

Standardizing care of Cesarean section patients using a quality bundle



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BACKGROUND

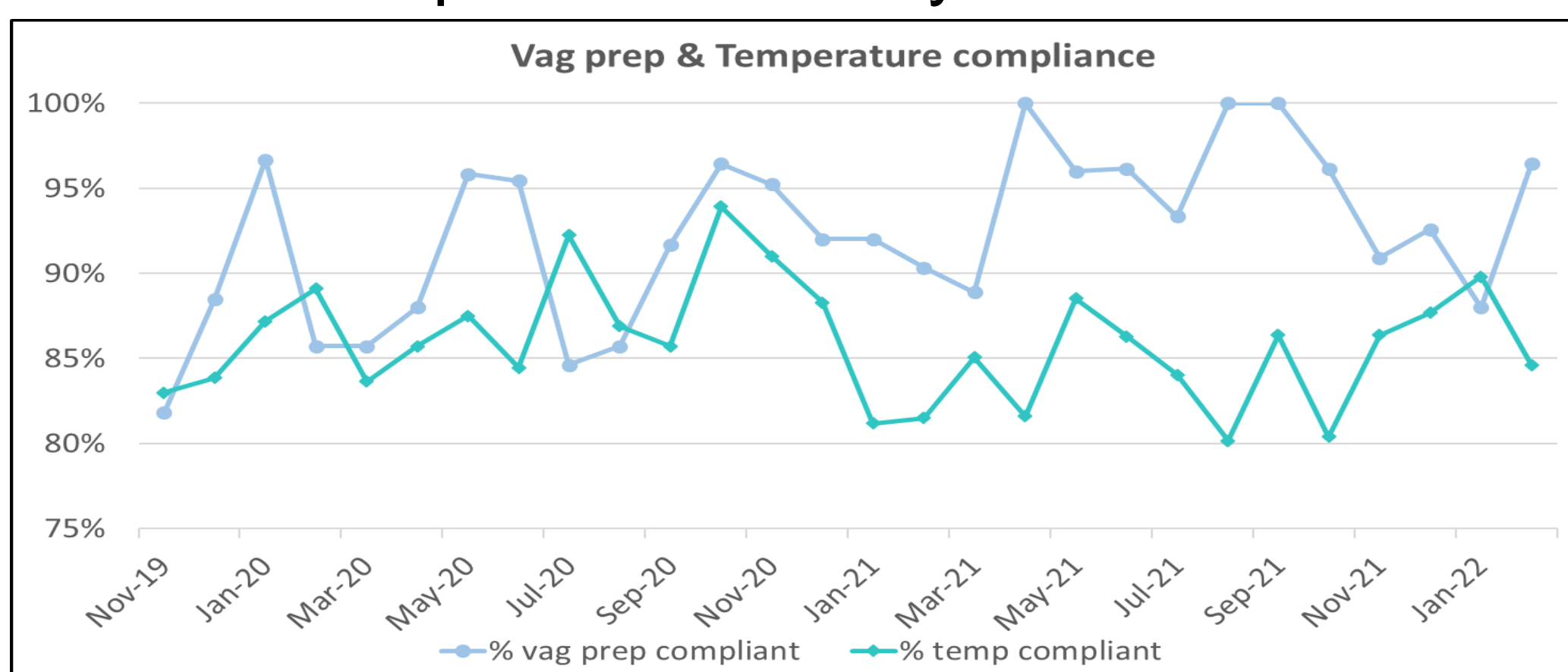
- Surgical site infection complicates almost 11% of C-sections → increased risk maternal morbidity, readmission, and cost
- Care of C-section patients at VMC not currently standardized – variations in preoperative preparation and compliance with identified best practices
- A quality care bundle incorporating evidence-based interventions can provide a systematic method to ensure consistent care and reduce risk of surgical site infection across the Vidant health system

PROJECT AIM

Improve **standardization of care** for cesarean section deliveries by achieving **100% bundle compliance** in 50% of cesarean section patients **within 6 months.**

