Minutes of the meeting of the Safe Surgery NZ Advisory Group
Held on 5 April 2018

Present:	Prof Ian Civil – Chair (Auckland DHB) Rosaleen Robertson (Southern Cross Hospitals and NZPSHA) Caroline Gunn (Consumer representative) Miranda Pope (Canterbury DHB, Perioperative Nurses College NZNO) Dr Peter Jansen (ACC) Bob Henderson (Human factors expert and psychologist)
HQSC team:	Gary Tonkin, Owen Ashwell, Maree Meehan-Berge (minute taker)
Apologies:	Dr Leona Wilson (ANZCA, CCDHB) Dr Michael Wadsworth (Registrar Medical Officer) Dr Mike Stitely (Royal Australian and NZ College of O&G) Prof Justin Roake (Canterbury DHB)

The meeting commenced at 9:30am

1. Welcome and apologies

The Chair welcomed the advisory group to the meeting. The Royal Australasian College of Surgeons has identified a new representative for the advisory group, Dr Nicola Hill. Nicola is a Consultant Otolaryngologist at Nelson-Marlborough District Health Board, New Zealand. She is an elected member of the New Zealand National Board, and has a particular interest in clinical systems and safety. Nicola is on a study sabbatical from April to early July 2018. She hopes to attend the July 2018 SSNZAG meeting. The group welcomed Nicola as a new advisory group member.

2. Minutes and actions from meeting held on 27 November 2017

The minutes were approved. The actions list was considered. All items have been progressed or completed.

Action: the approved 27 November meeting minutes will be placed on the Commission website.

3. Learning and improvement group (LiG) developments and plans for safe surgery within the LiG plan

The Director, Health Quality Improvement updated the members on the continuing review and restructure of the learning and improvement group. Rather than topic focused teams, the group is moving to sector focused teams – community and hospital. A third patient safety team will span all health sectors and host serious adverse events, medication safety and possibly falls.

There are some common themes, such as teamwork and communication, and safety culture. The learning and improvement group anticipate that the patient safety culture survey learnings will span across programmes.

The consumer representative raised a number of questions, about how the new structure will work in practical terms, and how will these developments relate back to consumers. The Director outlined that the consumer experience survey informs new quality improvement focus areas.

The private surgical hospital representative welcomed the information that the new hospital focused team will be guided to partner with private hospitals on all the relevant quality improvement initiatives. The private hospital representative recommended we brief the Ministry of Health HealthCERT about the programme and objectives. The Senior Portfolio Manager advised the group that we have a workshop in May with HealthCERT managers and auditors, providing information about each of the hospital focused QSMs and how they might include this data in their auditing process.

Action: the programme team will provide an update after the HealthCERT meeting.

4. Progress report

The safe surgery monthly report to the end of March 2018 was received and discussed. The Safe Surgery NZ forums with Prof Berry went very well, with around 75 people attended in Auckland (15 March), 45 in Wellington (20 March) and 65 in Christchurch (22 March). We think Bill Berry was a very good draw card and appealed to doctors, nurses, anaesthetic technicians and quality and line managers.

Quality Hub has now contracted or is in conversation with 14 DHBs. We are working with their team to secure contracts from the outstanding 6 DHBs and they have been given a deadline of 9 April, at which time they will lose access to the app.

Action: the programme team will work with Quality Hub and DHB funding and service managers to ensure all 20 agree to a contract.

A contract has been agreed with the Centre for Learning and Research in Higher Education, Faculty of Education & Social Work at the University of Auckland to host the safe surgery online learning resources. There are two online tools, the new teamwork and communication training resource and the auditing recalibration tool.

Action: the programme team will work with the online platform host to provide access to safe surgery teams.

The quarter four (October to December) 2017 Quality Safety Marker (QSM) report has been published on the website. Two DHBs continue to be outliers; Taranaki DHB (data collection, uptake and engagement issues); and Waikato DHB (data collection issues). The Taranaki surgical team has previously declined a visit from the clinical lead and team. Waikato are missing a key champion, who has left the team, but also their auditor team numbers may need boosting.

Action: the programme team will work with outlier DHBs to support the full implementation of the safe surgery interventions.

The safe surgery team has developed an infographic, which was distributed at the Professor Bill Berry workshop series. The information highlights the programmes progress to date, with particular emphasis on improving venous thrombo-embolism rates and comparing the first two culture survey results. The advisory group had previously recommended that the Molina et al research paper be promoted to the sector, so this is referenced in the infographic also. See attached.


SSNZ infographic.pdf

5. Safe surgery work programme 2018/19

The Senior Portfolio Manager outlined a summary programme plan to the advisory group. The plan will be supported with the same level of Project Manager (0.2 FTE) and Senior Portfolio Manager time (0.1 FTE), and the Clinical Lead will reduce to 0.1 FTE. Support from a Specialist (currently funded by POMRC) will continue, as required.

The three key workstreams will continue – teamwork and communication, measurement, and expert advice and strategy. Much of the teamwork and communication activity will be to consolidate training provided to date, including targeted workshops as needed. Measurement of the impact of the programme will include a third repeat of the culture survey. The clinical lead will continue to support public and private hospitals, visiting surgical teams where needed. Developing articles for college publications will continue into 2018/19.

Action: the programme team will provide progress reports to the advisory group throughout the year.

The Chair raised his ongoing concern about improving the uptake and quality of start-of-list briefings. There is currently no quality measure for briefings and research to develop a WHOBARS type measure would support the briefings message. A new QSM focused on the quality of briefings could then be considered.

Action: the programme team is to look at options for a briefings quality measure.

6. Outcome and process measures update

The Health Quality and Evaluation team asked the advisory group to consider future QSM reporting options for the Safe Surgery NZ programme results. The next quarter will be the seventh safe surgery results publication, and with this increasing volume of data, a new way of presenting a useful summary of the DHB results, over time, will be essential. The advisory group decided a baseline average of the first four quarters of results will indicate the history of each DHBs safe surgery teams' auditing and engagement efforts. Another useful measure is the rolling baseline average of the most recent four quarters, which will show progress over time against the first four quarters average.

Action: the Health Quality and Evaluation team will produce results as set out above, for the quarter one 2018 QSM publication.

7. Articles of interest

An Annals of Surgery Editorial piece, *Causal Analysis of World Health Organization's Surgical Safety Checklist Implementation Quality and Impact on Care Processes and Patient Outcomes* (Haugen et al) was discussed. It describes a secondary analysis from a large

stepped wedge cluster randomized controlled trial in Norway, concluding that when implemented well, the surgical safety checklist improved operating room care processes, leading to better patient outcomes.

The American Journal of Surgery published an article, *The impact of positive and negative intraoperative surgeons' leadership behaviors on surgical team performance* (Barling et al) was also discussed. The researchers studied a range of leadership behaviours, including transformation, passive, abusive supervision and over-controlling leadership. Significant effects only surfaced for negative leadership behaviors. Transformational leadership did not positively influence team performance.

8. MORSIM update

The University of Auckland could no longer use the name MORSIM and have changed the name to NetworkZ. The second round of ACC funding has been secured, and the second cohort is well underway.

Action: the programme team will work with the University of Auckland team to change the programme name and branding on all joint materials.

9. Other business; wrap up

There was no additional business. The Chair reminded the advisory group that the 2018 meeting schedule will include two face to face meetings and two Zoom (audio-visual) meetings in between these. A doodle poll will help identify a suitable date for June/July 2018.

Action: the programme team will liaise with the advisory group members to identify meeting times for later in 2018.

The meeting finished at 2:45pm.