The ‘How to Guide’ for Reducing Surgical Complications

Create a Team Culture: Team Briefing

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Intranet: http://nww.1000livescampaign.wales.nhs.uk
Website: www.1000livescampaign.wales.nhs.uk
Reducing Surgical Complications

Introduction
Surgery generally is very safe. However, there is the opportunity to improve further the system of care for surgical patients and experts have identified:

   a) four ways to reduce the number of infections after surgery,
   b) one key way further to improve team work
   c) two approaches to prevent cardiovascular events

This sub guide introduces the specific intervention of maintaining perioperative normothermia. The full Surgical Complications ‘How to guide’ is available on [http://howis.wales.nhs.uk/sites3/home.cfm?orgid=781](http://howis.wales.nhs.uk/sites3/home.cfm?orgid=781). This intervention and measures should be considered for adult patients undergoing elective surgical procedures in the hospital setting. This therefore does not include emergency procedures, outpatient surgical interventions or GP minor surgery. We suggest that the team start very small, perhaps with one patient, one surgeon / anaesthetists or one list, see how that goes and then spread this to other teams and lists. All the time checking how it worked, did it make a difference and was it easy to do.

This guide should be read with other papers provided by the Campaign e.g. Overall measures, improvement methodologies and other content areas.

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Use team briefing at beginning of each operating list

Team briefings are a simple way for the operating team to share information about potential safety problems and concerns about patients on that operating list. The briefing should foster an environment in which the team can share information without fear of reprisal and integrate the reporting of safety issues into everyday work. They also allow the whole theatre team to anticipate potential problems or challenges. The idea is that the briefing is just that brief, and should only take about five minutes occurring at the beginning of the operating list. Observational studies have identified that using a structured team brief reduced the number of communication failures and promoted proactive and collaborative team communication (Lingard et al 2007) and even though there is scepticism from some surgeons those who did participate felt that it had a positive impact (Allard 2007).

What changes can we make that will result in improvement?

Some of the ways in which team briefings can be developed are:

- Allocating five minutes before the start of the operating list where the core members of the team e.g. surgeon, scrub nurse, circulating nurse, ODP and anaesthetist can meet to discuss the requirements of that operating list and any safety concerns.
- Identify in advance a list of safety issues for discussion e.g. patient allergies, anticipated complications etc., potentially using a structured checklist.
- Using a de-briefing session at the end of the operating list to review any issues raised, answer concerns or discuss incidents.
Measure
The team need to identify operating lists which they are going to use as a pilot for this intervention. Using the PDSA cycle the team should use the process measures as a way of identifying base line and improvement. These measures are for the team to use internally within the organisation to identify improvements; they do not need to be reported either to the organisations board or the extranet. However they will wish to share them with their peers at the development events.

<table>
<thead>
<tr>
<th>Measure name: % daily team briefings</th>
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<tbody>
<tr>
<td>Measure type: Process</td>
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<tr>
<td>Related content area / driver: Create a team culture attuned to detecting and rectifying data intra operative errors</td>
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<tr>
<td>Description: The percentage of operating days in the month in which at least one team briefing, including the core team, was conducted per theatre list.</td>
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<td>Rationale: The implication is that increased daily team briefings including the core team will create a team culture for detecting errors and rectifying data intra operative errors.</td>
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<tr>
<td>Numerator: The total number of number of days in the month in which at least one team briefing was conducted per theatre list in your pilot population.</td>
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<tr>
<td>Data Source: Local Audit</td>
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<tr>
<td>Denominator: The total number of operating days in the month in your pilot population.</td>
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<tr>
<td>Data Source: Local Audit</td>
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<tr>
<td>Method of calculation: Calculate the percent compliance with using team briefings by dividing the numerators by the denominator and then multiplying the resulting proportion by 100.</td>
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<td>Collection guidance: Create a system to track this measure prospectively in 100% of relevant pilot population.</td>
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<td>If you start measuring this in a pilot population, you will have to create a new data series in the Extranet every time you add another area to your surgical population.</td>
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**NB** This briefing does not exclude the need to check the identity of each patient and site of surgery immediately prior to each case as required by the NPSA Correct Site
Surgery Alert (NPSA 2005). This time before surgery could also be used to check whether antibiotics and DVT prophylaxis has been given.
References
