

Standardizing care of Cesarean section patients using a quality bundle



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BACKGROUND

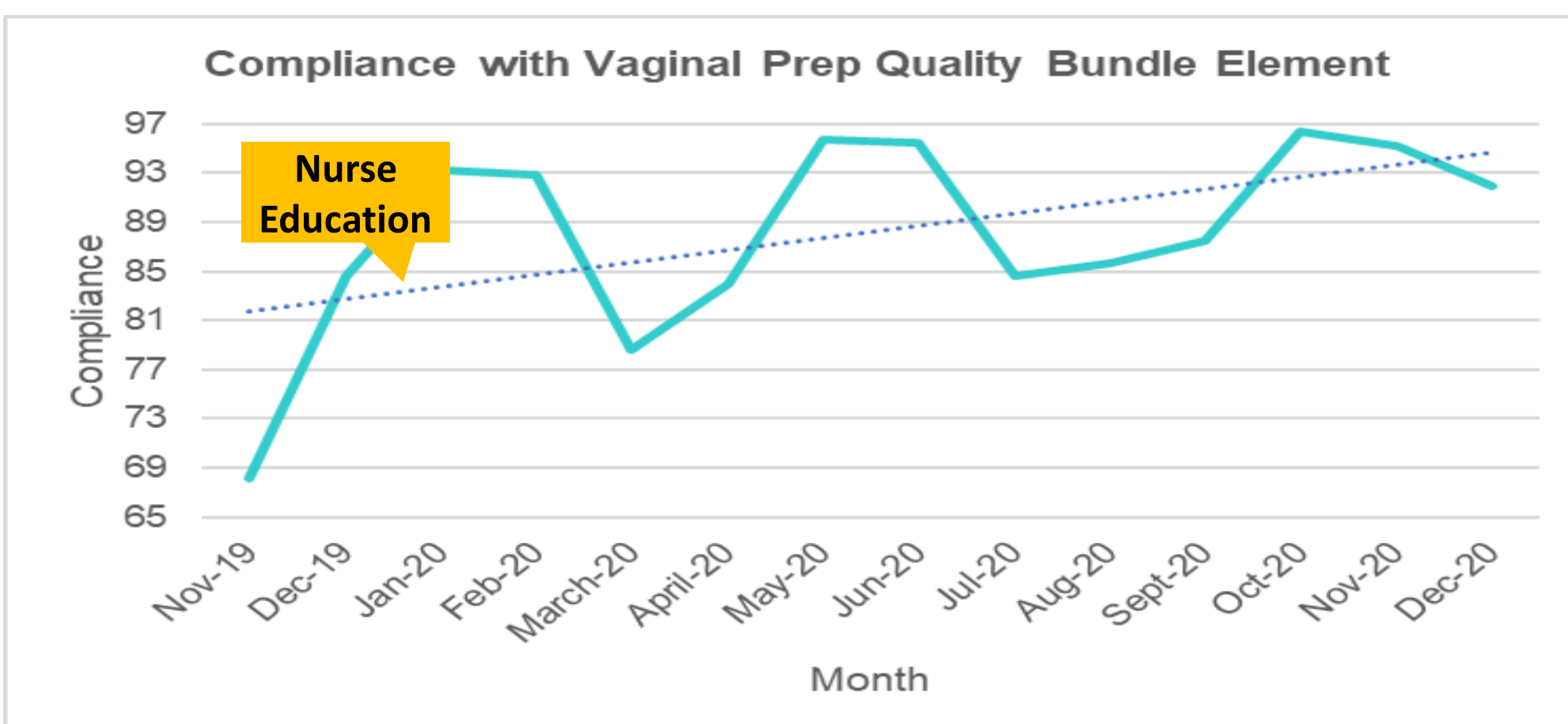
Surgical site infection complicates almost 11% of cesarean deliveries, resulting in maternal morbidity with increased length of stay, readmission and cost. Care of cesarean section patients at Vidant Medical Center is currently not standardized, with variations in preoperative preparation and compliance 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**.

