

Newborn Critical Care Center (NCCC) Clinical Guidelines

Video Taping Protocol for Stabilization/Resuscitation

PURPOSE

Provide rationale and direction for video-taping the stabilization and resuscitation of newborn infants in the delivery room for educational and quality improvement purposes.

RATIONALE

STTIR (Simulated Team Training in Resuscitation) is a multidisciplinary neonatal advance life support training course focused on improving resuscitation skills through simulation, TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) training concepts, video-taped debriefing sessions and self-reflection. The course promotes and endorses a climate where physicians, nurses and respiratory therapists apply critical thinking skills, teamwork and mutual support during crisis management.

The simulated resuscitation experiences allow participants to practice clinical and communication skills required in the absence of human risk. The audio/video taped debriefing sessions coupled with a non-punitive feedback process has proven to be a critical educational experience. Simulation, however, is only a surrogate for the actual experience.

Video/audio recording of actual stabilization/resuscitation processes is essential to evaluate how simulation translates into the clinical arena. The technical skills, communications and teamwork dynamics will be reviewed during debriefing sessions to evaluate/reinforce specific practices.

PROCEDURE

Consent

- Video recording consent for quality improvement purposes is included in the general maternal admission consent obtained on all expectant mothers upon admission to Labor and Delivery.

Camera Security

- The video camera will be kept in a locked storage cabinet, in a locked room, within a restricted area, when not in use. The sole purpose of this video camera is for recording the stabilization/resuscitation process and content review.
- A select population of attending physicians, fellow physicians and nurse practitioners will have access to the keys required for accessing the video camera.

Camera Placement/Location

- The video camera and mounting bracket will be taken to Labor and Delivery when the NCCC Stork Team responds to a selected high risk delivery.
- The camera will be mounted to the radiant warmer and angled/focused on the de-identified newborn and immediate surroundings.
- The individual who was responsible for obtaining the camera and mounting bracket will be responsible for securing the camera after the recording process.

Video Review/Debriefing

- Debriefing the video recorded scenarios is most educational when conducted in a multidisciplinary group setting. The discussion is ideally maintained in a positive light without punitive implications. Critiques should be presented in a constructive context so that individuals may learn from the experience and have the opportunity to improve in the future.
- Discussion will be based on utilization of guidelines based on both the American Academy of Pediatrics NRP algorithm and the TEAMSteps model of communication techniques.
- Video review enables the trainees to visualize the entire team performance. In addition, video offers the trainees an increased number of resuscitative experiences to witness in their absence. Consistent debriefing and increased exposure to a variety of clinical situations create an opportunity to become more familiar with the stabilization process.

Debriefing Plan

- The debriefing of a recorded event can be reviewed by the multidisciplinary team after an event if so desired.
- An attending physician, fellow physician or nurse practitioner will review the accumulated high risk deliveries that have been recorded and decide which situations will have the most educational value (see below under video recording disposition).
- Knowledge of the antenatal history may provide important elements for resuscitation/stabilization review.
- There will be a designated multidisciplinary video review session scheduled every month. Each session will last approximately 1-2 hours.
- Two to three scenarios should be selected for each review session.
- No videos may be copied or retained after the review session.
- The videos may not be copied or retained for future reference.

Video Recording Disposition

- The video recorded infant will not be identified and can, therefore, not be retrieved by the family.
- The video will only exist on the camera's hard drive and will be permanently deleted after the review/debriefing process.
- It is the responsibility of the individual conducting the debriefing process to delete the video recordings after review. In addition, the DR video-taping simulation program coordinator will be responsible for ensuring deletion compliance.
- Risk Management should be contacted with any legal questions or concerns regarding video recording (974-3041).