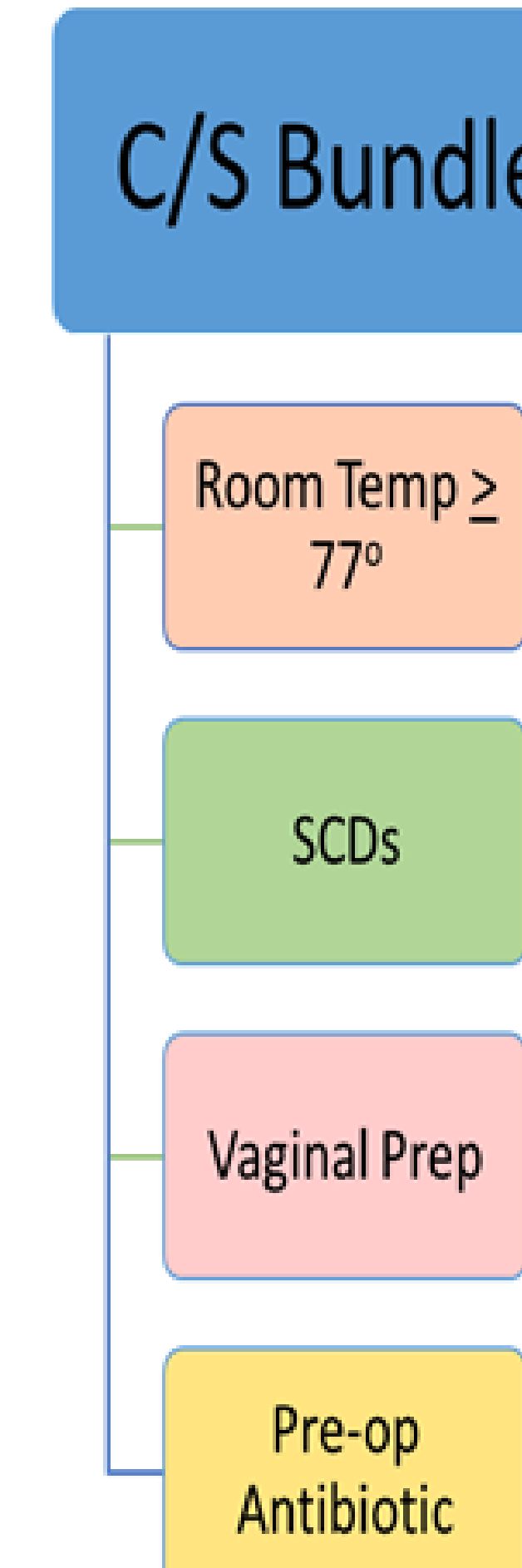
