Leadership and communication in the perioperative setting

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Clinical Leader
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Health Quality and Safety Commission
Leadership and communication

1. Teamwork impossible without good communication
2. Requires everyone to have a similar vision
3. Done poorly it commonly leads to errors and omissions
4. Needs training and practice
5. Needs everyone engaged in a common task
6. Needs to be present throughout the duration of the task
7. Good teamwork requires effective leadership
Aviation leadership

• The pilot in command of an aircraft is directly responsible for, and is the final authority as to, the operation of that aircraft
Teamwork in surgery
Healthcare requires a team approach

- Analyses of adverse events: communication and teamwork failures common contributory factors
- 25% of OR communications fail: inappropriate timing, inaccurate or missing content, failure to resolve issues
- >35% have visible effects: tension in the team, inefficiency, waste of resources, delay or procedural error
  - (Lingard et al. 2004)
Aren’t doctors and nurses all team players already?

Hospitals stop ignoring bad behavior by doctors and start assigning anger management

March 5, 2013 5:52 am by Kaiser Health News - Stories (Full text) | 2 Comments

At a critical point in a complex abdominal operation, a surgeon was handed a device that didn't work because it had been loaded incorrectly by a surgical technician. Furious that she couldn't use it, the surgeon slammed it down, accidentally breaking the technician's finger. "I felt pushed beyond my limits," recalled the surgeon, who was suspended for two weeks and told to attend an anger management course for doctors.
What are the features associated with good teamwork in the OR?

- Team leadership
- Mutual performance monitoring
- Backup behaviour
- Adaptability
- Team orientation

Is there a "Big Five" in Teamwork?
Eduardo Salas, Dana E. Sims and C. Shawn Burke
Small Group Research 2005 36: 555
DOI: 10.1177/1046496405277134
What are the features associated with good teamwork in the OR?

- Team leadership
  - Able to direct and coordinate the activities of other team members, assess team performance, assign tasks, motivate team members and establish a positive environment
What are the features associated with good teamwork in the OR?

- Mutual performance monitoring
  - Apply appropriate strategies to monitor teammate performance
What are the features associated with good teamwork in the OR?

- Backup behaviour
  - Ability to anticipate other team members needs and the ability to shift workload among members to achieve balance
What are the features associated with good teamwork in the OR?

- Adaptability
  - Ability to adjust strategies based on information gathered in the environment
What are the features associated with good teamwork in the OR?

- Team orientation
- Belief in the importance of the team goals over other individual members goals
Shared mental models

• An organising knowledge structure of the relationships between the task the team is engaged in and how the team members will interact
  – Anticipating and predicting each others needs
  – Indentifying changes in the team or task and implicitly adjusting strategies as needed
Mutual trust

- The shared belief that team members will perform their roles and protect the interests of their teammates
  - Information sharing
  - Willingness to admit mistakes and accept feedback
Closed-loop communication

- The exchange of information between the sender and the receiver irrespective of the medium
  - Following up with team members to ensure message was received
  - Acknowledging that a message was received
  - Clarifying with the sender of the message that the message received is the same as the intended message
The angelic operating team?
The reality?

HOSPITAL MEDICAL ERRORS KILL 98,000 AMERICANS EACH YEAR. -- HEARST NEWS INVESTIGATION
ACC treatment injury

Between 2005–06 and 2010–11, ACC accepted 205 claims for retained equipment or wrong-site surgery.

<table>
<thead>
<tr>
<th></th>
<th>Total 2005/6 – 2010/11</th>
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<tbody>
<tr>
<td>Equipment lost / separated</td>
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<tr>
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<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>205</strong></td>
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Reducing perioperative harm

Effective interventions

- Perioperative harm can be reduced by:
  - Effective team work and communication strategies such as briefings and debriefings
  - Effective use of the World Health Organization Surgical Safety Checklist
Effective teamwork and communication strategies

• To have the same mental model, teams have to train together
  – Surgical, anaesthetic and nursing teams tend to train separately

• The US Institute of Medicine directive: “teams who work together should be trained together”
What are the barriers to multidisciplinary training?

- Organisational barriers
  - geography
- Psychological barriers
  - the “tribal” phenomenon
- Financial barriers
  - cost of having large team
- Practical barriers
  - logistics of assembling team
MORSiM

• Multidisciplinary simulation-based course
• Addresses OR communication, skills and attitudes
• Simulations that are simultaneously realistic for all members of the OR team
What about effective checklist usage?

- Is it about completing this form properly and ticking the boxes (and signing at the bottom)?
- Or is it about engaging appropriately in the process?
Nurse verbally confirms with the team:

- Count is correct
- Confirm the surgical procedure
- Specimen description, quantity and patient identification correct
- Concerns for recovery and postoperative management of patient
- Post operative plans for thromboprophylaxis considered
Assessment of checklist use

WHO Surgical Safety Checklist
Quick Assess Tool V3.2
Sign Out

All team members participate in the Checklist process in an engaged and attentive manner supportive of the process.

1  2  3  4  5  6  7

Poor

NOT ENGAGED
• Surgeon has already left theatre.
• Surgeon says “You guys take care of this” and walks out.
• Scrub nurse continues to tidy instruments and ignores process.
• Anaesthetist and/or nurse continue doing their work, attempting to multi-task.

Excellent

SUPPORTIVE
• The surgeon says something like “I am going to let the resident close. Would it be OK to do the sign out now and then I can go and see the next patient while the rest of you finish off?"
• All team members stop other activities and concentrate on the Checklist.
• Scrub nurse stops all other activity and says something like “Are we all sure this patient’s cores are okay? He still looks pretty wet to me.”
• Anyone asks a question about some aspect of the patient’s care.
Reducing perioperative harm
Post operative blood clots – OECD data

Figure 5. Postoperative pulmonary embolism and deep vein thrombosis, crude rate per 100,000 discharges
Time out – After positioning and before skin incision

Surgeon, Anaesthetist and Nurse verify:
- Patient Name
- Procedure
- Site Marking + Side
- Positioning
- Correct imaging on display

Has antibiotic prophylaxis been given within the last 60 minutes?

Measures or plans for thromboprophylaxis during surgery considered?

Is blood availability status appropriate?

Concerns or potential critical events?
- Surgeon
- Anaesthetist
- Nursing Team

Confirm all team members have introduced themselves.

Sign out – Immediately following first surgical count

Nurse

Nurse verbally confirms with the team:
- Count is correct
- Confirm the surgical procedure
- Specimen description, quantity and patient identification correct
- Concerns for recovery and postoperative management of patient
- Post operative plans for thromboprophylaxis considered
Leadership and communication in the perioperative setting

• Collective leadership a challenging concept
• Requires EXCELLENT communication and teamwork
• Helped by prompts and guidelines
• Needs training in a truly multidisciplinary environment
open
FOR BETTER CARE
Hāpai ake te toiora
National Patient Safety Campaign