



Anaesthesia Clinical Services Accreditation (ACSA) Accredited Departments

The Royal Bournemouth Hospital

NHS Foundation Trust



The Royal Bournemouth Hospital December 2017

Dr John Ward (ACSA lead):

Working through the ACSA process has brought our whole department together as a team, working on a project which reflects the quality of care we strive to deliver daily. As a process, it may seem daunting initially, but the output is well worth the effort and the satisfaction (on achieving accreditation) across our whole department is very motivating!

Areas of good practice identified by the ACSA review team (RT):

The care pathway

Guidelines

The ACSA RT was shown that all anaesthesia department policies are available on the intranet and can be accessed throughout the hospital via computer terminals in the theatre suites and the cloud based Wi-Fi. The RT was particularly impressed with the local guidance document for the care of morbidly obese patients [1.1.1.9].

Referral of abnormal results

The RT noted that there is an excellent system in place for flagging up abnormal tests results in the preassessment unit [1.2.3.1]. A crib sheet is available to nurses within the unit to help them determine when a result needs to be referred to a consultant for review. The preassessment nurses interviewed by the ACSA RT confirmed that they know how and when to flag results and that they do not experience problems when referring to a consultant anaesthetist. There are five programmed consultant sessions per week along with three CEPX sessions held in the preassessment unit.

Complaints procedure

Complaints are recorded through the Datix system and reported at clinical governance meetings for discussion [1.1.1.13]. There is also a separate anaesthetic incident reporting procedure with forms available on the intranet for theatre staff to complete and submit to the department. The RT group conclude that the system was well understood by all staff and with regular feedback and learning disseminated via emails, governance meetings and also personal feedback.

Equipment, facilities and staffing

The emergency trolleys (including difficult airways) are standardised across the hospital in all theatres, admissions, and resuscitation areas [2.1.1.7].

Staff on call have access to adequate refreshments and rooms for rest [2.4.2.1]; [2.4.2.2]. There are robust agreements with Poole Hospital and ambulance services within the region ensuring complex trauma, obstetric and paediatric cases are diverted from the Royal Bournemouth Hospital. If transfers are required there is appropriate equipment (transfer trolley) and arrangements in place for patients to be transferred safely by a consultant anaesthetist [2.6.1.1].

Clinical leads are assigned to all main service areas and the additional responsibilities are factored into their job plans appropriately [2.6.2.1].

The trainees expressed that they are very happy with the level of training provided at the Royal Bournemouth Hospital and noted that they feel well supported by both their consultant and SAS grade colleagues [2.6.4.2].



Anaesthesia Clinical Services Accreditation (ACSA) Accredited Departments

Patient experience

The ACSA RT reviewed the results of recent patient surveys and noted that the feedback was excellent [3.1.2.2]. This was further demonstrated throughout the hospital where results are clearly displayed for patients and relatives to see.

Leaflets

Patient information viewed by the ACSA RT was very good, with clear and concise explanations [3.1.2.2]. Staff explained that all leaflets can be translated into a range of languages using an electronic translation system and printed out for patients [3.3.2.2]. Good interpretation facilities are also available through 'LanguageLine' and booking of interpreters.

Clinical Governance

WHO debrief postoperatively

The application of the WHO checklist was reported as being very good [4.1.0.2] with involvement from all members of staff. The RT was informed that a debrief is also held at the end of each list to provide feedback on how the session went. The RT commended this as good practice.

Participation in national audits

The department as a whole demonstrated a willingness to participate in national projects such as the National Institute of Academic Anaesthesia (NAP5) and National Emergency Laparotomy Audit (NELA) along with other multidisciplinary projects [4.5.1.1]. In particular, the department demonstrated excellent engagement with NELA both in their levels of case ascertainment and implementation of recommendations. The ACSA RT was impressed by the department's apparent willingness to share good practice, and openness to improvements.