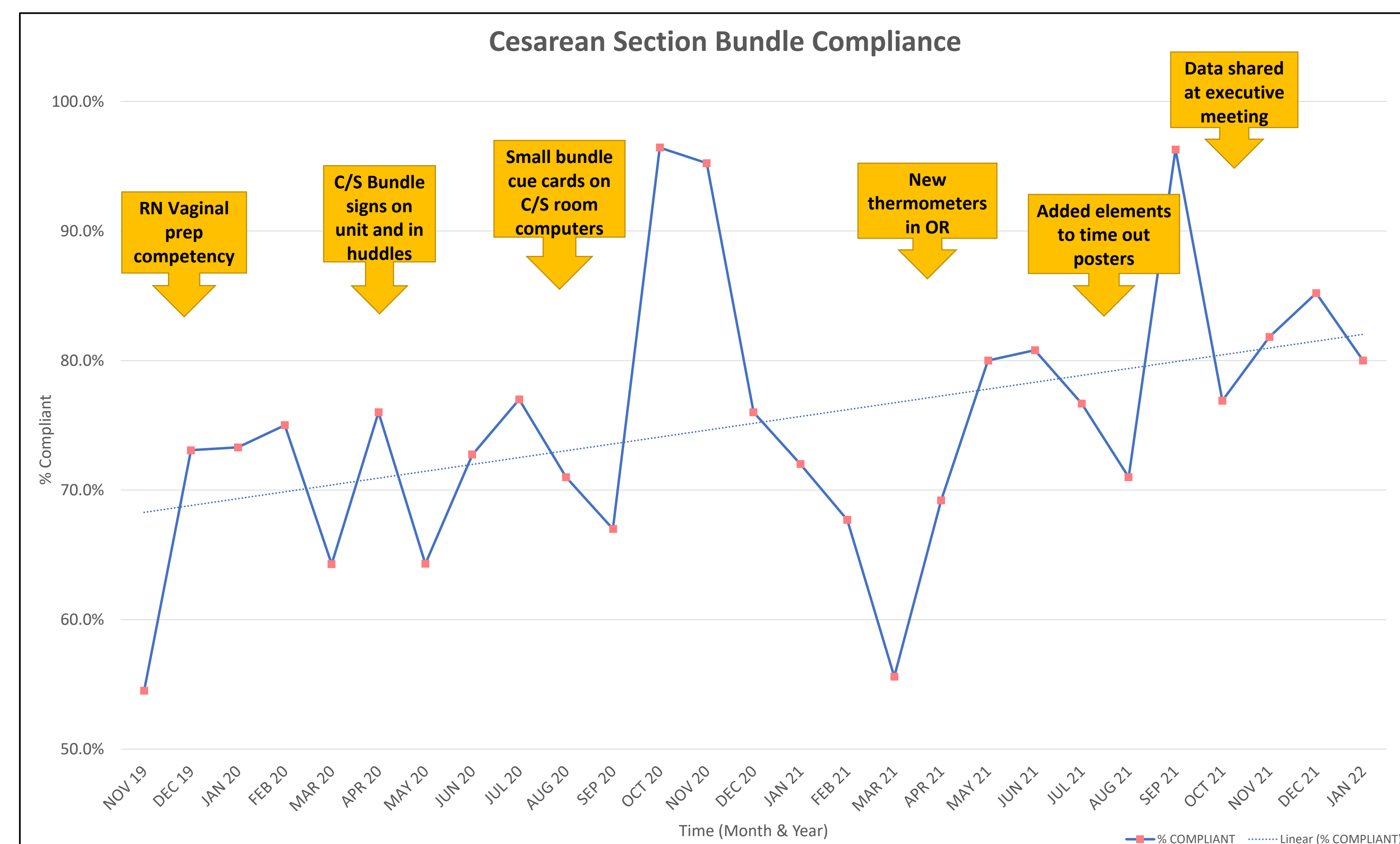
PROJECT DESIGN/STRATEGY

