Making Our Patients Safer Through Better Teamwork and Communication

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Overview

- Background of Teamwork and Communication in the Operating Room
- Psychological Safety
- The WHO Surgical Safety Checklist
- Speaking Up Using Structured Language
- Closing the Loop
- Conclusion

Why?

A Story

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The American Journal of Surgery®

Clinical Surgery-American

Surgical team behaviors and patient outcomes

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Psychological Safety

South Carolina Surgical Safety Checklist Template

Before Induction of Anesthesia

Nurse and Anesthesia Provider review:

- ❑ Patient identification (name and DOB)
- ❑ Surgical site
- ❑ Surgical Procedure to be performed matches the consent
- ❑ The site has been marked
- ❑ Known allergies
- ❑ The anesthesia safety check has been completed

Anesthesia Provider discusses patient specific information with the team:

- ❑ **Anticipated airway or aspiration risk**
- ❑ **Risk of significant blood loss**
  - Two IVs/central access and fluids planned
  - Type and crossmatch/screen
  - Blood availability
- ❑ **Risk of hypothermia - operation >1h**
  - Warmer in place
- ❑ **Risk of venous thromboembolism**
  - Boots and/or anticoagulants in place

Before Skin Incision

Surgeon, Nurse, and Anesthesia Provider perform the Time Out:

- ❑ Patient's name
- ❑ Surgical procedure to be performed
- ❑ Surgical site
- ❑ Patient Positioning
- ❑ Essential imaging available

- ❑ **Has antibiotic prophylaxis been given within the last 60 minutes?**
  - Plan for redosing discussed

Briefing

- ❑ **Everyone please state your name and role.**

Surgeon discusses:

- ❑ Operative plan and possible difficulties
- ❑ Expected duration of procedure
- ❑ Anticipated blood loss
- ❑ Implants or special equipment needed

Anesthesia Provider discusses:

- ❑ Anesthetic plan
- ❑ Airway or other concerns

Nursing team discusses:

- ❑ Sterility, including indicator results
- ❑ Any equipment issues or other concerns

Surgeon states:
"Does anybody have any concerns? If you see something that concerns you during this case, please speak up."

Before Patient Leaves Room

Nurse reviews with team:

- ❑ Instrument, sponge and needle counts are correct
- ❑ Name of the procedure performed
- ❑ Specimen labeling
  - Read back specimen labeling including patient's name

Debriefing

Surgical Team Discusses:

- ❑ Equipment problems that need to be addressed.
- ❑ Key concerns for patient recovery and management
- ❑ If anything could have been done to make this case safer or more efficient

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Version -3-9-11

Surgeon States:

“Does anybody have any concerns? If you see something that concerns you during this case, please speak up.”

Speaking Up

CUS

Events That Have Happened Because Nobody Spoke Up

- Wrong Site
- Wrong Procedure
- Wrong Equipment
- Wrong/Missing Implant
- Wrong Medication/Allergy

The Solution

- Use special words that indicate that there is a problem.
- Both the sender and the receiver need to understand these words.

How To Use CUS

- First, state your **CONCERN**.
- Then state why you are **UNCOMFORTABLE**
- If the problem is still not solved, state that there is a **SAFETY ISSUE**.

Ideally, everyone will understand and know how to use CUS, but CUS can also work if only the sender uses it.

What Does CUS Sound Like?

CUS Transcript

Narrator: “The patient is undergoing a laparoscopic Cholecystectomy and the surgeon notices that the patient's blood pressure is falling.”

Dr. Berry: “Anesthesia, I'm concerned about the blood pressure. Is something going on?”

Anesthesia: “Oh, it's fine. I know my job, and it's fine.”

Narrator: “The blood pressure continues to fall.”

Dr. Berry: “I'm really uncomfortable with the blood pressure where it is. I'm going to stop. We need to do something.”

CUS Transcript (continued)

Anesthesia: “Look, Dr. Berry, I have everything under control here. The blood pressure is fine.”

Dr. Berry: “This is a safety issue. Could you call for some anesthesia help to come in here right now?”

[Another example]

Narrator: “The patient is undergoing a total hip replacement. The nurse notices that the surgeon has contaminated the sleeve of his gown.”

Nurse: “Excuse me, Dr. Jones. I think that you just brushed your arm against the electrocautery machine. I'm concerned that you contaminated yourself.”

CUS Transcript (continued)

Dr. Jones: “I don't think that I touched anything.”

Nurse: “No, really Dr. Jones, I am uncomfortable with you proceeding without you putting on a new sleeve or changing your gown. I'm certain that you contaminated yourself.”

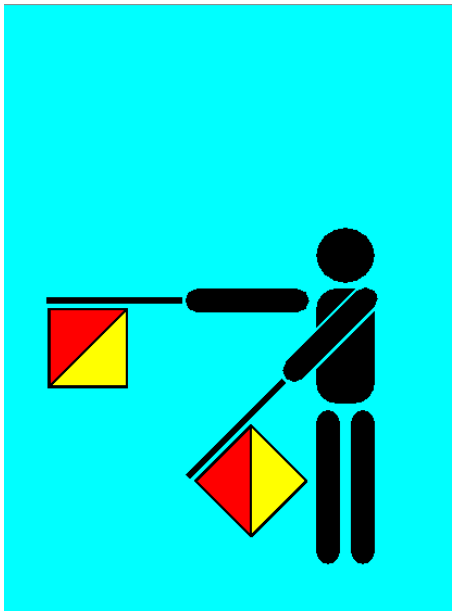
Dr. Jones: “And I'm certain that I didn't.”

