Background

The aim of the Safe Anaesthesia Liaison Group (SALG) is to highlight potential or existing patient safety issues which fall within the anaesthesia care pathway. Part of the remit of SALG is to encourage incident reporting for the purpose of learning. The core membership of SALG includes members from the RCoA, AAGBI, MHRA, NHS in England and the devolved administrations. A wider group of advisory members represent specialist societies and are called upon to provide an expert opinion on specific issues.

In 2015 a subgroup of SALG were asked to design a survey to evaluate the effectiveness of communications in four of the areas that were identified as important patient safety indicators:

- Wrong side blocks
- Morbidity and Mortality Toolkit
- WHO checklist compliance
- Drug double checking

The questions were piloted with the wider SALG membership in order to check for issues with wording of questions and survey design. The full survey was sent to all members of the SALG Safety Network, which consists of over 800 clinicians with an interest in patient safety, on 12 May 2015 (see SALG survey questions in Appendix I). The Safety Network members were requested to forward the survey to interested colleagues. The survey was open for responses until 1 July 2015.

Results

In total, 494 responses were received. SALG would like to thank all of those who responded for their engagement with the survey. The conclusions from the survey will be used to evaluate and improve future communications from SALG.
Demographic data

The largest proportion of respondents (45.1%, 223/494) was from medium sized hospitals, which were defined within the survey as between 500 and 1000 beds. Respondents from large hospitals were also well represented (35.4%, 175/494), with smaller hospitals taking up only 19.4% of respondents (see Figure 1). This figure illustrates the responses received in the survey was fairly representative of the different size hospitals across the country.

**Figure 1** – Size of hospital represented by survey respondents (n = 494)
M&M Toolkit

The M&M Toolkit was released in October 2013 at the SALG Patient Safety Conference. The toolkit consists of a handbook containing instructions for how to use the toolkit, evidence for the Situation Background Assessment Recommendation (SBAR) format and guidance notes for implementing the format in M&M presentations. There is also available from the SALG website a presentation template for use in departmental meetings.

Awareness of the toolkit was low in comparison to the ‘Stop Before You Block’ campaign from the year before with 51.8% of respondents indicating that they were aware of its existence. Of those who were aware of the document, the majority (62.8%) had heard about it from the SALG Patient Safety Update. Others indicated that they had seen it on the Royal College of Anaesthetists website (38.5%), from colleagues (20.1%) or a presentation (13.4%), see Figure 2 below.

Figure 2 – How survey respondents had become aware of the M&M toolkit (n = 239)

Of those who were aware of the toolkit, 56.9% were either using the toolkit or planning to use it in their departmental presentations. The majority (90.9%) of those who either used the toolkit or planned to use it indicated that they were using the SBAR (Situation, Background, Assessment, Recommendation) format to improve the quality of their presentations. Most were not implementing other recommendations from the report such as appointing quality leads for M&M (45.5%), formally evaluating their presentations (15.6%) or including multiple choice questions at the end of their presentations (5.2%) (see Figure 3).
Figure 3 – How the M&M toolkit was used (n = 77)

Of those who were aware of the toolkit and found it useful, the majority found the presentation proforma the most helpful section of the toolkit (42.3%).

Of those who were not using or planning to use the M&M toolkit, the majority (66.7%) reported that this was because colleagues were not engaged, 19.7% indicated that they had read it and did not find it useful. Other reasons provided were that an alternative M&M structure was already in place, they had forgotten that the M&M toolkit was available, and that the toolkit was overcomplicated.
Of those respondents that wanted anything added to the booklet (71%), the majority indicated that an M&M good practice library would be useful (68.1%), while 51.9% indicated that they would like to see checklist templates added to the toolkit (see Figure 4). Further responses suggested: audit standards, shorter slides, developing action points of recommendations, M&M framework (for meeting, review and learning points) and global trigger tool interaction.

