Safe Surgery NZ Observational Audit Training

Final Project Report prepared for HQSC

29th May 2016

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1. Purpose

The purpose of this document is to mark the completion of the Observational Auditor Training Project by assessing the project’s performance, identifying the lessons learned, and confirming that essential contractual and other project closure activities have been completed. This document also transfers assets, deliverables, and all ongoing administrative functions to an in-service business organization. Included in this transfer is the commitment to measure the benefits/outcomes delivered by the project.

1.1 Project Outline: The project was initiated by Health Quality Safety Commission (HQSC) to focus on innovative and improvement in quality and safety within the healthcare sector. The intention was to train staff across the 20 district health boards (DHBs) in New Zealand as Surgical Safety Checklist (SSC) auditors. This work complemented the Safe Surgery NZ workshops that promoted the introduction of wall-mounted, migrated checklist administration in the operating rooms.

HQSC recognizes the importance of the SSC and will collect data each quarter measuring compliance to the Checklist elements and engagement as the quality markers. Proof of concept work demonstrated better patient outcomes when the checklist was administrated completely and all team members were engaged. HQSC with Quality Hub NZ have developed a web-bases auditing tool to capture compliance and engagement based on a validated rating tool. The HQSC reporting requirements for each DHB are a minimum of 150 ‘moments’ (50 Sign In, 50 Time Out, 50 Sign Out) each quarter.
The contract consisted of developing auditing material, delivering three auditing training workshops in locations around New Zealand and being involved in ongoing support – webinars, teleconferences. The three workshops were well attended and the evaluation from participants was positive. All contract deliverables were completed.

2. Project Completion Report

   i. Work completed

<table>
<thead>
<tr>
<th>Resources developed</th>
<th>Learning resources were developed including a library of videos with expert rating scales, PPT Additional videos utilising HQSC SSC were created as additional training resources</th>
<th>October 2015 Resources sent to HQSC to be made accessible for participants. Additional videos sent to HQSC February 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop Recruiting</td>
<td>Recruiting for the workshops was successfully managed by HQSC and attendee names and numbers were sent to UoA. HQSC also booked the workshop venues and arranged catering.</td>
<td>94 participants in total. Workshops were very popular with a risk of oversubscribing in relation to venues and facilitators. All technical aspects of the workshops were satisfactory.</td>
</tr>
<tr>
<td>Training Sessions set</td>
<td>Dates for each training session set to meet faculty availability.</td>
<td>Auckland December 1 2015 Wellington April 1 2016 Christchurch May 6 2016</td>
</tr>
<tr>
<td>Monthly Reports</td>
<td>Monthly reports sent to HQSC detailing progress</td>
<td>Sent each month</td>
</tr>
<tr>
<td>Final Report</td>
<td>Overview of project including attendance and evaluation report</td>
<td>May 30th 2016</td>
</tr>
</tbody>
</table>

   ii. Outstanding issues - Nil

3. Project Assessment

The project was detailed in the contract agreed by HQSC and CHMSE, University of Auckland. This included terms, services and payments, reporting process and deliverables.

   i. End of project results

- Three workshops were delivered with a total of 94 attendees across the three workshops.
  - Auckland: 1 December 2015 – Attendees: 25
  - Wellington: 1 April 2016 – Attendees: 36
  - Christchurch: 6 May 2016 – Attendees: 33

  All DHBs were represented across the workshops and included representatives from various private healthcare providers.
Participants were asked to complete an evaluation form at the end of the day. End of workshop results were sent to HQSC and reported to the advisory group. An overview of the evaluation across the three workshops is attached (attachment 1). The feedback was highly favorable with most participants gaining knowledge from the workshop.

Rating results were collected for each rated video (n = 16) each workshop. The results were shown at the end of the day demonstrating closer calibration across the participants.

ii. Project deliverables

All deliverables were met. See work completed table in Section 2.

iii. Project costs and schedule
All costs covered and budgeted. Additional costs for creating videos accounted for. Staff gave time free.

iv. Project scope changes

- Contract Variation: A variation to the contract deliverables was agreed on 18th April 2016 to accommodate realistic timeframes for delivering the workshops to the two remaining cohorts. This kept the auditor training in line with the HQSC Safe Surgery Workshops.
- Additional Training Videos: The video clips used in the first workshop caused some confusion when all the elements had not been covered – these were created using the ADHB wall mounted checklists so were modified from the HQSC checklists. This caused some confusion and it was decided to recreate checklist videos using the HQSC checklist and all elements being covered so the participants could then concentrate on the engagement rating.

v. Overall project assessment

- The auditor training was well received by participants. The calibration results over the three workshops showed similar ratings at the end of each workshop. The feedback indicated the workshop was well weighted with information and activities.
- In workshops II and III some of the DHBs had not completed the SSC Workshop and this required more explanation of the auditing requirement and terminology; in particular, what was meant by ‘engagement’ and the 50 moments.
- DHBs were enthusiastic to send large numbers of auditors or people that would not be able to be involved in the auditing process. HQSC were partially successful in screening the applicants and suggesting more appropriate attendance per DHB.
- The video clips in the first workshop were filmed using the ADHB-adapted SSC and this causes some confusion for participants. It was decided to recreate a new library of SCC moments for future training and for DHB gold auditors to use for local training. 29 videos were created utilizing the HQSC SSC with the assistance of the advisory group, the Simulation Center for Patient Safety (SCPS) and the ADHB who provided additional staff.
- Quality Hub and HQSC representatives attended the workshops to present the information on the data collection tool and answer any questions related to data collection and use. This provided an opportunity to use the tool during the training workshop. 19 of the 20 DHBs are using the auditing tool for data collection.
- We recognize that there remains some subjectivity in the rating in regard to the backgrounds of the rater and experience. Not all participants at the workshops had a clinical or operating room background and this created good discussion on bias and subjectivity.
- Observers from HQSC provided valuable feedback and were able to answer questions about compliance, the use of the data, etc. The ongoing good relationship with HQSC enabled the facilitators to meet the project deliverables and objectives and enhanced the workshops.

An observer from the Sapere Research Group, Hazel Rook, attended to provide
4. **Lessons learned**

- The project complemented the Safe Surgery Workshop training and it was advantageous being the provider of both projects.
- The timing of the contract needed to be addressed so it aligned with the Safe Surgery NZ workshops. More attention to the timing of concurrent projects would be advisable in the future.
- The venue shape and size can impact the training success. Although the workshops were successful, the venues were just adequate in regards to size and AV requirements. This is difficult with remote venues but could be addressed with having a pro forma of venue requirements including a floor plan.
- A good communication strategy with the provider was imperative to the success of the project.

We would like to take this opportunity to thank HQSC for their excellent support to deliver a successful programme.

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