Using simulation training to learn about non-technical skills management

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The problem

Unsafe surgical care:

- Almost \$30,000,000 for new and existing claims in 2017
- 7,300 ACC claims related to injuries in patients undergoing surgery in NZ public hospitals in the last 5 years.
- Around half of perioperative surgical events are considered avoidable.
- Failures in teamwork and communication are an important contributing factor.

Evidence

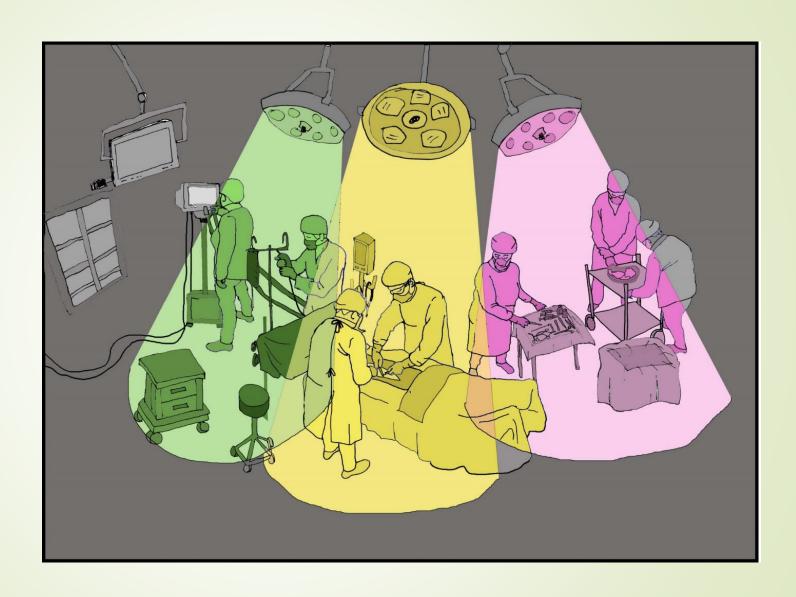
Team training saves lives

Saving Lives: A Meta-Analysis of Team Training in Healthcare. Hughes et al. 2016 J Appl Psychol.

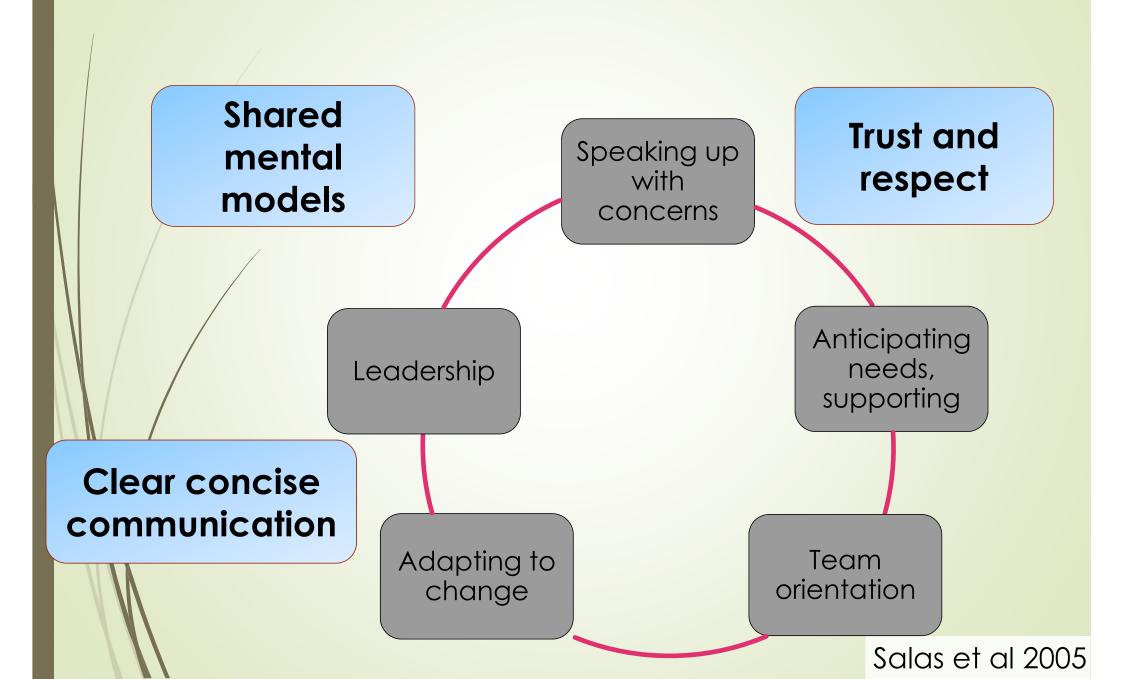
 Simulation-based team training is an effective approach to training teams.

