- March – Babcocks and Kocher required for tubaligations moved to A kit

Next Steps

- Decrease the PAR of B kits on the unit
- Continue to track use of B kit with goal to remove altogether
- Streamline instrument kits required for high risk accreta cases – incorporate select instruments from A and B kits into hysterectomy kit to create c-hyst kit