HAUTE AUTORITÉ DE SANTÉ

KEY POINTS & SOLUTIONS ...PATIENT SAFETY

Cooperation between anaesthetists-resuscitation specialists and surgeons

Working better as a team

November 2015

Anaesthetists-resuscitation specialists and surgeons are jointly responsible for the quality of care and safety of patients under their care. To manage care pathway complexity and to meet the organisation demands, a clear definition of roles and of each individual's tasks is required.

The "key points and solutions" for patient safety represent a tool for the analysis and improvement of professional practices.

This document is the result of a collective effort by professional bodies approved for the accreditation of anaesthetists-resuscitation specialists and surgeons of various specialties. The analysis of declared care-related adverse events (CRAEs) served as the basis for its drafting and gives it its legitimacy. These are not theoretical, but rather practical.

This document does not presume to impose any solutions, but should rather be considered as a list of questions intended to secure the patient care pathway by meeting the needs of professionals and optimising the conditions of their teamwork.

In the chronology of a surgical patient's pathway, emphasis is placed on the sharing and traceability of information, and on joint decision-making. The "key points and

solutions list, in chronological order, the 15 key steps identified as leading to the most frequent dysfunctions between anaesthetists-resuscitation specialists and surgeons.

The sum of individual competences can only create a collective competence if there exists a joint definition of objectives and a sharing of responsibilities and results.

Cooperation between anaesthetists-resuscitation specialists and surgeons is part of a collective risk management plan to ensure patient safety.

Sponsors

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Société française de chirurgie thoracique et cardio- vasculaire

Chirurgie vasculaire

Dear colleague,

You are an anaesthetist-resuscitation specialist or surgeon; whichever your sector of activity, compliance with the following key points has been identified as significant to improving teamwork and hence enhancing patient safety.

Key points for effective team practice

1. The patient record is available for viewing in the healthcare establishment at which the patient is managed. It is filled in, updated and shared. It must be available, at all times, to all team members in order to ensure information traceability and transmission.

2. Any patient requiring a scheduled procedure involving the presence of an anaesthetist-resuscitation specialist, whatever the type of anaesthesia to be performed, must undergo **two preoperative visits: one surgical and one anaesthetic**.

3. During the surgical and anaesthetic preoperative visits, **all information** pertaining to the perioperative period are entered into the patient record to be made available to all:

- **the surgeon enters any procedure-related elements deemed relevant to the anaesthetist into the patient record**, specifying the information given to the patient and/or their legal representative. The procedure date that may be proposed to the patient at this stage is provisional;
- **the anaesthetist-resuscitation specialist enters any relevant anaesthesia-related information related to the planned procedure** into the record, to inform the surgeon. The choice of anaesthesia technology, justified during a preoperative consultation and confirmed during the pre-anaesthesia visit, is a decision involving all players that may be required to perform the anaesthesia;
- **for the anaesthetist-resuscitation specialist and surgeon: any specialist consultation, specific preoperative preparation and postoperative intensive care/resuscitation requests** are justified and recorded and their indications are shared. Any change made to the choice of surgical and/or anaesthetic technique must be traced, justified and explained in a timely fashion to the involved care providers.

4. Appreciation of patient **operability** is established after the surgery and anaesthesia visits. In situations deemed complex or high-risk, the anaesthetist and the surgeon determine operability jointly. It must be traced according to the procedures specific to the sector of activity. It serves to confirm the operation date.

5. Surgery is scheduled jointly by the surgeons, anaesthetists-resuscitation specialists and the surgical sector's organisation manager, taking into consideration any hygiene, safety and organisational requirements of the surgical sector, along with available postoperative monitoring beds.
This programming results in the weekly printing of an approved surgical programme sent to all stakeholders.

6. The surgeon, anaesthetist-resuscitation specialist and surgical sector organisation manager defined jointly **programme changes, addition of unscheduled patients** and emergencies. In the case of a 24/7 shared emergency operating room, common emergency ranking rules, based on medical criteria approved by anaesthetists-resuscitation specialists and surgeons, are jointly defined by all user surgical specialties.

7. The **patient's personal continuity of treatment** rules (drug reconciliation) are defined, specifying in particular the physician in charge.

8. Whatever the patient to be operated on, or under medical-surgical monitoring, the organisation of the sector of activity allows the **anaesthetist-resuscitation specialist and surgeon to be identified**, these latter ensuring continuity of care and management until release, visits and postoperative monitoring, including during vulnerable periods (night, weekends and bank holidays). The 24/7 emergency call procedure is available, known and in place.

9. The "Patient safety in the operating room" *check-list* is performed for each procedure, in the presence of the anaesthetist-resuscitation specialist and surgeon, particularly for phases 2 and 3.
The anaesthetist-resuscitation specialist and surgeon specify all elements concerning postoperative patient care as soon as the procedure is complete (phase 3 of the "Patient safety in the operating room" *check-list*) and entered into the patient's record.

