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A Care Bundle to Improve Peri-Operative Care of Women having Caesarean Section under General Anaesthesia using Appreciative Methodology

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Introduction

Recent failed intubations at our Trust highlighted the need to examine current practice for obstetric general anaesthesia. The aim of this medical student-led project was to examine the entire care pathway of women undergoing a general anaesthetic for LSCS and introduce interventions to improve care. The aims were:

1. Improve the rate of successful first-time intubations in obstetric patients under general anaesthesia.
2. Improve the follow up of patients following difficult intubations during their caesarean section.
3. Improve pain management following caesarean sections.

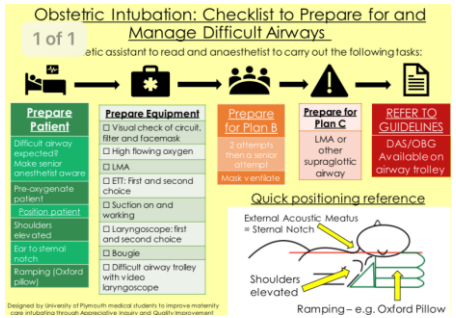
Methods

Traditional 'PDSA' quality improvements methods were used alongside appreciative enquiry (AI), a newer approach to organisational improvement. AI focuses on strengths and success rather than only considering adverse incidents or failures. Due to Covid, surveys were emailed to staff, focusing the respondent on experiences where care had gone well, as well as areas for improvement. Stakeholders were actively encouraged to be creative and submit their ideas for improvement as part of the co-development of the service. Subsequently, three resources were created with MDT input, and subject to further stakeholder review, before introduction to clinical areas.

Results

Intervention 1 – Obstetric Intubation Checklist

- Survey results from 23 Anesthetists and ODPs showed that: a systematic approach, patient positioning; equipment preparation and a calm environment were the most important factors for successful intubation. 'Leadership' and 'procedural skill' were mentioned least frequently.
- Suggestions for enhancing safety included clearly communicated plans for difficult/failed intubations and guidance for trainees.
- Based on this feedback, an obstetric intubation checklist was created to aid in preparation and management of GA for LSCS



23/25 respondents reporting that the intervention is useful for clinical practice or training. Positive feedback included: 'succinct information', 'useful positioning diagram and teamwork checklist'.

Intervention 2 – Follow up Checklist Post Difficult Intubation

- 31 respondents indicated that common practice following difficult intubation included discussions with the patient and logging on DAS website.
- Inconsistencies in practice highlighted the need for standardisation of practice. A checklist was therefore created.

Difficult Obstetric Airway Follow-Up Checklist

To be used when patient's airway has been difficult to manage, to guide follow up procedure.

Heading	Task	Done (✓)	N/A (✓)	Comments
Review patient clinically	Check for minor morbidity e.g. bruised lips, sore throat, dental damage (dental referral needed?)			
	Check for serious morbidity e.g. laryngeal oedema/damage, perforated larynx/pharynx/oesophagus. (Triad of pyrexia, retrosternal pain and surgical emphysema indicates perforation)			
Talk to patient	Explain difficulties encountered			
	Duty of candour (express regret/apologise for morbidities)			
	Explain implications for future pregnancies/operations			
	Ask patient to inform future anaesthetists of difficulties encountered			
Document event in notes	Indicate the precise problem and how you solved it. Specifically address whether facemask ventilation is easy/difficult.			
	Notes completed in: Anaesthetic record Hospital case notes			
	Complete Airway Alert Form (includes copy to patient and GP)			
	Necessary to issue DAS card?			

- 34 respondents provided feedback on the checklist.. Respondents liked the lay out of the resource, conciseness & effectiveness of prompts for important steps such as duty of candor and patient's emotional response.
- Reasons to not use the resource included reluctancy to fill in additional paperwork.
- Suggested improvements included clarification regarding where the checklist should be filed/uploaded to once completed and examples of morbidities to be excluded during patient follow up.

Intervention 3 – LSCS Pain Management Leaflet

- 31 initial responses were received. 68% thought improvements to current resources should be made & include specific advice on pain and mobility.
- A leaflet on post LSCS pain management was produced by the MDT.





- Feedback from 44 responses on the leaflet mentioned that it is clinically useful, aesthetically pleasing, and contained the relevant information in a concise manor.
- Suggestions for improvement included information on self-administration

Discussion

The results from this study indicate that staff feel we have added valuable resources to our peri-operative care package for women receiving general anaesthesia for LSCS. The developed resources will be re-evaluated in 6 months to assess their sustainability and clinical and practical application.

More information

To obtain copies of resources, email gemmacrossingham@nhs.net