Quality improvement of NCEPOD lists

The ACSA RT was informed that a recent quality improvement project on the management of emergency workloads has resulted in a new theatre scheduling template which was implemented in October 2016 [4.5.1.3]. The start time for NCEPOD lists has been brought forward by half an hour resulting in a more efficient running of lists. Overall, the number of lists which overrun has been reduced by half, the number of cases performed per month has increased from 1,900-2,100 to 2,000-2,400 and the average length of stay for emergency patients has decreased by one day.

The same project has also implemented the use of the 'golden patient'. This is a system whereby the first patient of the NCEPOD list will be chosen the night before and designated the 'golden patient' (they will usually be a less complex/shorter case). This enables the list to get started promptly and allow time for more complex cases to be sorted whilst the list is already underway. The ACSA RT commends the department's works on this project [4.3.1.1].

Any adverse anaesthetic incidents are reported via the Datix system, discussed in the consultants monthly meeting if needed and feedback communicated to appropriate members of staff. An additional separate anaesthetic M&M meeting is held as required, usually every 4-6 months depending on the number of cases to discuss.

Appraisal and training

There is a robust appraisal process in place with appropriate time and resources available to staff [4.6.2.3]. The trust has developed an online system to monitor the mandatory training of staff to help with this. Each member of staff has to aim to maintain a 'green brain' throughout the year to indicate that they have completed all mandatory training. If training is not up to date at the time of appraisal they will not be signed off until all training is complete.

Each consultant also receives feedback from recurrent audits of anaesthetic complications which are discussed every three months and included in their appraisal.

The ACSA RT regarded the hospital's simulation training as high quality as it includes real time scenario training in the theatre environment [4.4.3.2].



Anaesthesia Clinical Services Accreditation (ACSA) Accredited Departments

Subspecialties

Ophthalmic anaesthesia

There is a named clinical lead for ophthalmic anaesthesia who has appropriate time available in the job plan for the role. The lead is well supported by a multidisciplinary team [5.2.1.1]; [5.2.1.12].

Paediatric patients undergo operations in the eye unit on a dedicated list, which is staffed by paediatric anaesthetists [5.2.1.11]; [5.2.1.14]. These patients are then treated in the eye unit recovery area before being transferred to the children's ward across the corridor. The RT deemed this area to be a child friendly environment.

The RT was informed that an advanced paediatric life support (APLS) trained consultant or senior SAS grade is always rostered on for paediatric lists and that all nursing staff on shift are intermediate life support (ILS) trained [5.2.1.12].

The ACSA RT observed that the equipment reviewed met with national standards [5.2.1.16]. Staff informed the reviewers that they are happy with the range of equipment available to them. They explained that when new equipment is required they are well supported especially through charitable donations from 'Friends of the eye unit'.

Vascular anaesthesia

Cardio pulmonary exercise testing (CPEX) services are available preoperatively for patients undergoing elective major operations [5.3.1.1].

There are cell salvage machines within the vascular theatres and all operating department practitioners (ODPs) are trained on their use [5.3.1.8]. There are also 'task cards' in each anaesthetic room to provide a brief explanation of everyone's role - one for ODPs, one for scrub nurses, and one for the 'runner' [1.1.1.7]. The RT thought the use of these cards was good practice.

The department explained that they recognised a need for non-specialist consultant anaesthetists to receive some vascular training. As such they have introduced a half day training session whereby consultants can shadow a vascular anaesthetist along with annual simulation sessions [5.3.1.13].

Other

Patient Safety and Quality Conference

The RT was informed that a 'Patient Safety and Quality' conference is run annually by the trust. All departments are invited to attend with speakers from both within and outside the trust. It provides a learning opportunity to reflect on cases when incidents have occurred. The RT was informed that the conference is well attended and deems this to be an excellent example of shared learning.

Author: Dr Kirti Mukherjee (lead reviewer)

Royal College of Anaesthetists

Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1500 | acsa@rcoa.ac.uk | www.rcoa.ac.uk/acsa

@RCoANews

RoyalCollegeofAnaesthetists

Information correct as at December 2017