- Defined a quality care bundle with 4 best practice interventions
- Education was offered to relevant groups for appropriate implementation of quality care bundle
- Emphasis placed on technique and documentation to ensure high reliability
- Project improvement measured by audits of bundle compliance using a random sample of C-section patients monthly



CHANGES MADE (PDSA CYCLES)

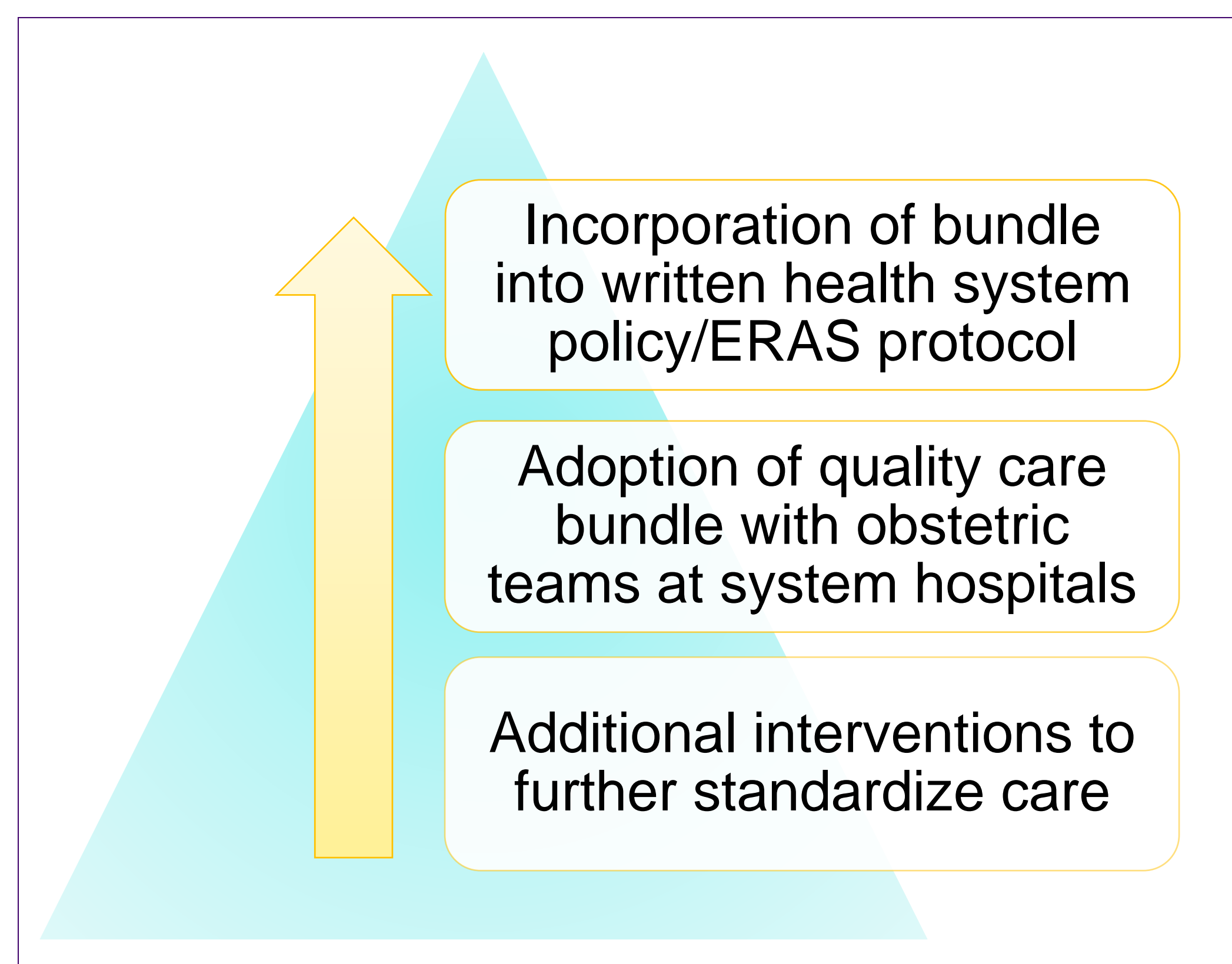
- 1 Established C/S bundle elements based on best practice and obtained approval from obstetric leadership group
 - C/S room temp of 77° already current practice
- 2 Validated competency of RNs on vaginal preparation skill
 - Provided hands-on education with return demonstration of competency
- 3 Visual signs & written newsletter communication with labor & delivery staff on C/S bundle, purpose of project, and documentation
- 4 Small cue cards on C/S bundle elements added to computers in OR delivery rooms
- 5 New room thermometers placed in OR delivery rooms
- 6 Added bundle elements to surgery time out posters



LESSONS LEARNED

- Approval of bundle as standard practice by providers was critical
- Slow buy-in by RNs as bundle not written in policy
- Data sharing, feedback, continued education, & addressing barriers key to successful implementation
- Documentation impact on compliance data (temperature)
- Initial bundle with only 4 elements & not all inclusive
- Bundle compliance outcome data would be enhanced with report from electronic health record to audit all C/S patients (pending request)

NEXT STEPS



RESULTS/OUTCOMES

Overall compliance with quality care **bundle improved 75%** in sampled patients **over 1 year**. Most missed opportunities were delivery room temperature and vaginal preparation.

ACKNOWLEDGEMENTS

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