Observational Auditor Training

Safe Surgery NZ Programme 2017



MEDICAL AND
HEALTH SCIENCES





- The auditor's role
- Understanding the terminology
- Understand the rating process
- Apply the rating tool
- Agreement across the group



Participants

- Name
- Specialty
- that other career....



Observational Audit

"Audits involve the systematic evaluation of aspects of health or disability support service delivery by considering measurable indicators of performance and/or quality."

Ethical Guidelines for observational studies National Ethics Advisory Committee Ministry of Health, NZ, 2012





Safe Surgery NZ Audit

Auditors will collect 150 'moments' as trained auditors

- 50 Sign In
- 50 Time Out
- 50 Sign Out

Over a 3 month period





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HQSC Checklists

Surgical safety checklist



Sign in

Confirm surgeon available

Before induction of anaesthesia, confirm with patient:

- Identity
- · Site and side
- Procedure
- Consent

Site marked or not applicable

Does the patient have:

Known allergies?

Difficult airway or aspiration risk?

If yes, is equipment/assistance available?

Risk of >500 ml blood loss recorded

(7 ml/kg in children)?

If yes, are adequate intravenous access and fluids planned?

Anaesthesia safety checklist completed

Check and confirm prosthesis/special equipment to be used

Surgical safety checklist

Time out

Before an incision, confirm all team members have introduced themselves by name and role

Surgeon, anaesthetist, and nurse verbally confirm:

- Patient
- Site and side
- Procedure
- Consent
- · Any known allergies

Anticipated critical events

Surgeon reviews:

Critical or unexpected steps, operative duration, anticipated blood loss?

Anaesthesia team reviews:

Patient specific concerns?

Has the ASA score been recorded?

Nursing team reviews:

Has sterility (including indicator results) been confirmed? Are there equipment issues or concerns?

Has antibiotic prophylaxis been given within the last 60 minutes?

Has the plan for VTE prophylaxis during the operation been carried out?

Is essential imaging displayed?

Surgical safety checklist

Sign out

Verbally confirm with the team after final count:

- · The name of the procedure recorded
- . That instrument, needle, sponge and other counts
- How the specimen is labelled (including patient name)
- · The plan for ongoing VTE prophylaxis
- · Whether there are any equipment problems to be addressed
- · Postoperative concerns/plan for recovery and management of this patient



newzealand.govt.nz



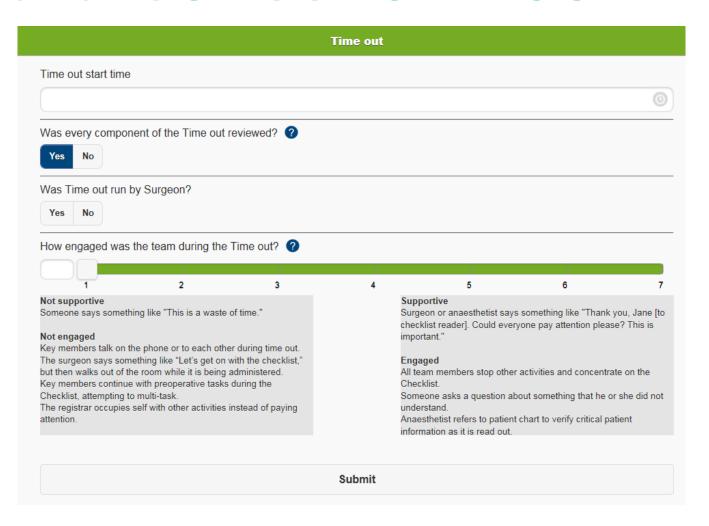
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Data Collection Tool





Small Group Exercise

As a group, share an experience about your involvement with auditing or more specifically with the SSNZ Audit.

- Think about the being involved in the audit process
- Responses in the team



Understanding the Terminology



Definitions

Reliability – the consistency of measurement

- Intra-rater reliability would the rater give the same score if they saw it again
- Inter-observer reliability -would different raters agree on the score
- Test-retest reliability would the scores be the same if repeated at a different time (assuming the standard of performance hasn't changed)



Validity

Evidence on validity

Construct validity - the degree to which a test measures what it claims, or purports, to be measuring.

Content validity - depends on the validity of the process of tool development

- Do people / teams you expect to do well score higher than those you expect to do poorly (experts versus novice)?
- Do scores correlate with some other scores that purports to measure the same thing?