10. The surgeons, anaesthetists-resuscitation specialists and operating room team agreed **the patient care procedures and protocols**. They are known and observed by all. Amongst other things, they stipulate **each individual's role** throughout patient care and are defined in writing, known and observed, particularly in terms of:

- pain management;
- patient installation in the operating room;
- prophylactic anti-thrombotic treatment management;
- prophylactic and curative antibiotic treatment management;
- anticoagulant and anti-platelet management;
- prescription of blood products and derivatives;
- pre- and postoperative nutrition;
- suspension, maintenance, adaptation and resumption of the patient's personal treatments, along with the drafting of release prescriptions;
- any other care specific to the sector of activity, etc.

All changes are traces in the patient record and shared as required.

11. Patient release organisation is anticipated for all care that may be formalised. The role of each professional is defined according to the sector of activity.
In the event of an unscheduled release, the physician making the decision is responsible for the agreed organisation.

12. Should a **care-related adverse event** occur, the anaesthetist-resuscitation specialist and the surgeon defined jointly its declaration, the information given to the patient and/or legal representative, along with the designation of the physician(s) in charge.

13. The regular mulitprofessional/multidisciplinary team **analysis** of **care-related adverse events** (type MMR) is organised and leads to the implementation of care and patient safety improvement actions.

14. Anaesthetists-resuscitation specialists and surgeons take part in the **operating room committee**, which convenes regularly to organise the surgical sector and to resolve any dysfunctions.

15. All of the aforementioned criteria and implementation details (organisation, roles, responsibilities, delegations) are described in an **internal operation and organisation charter** for the sector of activity.
Moreover, this charter reiterates:

- the need for mutual respect and respect for each individual's professional expertise, listening and the need for exchanging information, required of all healthcare professionals, whatever their status;
- the importance of vigilance by all stakeholders to detect and immediately report any hazardous situation or care-related adverse event;
- that procedures for the early communication of physician absence or unavailability are drawn up to ensure better resource adaptation;
- that patient safety is a concern shared by all professionals without exception, whatever their

status. This charter has been approved by the **EMC** and by the healthcare establishment **director**.
It is distributed to all stakeholders.
It binds the physicians of the sector of activity.

PSS implementation

The “key points and solutions” of the cooperation between anaesthetists-resuscitation specialists and surgeons represent a new tool that can be integrated into the care quality and risk management improvement plan for the surgical sectors and the operating room, under the responsibility of your EMC. It is intended to improve teamwork within your establishment.

The purpose of these “key points and solutions” is to help you diagnose your strong points and opportunities for improvement. By assessing the existing structure, along with any deviations from the proposed guidelines, you will be able to build an improvement plan adapted to the size of your teams, your practices, your sector of activity and your environment. This may involve reinforcing existing measures, such as the implementation of phases 2 and 3 of the *check-list*, or the creation of additional safety barriers.

Their implementation shall be monitored and, if necessary, upgraded. Approved accreditation bodies may include it in their own programmes and take part in its assessment.

An example improvement approach is proposed in the following pages; it can be adapted to your practice.

Example of implementation

Should you so wish, based on these key points, you can define an improvement approach for team-based professional practices.

For this:

- Step 1: organise your approach (team composition, organisation and schedule of the various steps).
- Step 2: assess, as a team, each key point (see above).

  The following scoring system is proposed:

  0 : missing

  1 : in project phase

  2 : under development, or partially met

  3: completed

  4: monitored and assessed according to procedures adapted to your sector of activity (supporting documents, investigation, meeting minutes, audit, tracer patient, etc.).

  N/A: if the criterion is not applicable. Non-applicability must be justified.

NB: It may be beneficial to supplement this step with an HSOPSC-type safety culture assessment questionnaire filled in by each team member. (French translation by CCECQA available)
www.has-sante.fr/portail/jcms/r_1497866/fr/developper-la-culture-de-securite

- Step 3: draw up an overview of the assessment performed (see appendix).
- Step 4: make a joint decision concerning the improvement actions to implement and monitor (see appendix).

Assessment overview

Date:

Last names, first names and positions (list of anaesthetists-resuscitation specialists and surgeons):

Sector of activity:

Analysis results, strong points, points to be improved:
(including safety culture survey results, if available)

Comments and action plan (to be supplemented by one or more action sheets):

Action sheets

N.B.: fill in 1 sheet per action implemented.

Action implemented: Key point(s) concerned:	
Objective	
Description	
Who?	
When?	
How?	

Follo
Implementation schedule
Monitoring and assessment procedures

In charge of monitoring
Wh

Progress:	☐ Not	☐ Plann	☐ In	☐ Compl	☐ Assess
	date:				

For further information

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The whole document can be viewed on the HAS website
www.has-sante.fr

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