

Teamwork, communication training recommended to ensure surgical safety

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Patient safety before, during, and after surgery requires an appropriately educated, committed and empowered health care team, according to recommendations being presented today at the inaugural National Surgical Patient Safety Summit (NSPSS). The two-day event, which includes more than 100 representatives from medical professional associations, insurers, health care systems, payers and government agencies, is sponsored by the American Academy of Orthopaedic Surgeons (AAOS) and the American College of Surgeons (ACS), with the goals of developing surgical care and surgical education curricula standards, and prioritizing safety research efforts.

Technical and non-technical skills are both important to successfully and safely perform surgery. The surgeon, anesthesiologist, nurses, and all supporting staff must ensure consistent use of surgical safety strategies and tools throughout surgical care, including patient-centered shared-decision making and timely informed consent, standardized surgical site marking procedures, accurate surgical information transfer, integrated electronic medical records, and effective team communication and coordination.

"Surgical safety improves when non-technical strategies, tools and behaviors are combined with proficient surgical skills," said William Robb, MD, co-chair of NSPSS and past-chair of the AAOS Patient Safety Committee. "Each member of the surgical team needs to know how to effectively communicate and appropriately adapt during an adverse situation. An empowered, well-trained surgical team improves

surgeon performance and patient outcomes."

"As [patient safety](#) has always been our highest priority, there is tremendous value in bringing together surgical organizations and other groups concerned about this important issue to collaboratively work on prioritizing surgical patient safety standards," said David B. Hoyt, MD, FACS, NSPSS co-chair and ACS Executive Director. "This Summit and its resulting recommendations are innovative, and will have a very positive impact on the quality of surgical patient care."

Workgroups, including surgeons, anesthesiologists and nurses, convened prior to the summit to prepare draft recommendations for all surgical team members, surgical institutions, medical and nursing schools, surgical residency and fellowship programs, and surgical credentialing organizations. The recommendations include the creation and adoption of standardized:

- Surgical safety education programs with assessment of competence for surgeons, residents, medical students, perioperative team members, and surgical institutions on effective communication, resilience, leadership and teamwork.
- Safety training modules (simulation-based) for the entire surgical team—doctors, nurses, anesthesiologists, surgical technicians and physician assistants.
- Training on teamwork, and other essential non-technical skills, beginning during undergraduate medical education, and continuing through surgical residency and postgraduate training, as a requirement of ongoing Maintenance of Certification (MOC).
- "Shared-decision making" practices and procedures to ensure an informed and prepared surgical patient.
- Patient-centered, timely and accurate surgical consent processes.
- Communication tools and procedures to improve the accuracy

and efficiency of transferring patient information before, during and following surgical care.

- Surgical site marking and identification policies (with local modifications as appropriate) for all surgical procedures and surgical facilities, and utilizing a pre-surgical team "Brief," a pre-surgical team "Time-out" and a postsurgical team "De-Brief."
- A common data collection system to measure and improve patient safety outcomes. The system should include uniform definitions, a consistent reporting structure, and accessibility and usability by all stakeholders—hospitals, care providers and medical society databases.

These recommendations will be used to finalize National Surgical Patient Safety Standards, develop surgical safety education curriculum proposals, and to identify surgical safety knowledge gaps and research priorities.

"We believe that the implementation of these standards will guide surgical teams and members to achieve the ultimate goal of ensuring safe and optimal surgical patient outcomes," said David D. Teuscher, MD, AAOS past president.

Provided by American Academy of Orthopaedic Surgeons

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