Bias

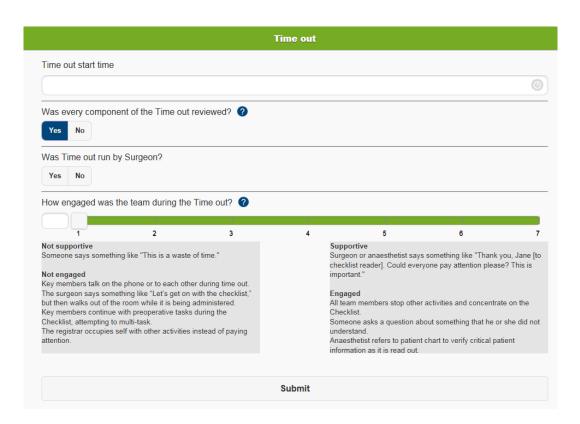
Systematic error in data

- Sampling bias
- Rater bias
- Confirmation bias
- Halo Effect
- Standard setting



Data Collection Tool

https://safesurgerynz.qualityhub.co.nz/app/index.php/verifylogin





Untrained and trained raters:

No data will be seen by HQSC on the untrained auditor domain! All data will be only seen privately at the DHB level

Trained auditor – for auditors who have completed this workshop and compared ratings on a number of moments with another rater and agreed

Data can be from different cases. Each moment is entered individually, not linked to a case

Data can be compared between raters for inter-rater reliability



What happens to the data?



Time Out



Team Engagement: All team members participate in the Checklist process in an engaged and attentive manner supportive of the process

Poor team engagement (score = 1)

Poor engagement from the team. No meaningful engagement during the Time Out and the absolute minimum of acknowledgement to the briefing leader.

Average team engagement (score = 4)

Perfunctory engagement by the team: general sense that people were only partly engaged during the briefing. Although there was some response to the briefing leader, anaesthetist and technician were, for example, busy with other activities.

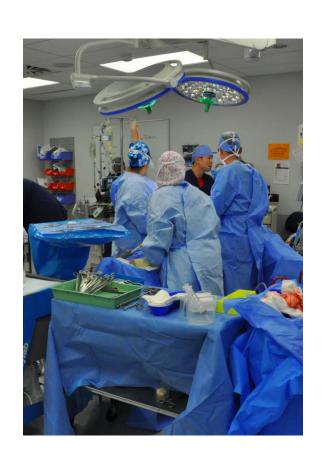
Excellent team engagement (score = 7)

Excellent engagement by the team. All team members stop what they are doing and participate in the briefing process. Team members show intent to engage, maintaining eye contact and engaging with the briefing leader (and other team members).



Discussion Videousing Auditing Instrument

- 1. Watch the video
- 2. Chose a number that represents your rating
- 3. Display the number you would rate this clip
- 4. Discuss in small groups related to the number then together what prompted you to make the decision





Observational Rating

Rate the Time Out using the tool



Hold up the card that indicates your score



Small Group Discussion



Generate Examples for Rating Descriptors



Definition of a team

- Two people from different disciplines at a Sign In
- Three people from different disciplines at a Time
 Out
- Three people from different disciplines at a Sign
 Out

Discussion Video



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Time-out #12

Time Out



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Time Out





Team Engagement: All team members participate in the Checklist process in an engaged and attentive manner supportive of the process

1. UNSUPPORTIVE

Someone says something like "This is a waste of time."

ENGAGEMENT

Key members talk on the phone or to each other during Time Out.

The surgeon says something like "Let's get on with the checklist," but then walks out of the room while it is being administered.

Key members continue with preoperative tasks during the Checklist, attempting to multi-task.

The registrar occupies self with other activities instead of paying attention.

7. SUPPORTIVE

Surgeon or anaesthetist says something like "Thank you, Jane [to checklist reader]. Could everyone pay attention please? This is important."

ENGAGEMENT

All team members stop other activities and concentrate on the Checklist.

Someone asks a question about something that he or she did not understand.



Discussion



Auditors in action

- 1. Watch the video
- 2. Chose a number that represents your rating
- 3. Display the number you would rate this clip
- 4. Discuss as a group what prompted you to make the decision





- Videos in sequence: Sign In, Time Out and Sign Out
- Three in each series
- Please don't discuss your rating prior to putting up your number
- Consider quality of the information being shared

Video 1



Sign-in #2

Sign In



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Video 2



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Time Out



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Video 3



Sign-out #5

Sign Out



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Recap

Introduction to the process

Understanding the role of the trained auditor

Using the rating tool





Break



Selection Process and sampling

Number of events
Rigorous sampling
Agreed selection process
Reducing Bias



Issues as an Auditor

Introductions in the OR
Hostility
Remaining impartial
A question of why and when to speak up

Video 4



Sign-in #1

Sign In





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Time-out #14

Time Out



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Sign-out #6

Sign Out



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Local Auditors

Local Lead – facilitates training, engages OR's, manages auditing numbers

- Who to train and how many
- Selection of OR's and timing
- Training local training using resources and auditing tool
- Competency agreed results
- Local calibration



Sign-in #5

Sign In





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Time-out #5

Time Out



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Sign-out #1

Sign Out



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Time-out #9

Time Out



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Wrap Up:

Review

Evaluations







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Thank you

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