Nurse: “I'm sorry, Dr. Jones, but this is a safety issue. You really need to change and we need to stop right now. “

Closed Loop Communication

Where Did Closing the Loop Come From

- It was used in early voice radio communication.
- Communication beyond the range of sight.
- Smoke signals and signal flags didn't work anymore.
- Every transmission required a reply.
- No reply, you assumed that the message was not received, and you repeated it.



The system was built to assure transmission and reception of information in an environment where communication was often confusing and pressured.

Does this sound familiar?

Closed Loop Communication

1. The sender initiates a message.
2. The receiver accepts the message, interprets it, and confirms what was communicated.
3. The sender verifies that the message was received.

Derived from the Agency for Healthcare Research and Quality, TeamSTEPPS

Closed Loop Communication Example

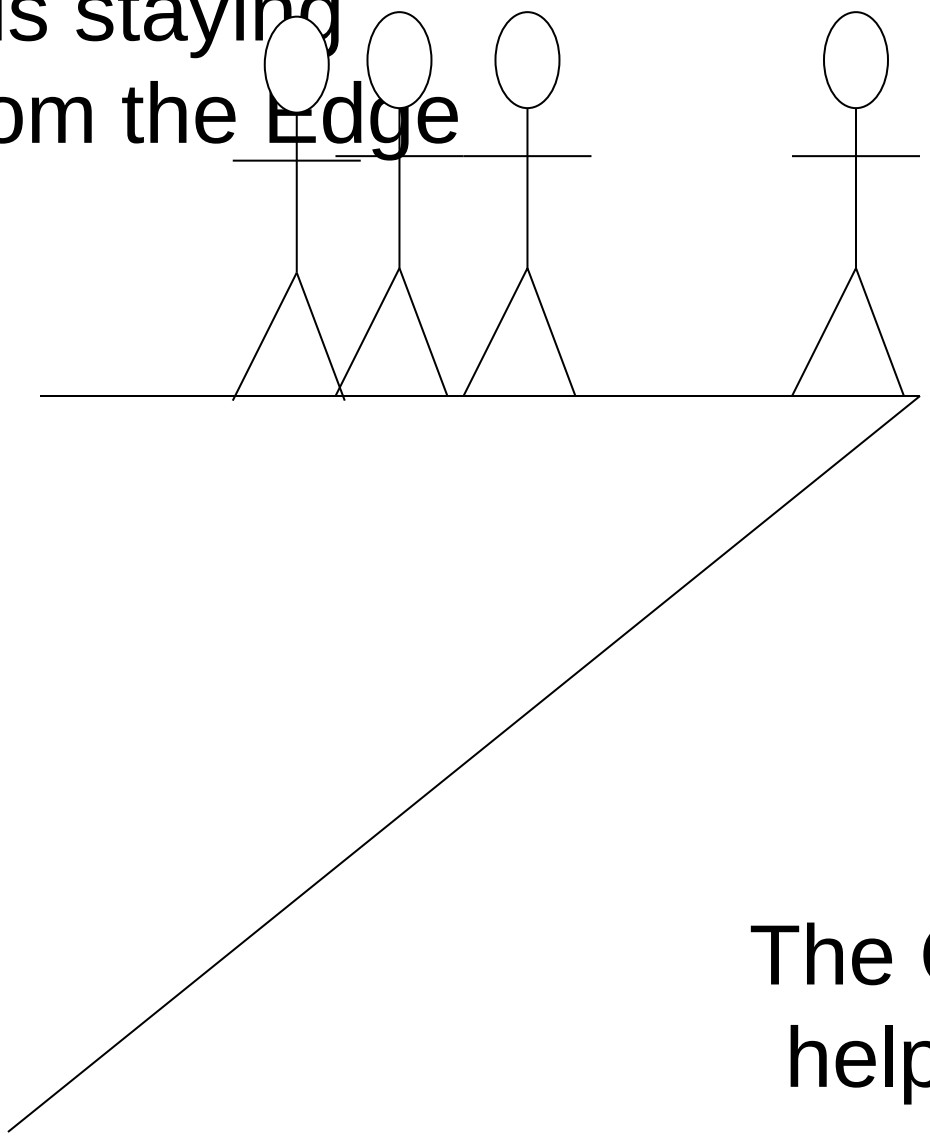
Closed Loop Communication Example Transcript

Dr. Berry: “Liam?, please order 3 units of packed red blood cells, 4 units of fresh frozen plasma, 10 units of cryoprecipitate, and obtain a PT, PTT, and fibrinogen level. The patient has an anti-Kell antibody.“

Liam: "Dr. Berry, I'm going to read back that order to you just to make sure. You wanted 3 units of packed red blood cells, 4 units of FFP, 10 units of cryoprecipitate, and also for us to also send a PT, PTT, and fibrinogen level because the patient has an anti-Kell antibody. Is that correct?"

Dr. Berry: "That's correct. Thank you, Liam."

Safety is staying back from the Edge



The Checklist can help you do that

Resources

Website:

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