

# Rapid Access for Patients Imminent Delivery (RAPID) Project

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## Introduction

Best available evidence shows that the decision to delivery interval (DDI) and emergency caesarean section (CS) should be no more than 30-60 minutes<sup>1</sup> if maternal or fetal compromise is to be prevented.

Bentley Health Service (BHS) identified delays in getting Category 1 and 2 patients to theatre for emergency CS. Audit results for Sept 2018 to February 2019, showed that 22 Category 2 patients were over the recommended 60 minutes DDI and two Category 1 patients were over the 30 minute DDI for an emergency CS.

## Aim

To decrease DDI for Category 1 CS patients to less than 30 minutes and Category 2 CS patients to less than 60 minutes.

## Method

Pretest and posttest data will be analysed after the implementation of comprehensive intervention which includes:

- Staff education using high fidelity simulation scenarios and power point presentations with embedded procedural videos.
- The development of a Standard Operational Procedure (SOP)
- Dedicated flexible theatre
- Assigned emergency theatre team in-hours
- Introduction of new paging distribution group for Category 1 and 2 caesarean sections
- Modifications to theatre infrastructure to create 'RAPID' bay
- Streamlined after hours communication processes.

## Results

This project is currently underway with final results available by 1 October 2019. Based on prior caesarean section it is anticipated that 40 Category 1 and 2 patients will be involved in this project. Staff have been involved in every step of the change process to ensure adoption of this new intervention.

## Conclusion

It is envisaged that the DDI will be decreased significantly with enhanced outcome for both mother and baby.

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<sup>1</sup> National Institute for Health and Clinical Excellence. CG132 Caesarean Section. Clinical Guidelines for Emergency CS. [Last accessed on 2019, 23 April]. <https://www.nice.org.uk/guidance/cg132/chapter/1-Guidance#factors-affecting-likelihood-of-cs-during-intrapartum-care>