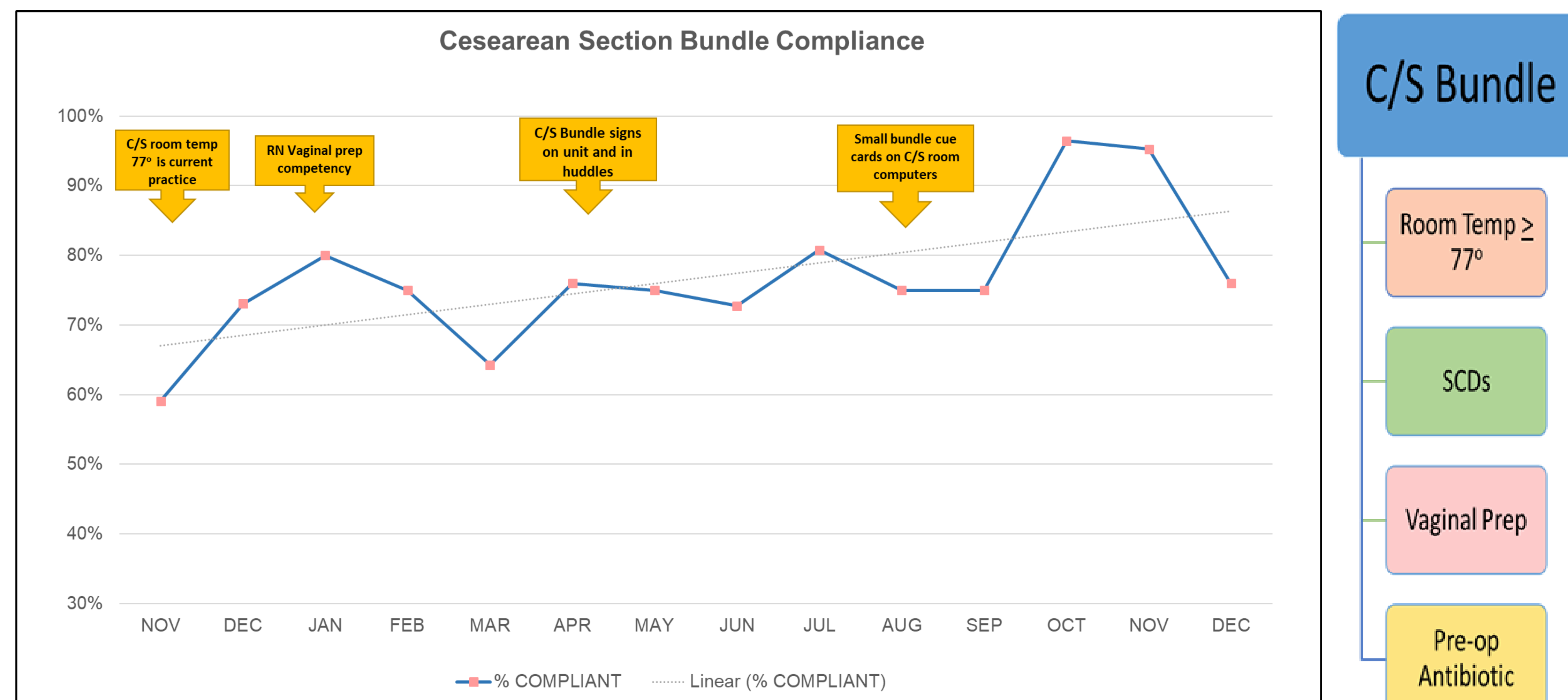
PROJECT DESIGN/STRATEGY

A care bundle of best practice interventions was initially defined to include 4 elements. Education was offered to relevant groups for appropriate implementation of quality care bundle for every patient with elective or urgent cesarean section. Emphasis was placed on technique and documentation to ensure a highly reliable process. Project improvement was measured by audits of bundle element compliance using a random sample of cesarean section patients monthly.



CHANGES MADE (PDSA CYCLES)

- 1
 - Establish C/S bundle elements based on best practice and obtain approval from obstetric leadership group.
 - C/S room temp of 77° already current practice
- 2
 - Validate competency of RNs on vaginal preparation skill
 - Provided hands-on education with return demonstration of competency
- 3
 - Educate labor & delivery staff on C/S bundle, purpose of project, and documentation of elements using unit huddles, signs, and weekly communication.
- 4
 - Small cue cards on C/S bundle elements added to computers in OR delivery rooms.