Transforming health care one team at a time: Ten observations and the trail ahead. Salas et al. 2018. Group and Organization Management.

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The features of effective teams





- National programme, ACC funded
- One-day simulation-based course, for whole OR teams
- Debriefs learning from the collective experience, taking it back to practice.
- Communication skills:
 - Briefings/ time out
 - Structured Recap
 - -Speaking up
 - Closed loop











Bespoke surgical models Integrated with a Laerdal 3G simulator





Aim: psychological fidelity

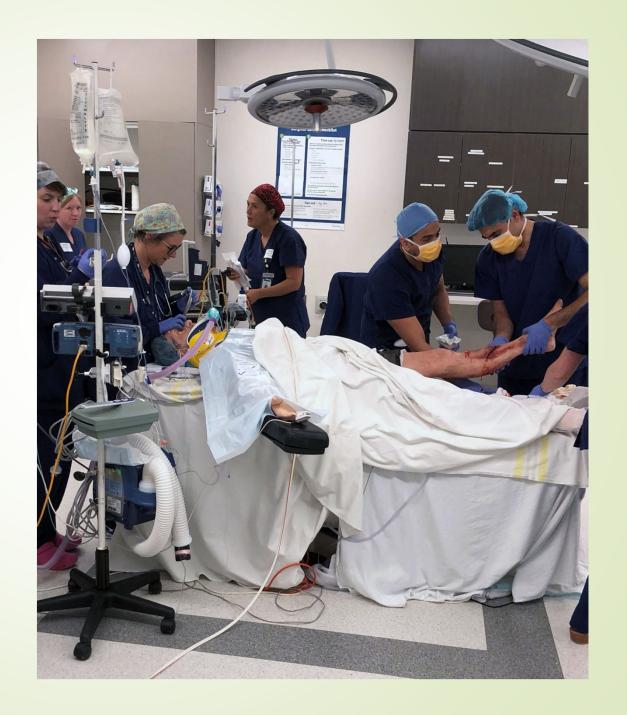




Case Fidelity

- Notes

- LabsX-match



In situ

- Own theatre
- Own team

Own system

responses



National implementation

- Stepped roll-out across all 20 NZ DHBs.
- 3G simulator and surgical models to each DHB, standardized course package.
- Instructor Training program.
- Staged support for DHBs to run courses.
- Coal simulation-based team training established as BAU.







Cohort 1

- Waitemata
- Waikato
- Nelson-Marlborough
- Whanganui
- Tairawhiti

Cohort 2

- Auckland
- Capital and Coast Health
- Hawkes Bay
- Taranaki
- Wairarapa

Cohort 3

- Counties-Manukau
- Bay of Plenty
- Mid Central
- Hutt Valley
- South Canterbury

Cohort 4

- Canterbury
- Southern
- Northland
- Lakes
- West Coast

2017

2018

2019

2020



Evaluation: patient outcomes

- Stepped wedge cluster design
- Days alive and out of hospital (NMDS)
- ACC claims database –number and cost
- NMDS post-operative complication





Evaluation: Culture and process measures

- End of course evaluations / reports
- Quality of administration of the Surgical Safety Checklist
- Pre-post teamwork / safety culture survey
- ❖ Staff Interviews





