

Spend five to save lives



Dr Andrew Connolly

Start-of-list briefings improve teamwork, camaraderie and efficiency.

For Counties Manukau Health, making start-of-list briefings a standard part of the surgical list, was a relatively easy choice.

'It's fair to say we were a bit skeptical to start with,' says Dr Andrew Connolly, general surgeon at Counties Manukau Health.

'But then we saw a whole lot of benefits from just getting together sometime in that 20-30 minutes before the start of the list,' he adds.

According to Andrew, there was some initial resistance from staff. But after taking time to discuss the benefits to patient safety, teamwork and the flow of the surgical list, attitudes quickly changed.

'Attitude was only a challenge for a very brief period of time until we all saw that it was a great advantage,' says Andrew.

'Certainly from the surgical side, one of the advantages was straight up just knowing the names of the people you are working with.

Andrew believes that start-of-list briefings, or 'huddles' as they are known to Counties Manukau Health, empower staff to speak up, particularly younger colleagues or those who feel nervous about voicing concerns in front of staff who are regarded as a higher authority.

Throughout Counties Manukau Health the rule is that you need the key people there - the consultant anaesthetist, consultant surgeon, charge nurse plus the anaesthetic tech and the scrub team of nurses.

'There's no point in doing a huddle if it's just me and the charge nurse,' says Andrew.

The start-of-list briefing begins with team introductions, then a discussion about each patient on the list. There is an opportunity to ask questions and to see if there are any equipment issues. The team also runs through the

anaesthetic requirements and whether the patient has any allergies.

'It calms the nerves and gives enormous advantage over thinking about who might do what,' says Andrew.

'You can say, look, that case - we really need our most experienced team - whereas these cases would be ideal for someone learning to scrub for the first time.'

Andrew says that within specialties, surgical teams can better plan their surgical lists to ensure the right equipment is available at the right time, to avoid delays.

'On occasions it will also raise really important material things about the equipment. For instance, a particular graft that must be present for the vascular surgeon.

'If it's not physically here now, where on earth is it and do we need to change the order of the list to make sure it's here?' he adds.

'It really builds teamwork and camaraderie... it's better,' he says.

An immediate benefit Counties Manukau Health has seen is that the surgical team usually starts the list earlier because of the briefing.

'It gets the day away to a better start,' says Andrew.

'It has zero time impact. The actual huddle only takes 3-5 minutes.

'You're already in the building and seeing the first patient and broadly speaking you're prioritising a huddle over one more cup of coffee.

'It's not a big impact on staff time at all. In fact, we think it's improved our efficiency,' says Andrew.

For more information about start-of-list briefings visit www.hqsc.govt.nz/ssnz.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

New Zealand Government

Spend five to save lives



Alisa Ili

Start-of-list briefings are quality time, well spent.

According to Alisa Ili, charge nurse manager of operating theatres at Counties Manukau Health, holding a briefing at the beginning of the day allows surgical teams to feel more comfortable and safer working together, and makes it easier for team members to speak up if they need to raise an issue or ask a question.

'Briefings have allowed for the teams to come together – the anaesthetic teams, the nursing team, the surgical team, and also the allied staff – to all come together in communicating better,' says Alisa.

Alisa says that even though surgical staff initially didn't think they would get everyone together at the same time, they made it a priority. Approaching it with a can-do attitude made it happen.

'Never say never. To get everybody together at that one moment in time to talk about our patients just took everybody to say yes. It can be done,' says Alisa.

Now, she says, it's just the norm and she finds it hard to remember when they didn't do a briefing for their patients.

But Alisa also believes it's important to give staff time to get used to changing their habits and routine, and to give briefings the time to become embedded as the norm.

Across Counties Manukau Health, start-of-list briefings take place between 8:10am and 8:20am, before the first patient is brought into the theatre.

If a surgeon is late to the start-of-list briefing, they are phoned to check they are on their way. The briefing doesn't start until all team members are present.

'The briefings don't take more than five minutes, regardless of the size of the list,' says Alisa.

'We were worried about the briefings taking too long, but they are very short. They don't take long at all and everybody is involved.

'It's all about communication when it comes to our surgical care and working with multidisciplinary teams,' says Alisa.

'It's about the information we're getting across and the way that people are communicating.

'We are more prepared, are more of a team, and our patients benefit from it,' she adds.

For more information about start-of-list briefings visit www.hqsc.govt.nz/ssnz.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

New Zealand Government