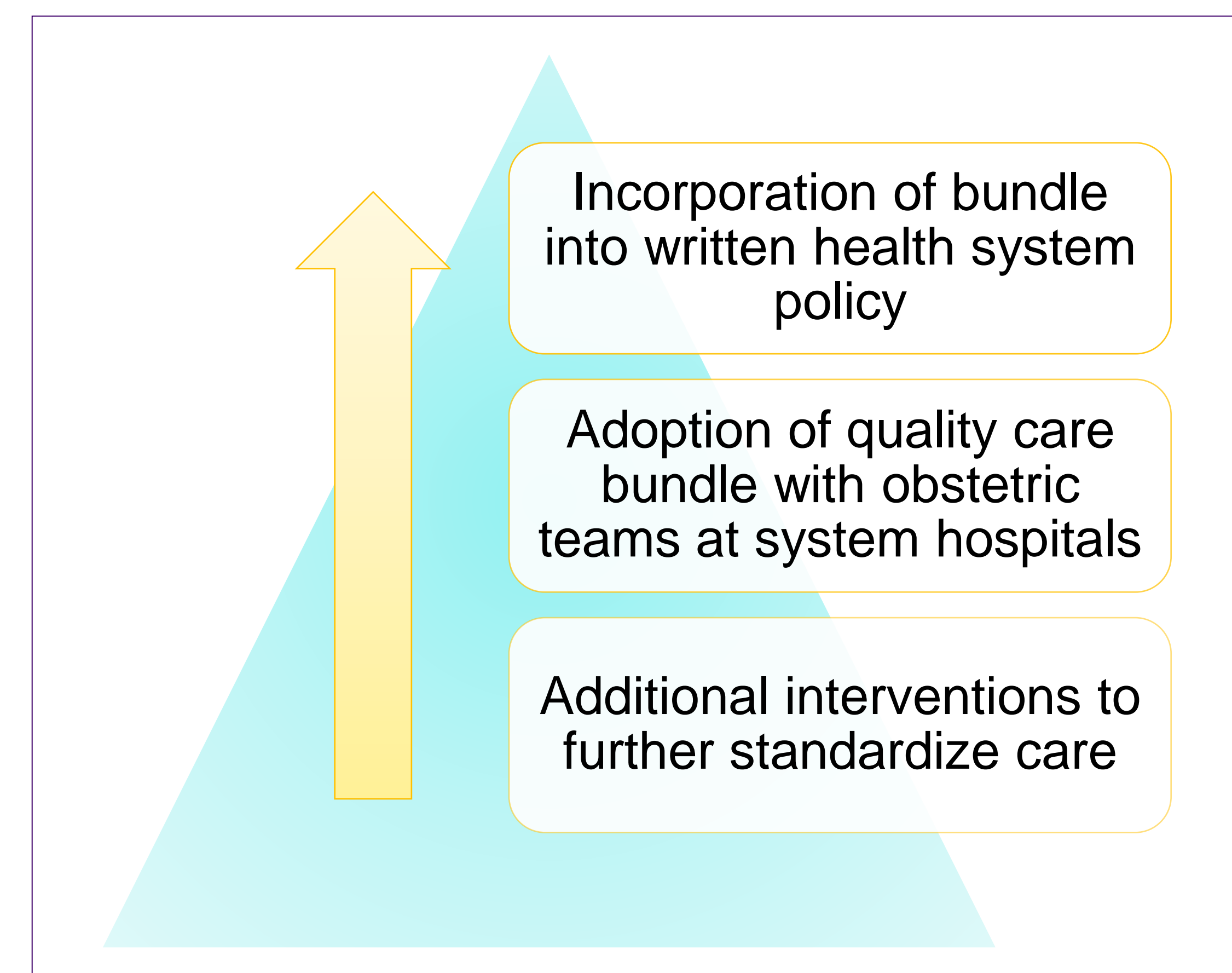
RESULTS/OUTCOMES

Overall compliance with quality care **bundle improved 63%** in sampled patients **over 1 year**. Most missed opportunities were delivery room temperature and vaginal preparation.

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 were key to successful implementation
- 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



ACKNOWLEDGEMENTS

Special thanks to the VMC Labor & delivery leaders, nurses, and providers for your engagement and frontline team members for implementing this quality bundle and project. ECU/VMC Teachers of Quality Academy for quality education and assistance with project implementation. John Kohler, MD & Amy Campbell, PhD, RN for coaching in TQA.

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