NetworkZ implementation

NetworkZ uptake

>667 course participants since March 2017

179 Instructors trained or part trained.

Course evaluations

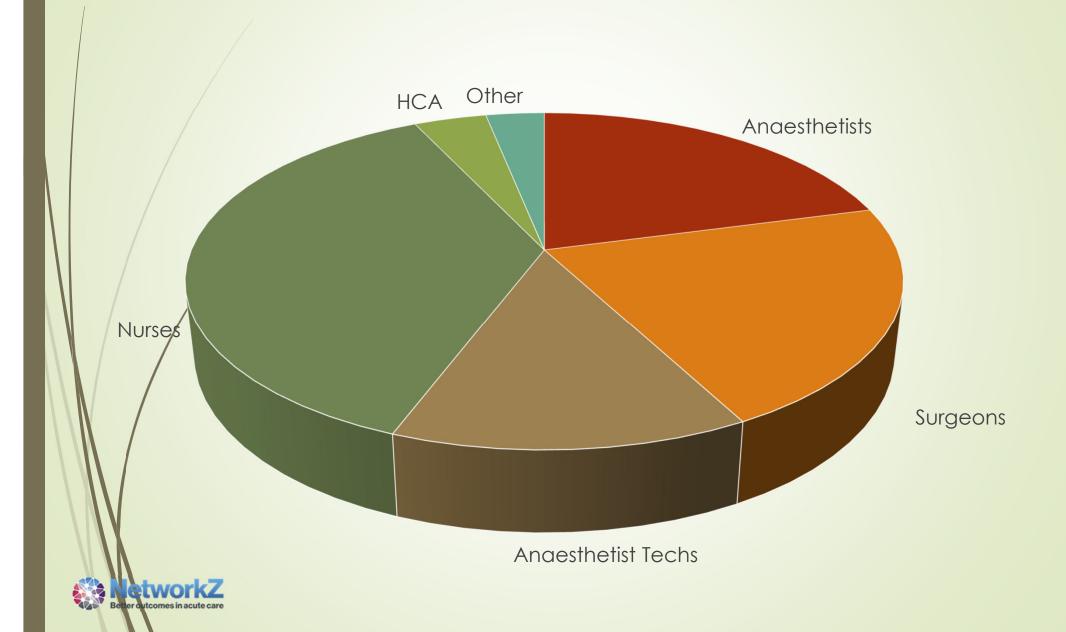
98% agree / strongly agree on value and quality of course.

Instructor course evaluations

98% agree / strongly agree on value and quality of course.



Staff Training Makeup



Post-course reports

Improving communication

- Staff names need to be visible.
- Institute briefings

Gaps in knowledge and skills

- ACLS / defibrillator
- MTP protocol

Clarifying roles

Clarify staff roles and capabilities

Crisis response

 Surgical staff unaware of crisis cognitive aids

Equipment and resources

Broken equipment, lack of equipment

Systems issues

- Adrenaline ampoules in two different concentrations
- Anaphylaxis box 'misplaced'



Interviews Cohort 1

- Existing culture influenced implementation, but NetworkZ influenced culture towards improved relationships.
- Motivation strong interest, learning, local evidence of change in practice.
- Structure resources, support, fidelity of simulations important.
- Infrastructure support from senior management is critical.





Culture

People are happier to speak up, they're happier to raise a concern,

I get a feeling that it improves theatre morale.

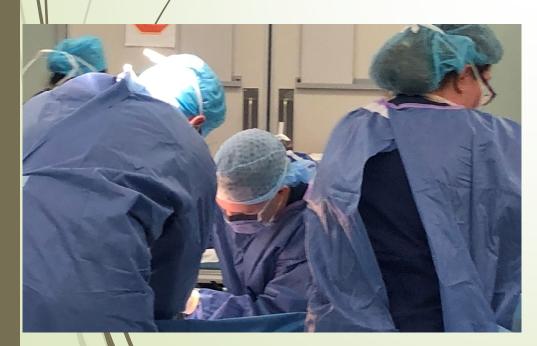
It's created a lot of talk about things that they can do better and I think it has improved some relationships around the place."





Summary

- Improving team nontechnical skills
- Improving culture
- Identifying systems issuessurgical fidelity
 - Evidence-based
 - In situ





- Unique whole team staff development opportunity
- World leading focus on