Obstetric Anaesthesia
Annual Scientific Meeting 2021 goes virtual
10-11 June 2021

Modified Cappuccini – it's not just trainees who need backup

Perera, M[1]; Elkhawad, A[1]; Clewley, T[1]; Baron, S[2]; Sudan, S[1]; Medniuk, A[1]
Department of Anaesthesia [1]and Department of Obstetrics and Gynaecology[2], Brighton and Sussex University Hospitals NHS Trust

Introduction

Guidelines for the Provision of Anaesthesia Services (GPAS) recommend there should be separate anaesthetic consultant cover for elective and emergency work in hours on labour wards which are busy enough to warrant it[1].
Brighton and Sussex University Hospitals (BSUH) NHS Trust has approximately 5000 deliveries per year, split across two obstetric led units at the Royal Sussex County Hospital (RSCH) and Princess Royal Hospital (PRH); of these deliveries, over 700 elective caesareans are performed per year. Each site has a single obstetric anaesthetic consultant in hours to oversee elective and emergency work, including caring for high-risk patients and those with cardiac disease.

To ensure a safe service is provided, it is the role of the 'starred' anaesthetist to provide consultant-level back up to labour ward when workload exceeds the capacity of the duty obstetric anaesthetist. The starred role also includes attending non-obstetric emergencies and supervising trainees on solo lists.

The Cappuccini Test[2] is a simple six-question audit designed to pick up issues relating to supervision of anaesthetists in training and non-autonomous SAS grades (NASG) undertaking solo elective anaesthetic lists.

Our aim was to evaluate how robust the support system in place for the duty obstetric anaesthetist is. Coincidentally, data collection occurred during the COVID 19 pandemic during which a departmental surge rota specifically saw a reduction in elective surgery and redeployment of anaesthetists for additional ITU support.

Methods

The RCOA Cappuccini tool[2] was modified to address the back-up provision being assessed. Questions included – who was responsible for providing support and how could they be contacted; this contact (or alternative if provided) was tested and timed how long it took to attend.

Data were collected between 1st December 2020 and 22nd January 2021.

During the audit period, consultant rotas and clinical responsibilities changed in response to the second wave of the COVID-19 pandemic. We refer to pre- and post- surge data (from 4th January is classified as post-surge).
Post-surge data assesses whether there has been an impact on senior anaesthetist availability to provide back-up.

Results

Data were collected on 62 occasions across the two sites – 41/62 (66%) pre-surge and 21/62 (34%) post-surge.
Reasons for non-attendance given included: busy at an emergency or supervision of a trainee in theatre, in 2/4 occasions (50%) a suitable alternative was found.

	RSCH	PRH	Overall
Number of anaesthetists who knew who their backup was	33/33 (100%)	29/29 (100%)	100%
Number of anaesthetists who knew how to contact their backup	33/33	29/29	100%
Number of times able to contact backup by the method described	33/33 (100%)	24/29 (82.7%)	92%
BOTH RSCH and PRH			
	Pre-surge	Post-surge	
Availability of named back up to attend	38/41 (92.6%)	20/21 (95.2%)	60/62 (96.7%)
Number of times alternative back up provided	1/3	1/1	

Discussion

BSUH does not have a separate elective and duty obstetric anaesthetist in hours, therefore the availability of a senior colleague to attend in an emergency is vital. Our Cappuccini test modification has demonstrated that this system is effective over 90% of the time. Whilst the COVID pandemic has placed additional strains on the starred anaesthetist role, the reconfiguration of rotas has possibly facilitated access to an appropriately senior anaesthetist to provide back up. The discrepancy between sites regarding ability to contact back up may be due to the starred consultant at BSUH carrying a dedicated DECT phone, rather than using a bleep or phoning theatres at PRH.

The tool has demonstrated that the starred anaesthetist has awareness of their responsibilities and the need to try to avoid situations where they can't be extracted rapidly.
Our recommendations following the audit are for provision of a DECT phone for the starred consultant on the PRH site to facilitate contact and for the starred consultant role to relinquish mentoring of solo trainees in another list.

Our conclusion is that the modification of the Cappuccini tool has been effective and useful to evaluate the system of consultant back up for labour ward in our institution.

References

1. RCOA GPAS Chapter 9: Guidelines for the provision of anaesthesia services for an obstetric population. [https://rcoa.ac.uk/gpas/chapter-9]
2.RCOA Cappuccini test. [https://rcoa.ac.uk/safety-standards-quality/guidance-resources/cappuccini-test