**Figure 4** – Items that could be added to the M&M toolkit to make it more useful ($n = 351$)
Drug Double Checking

The majority of respondents (73.1%) did not routinely perform double checking procedures for anaesthetic drugs. Of those who did check their drugs, the majority did so only at anaesthetic preparation (60.5%). Of those who did perform double checking, the vast majority (92.5%) used second person checking only. Only 2.8% used an electronic system exclusively.

Of those who indicated that they did routinely perform double checking, 86.8% reported that it was not recorded. 11.4% recorded it using a ‘double signature’, while only 2.6% recorded it electronically. The majority of respondents indicated that their departments did not have a policy or protocol governing double checking at preparation (76.1%) or at administration (82.3%).

When asked the reasons why they thought that anaesthetic drug double checking did not occur the majority stated that it was impractical (68.2%), or due to the time implications (64.3%) (see Figure 5).

Figure 5 – Reasons given for drug double checking not being conducted (n = 403)
WHO Safety Checklist

SALG has been a long term supporter of the WHO checklist, which is the checklist recognised and used by all hospitals in the UK to prevent surgical incidents.

The majority of respondents indicated that WHO surgical safety checklist was usually conducted during the following stages: preoperative briefing (92.7%), sign in (98.5%), time out (97.6%), and sign out (85.4%). Only 37% of respondents indicated that they usually complied with the WHO checklist for debrief (See Figure 6).

Figure 6 – Frequency at which the WHO safety checklist was used (n = 414)

Respondents indicated that surgeons tended to lead the preoperative briefing (47.2%), with nurses making up the majority of the remainder (27%). The sign-in section was split almost evenly three ways between the anaesthetist (36.8%), the nurses (25.6%) and the ODPs (28.8%). Time out and sign out was mainly conducted by nurses (48.4% and 65.3%, respectively). Of those that did the debrief, the majority were conducted by nurses also (see Figure 7).
Preoperative briefings almost always included the key players involved (surgeon, anaesthetist, nurse and ODP); whereas respondents reported that surgeons were often not present at the sign in stage (50.2% indicated that the surgeon normally attended this stage). Sign out did typically include the surgeon as well as anaesthetists, nurses and ODPs. Debrief, where this occurred, was attended by most of the main actors (typically included the anaesthetist (49.2%), nurses (49.5%), and ODPs (44.2%)), with a slightly lower reported attendance rate (40.2%) from surgical colleagues (See Figure 8).

**Figure 8** – Members of staff normally attending WHO safety checklist stages (n = 414)
86% of respondents reported that their hospital had adapted the WHO surgical checklist. Of these 90.6% of respondents had added VTE prophylaxis to the checklist and 68.2% had added glycaemic control.

Wrong sided blocks

In June 2011, SALG worked with RA-UK to launch the ‘Stop Before You Block’ campaign from Nottingham University Hospitals on a national level, with the aim of preventing wrong side blocks from occurring. Anecdotal evidence had indicated that the campaign had been effective. However, this survey has confirmed this, with over 96% of respondents indicating that they were aware of the campaign.

Of those who were aware of the campaign, the majority had heard about it from either the RCoA website (66.1%) or the Patient Safety Update (65.5%), a smaller proportion (23.7%) had heard about it through the RA-UK website.

Figure 9 - How survey respondents had become aware of the Stop Before You Block campaign (n = 304)

82.1% of respondents indicated that they used ‘Stop Before You Block’ in their hospital, with an additional 6.1% stating that they do their own modification of the guidance given by SALG. 63.7% also stated that they marked the block site, while 39.3% of respondents indicated that their hospital has included the block site check on the preanaesthetic WHO checklist.
When asked how they performed ‘Stop Before You Block’, 84.8% of respondents indicated that they asked the patient to confirm the side prior to anaesthesia or sedation, 57% indicated that they stopped and called time out, 88.2% checked the mark indicating the site of surgery just prior to needle insertion together with their assistant while 81.5% indicated that they double checked the consent form for the operative side (Figure 10).

**Figure 10** – How ‘Stop Before You Block’ is performed (n= 330)
Appendix I – SALG Survey

Safe Anaesthesia Liaison Group (SALG) Survey
The Safe Anaesthesia Liaison Group (SALG) is a group that brings together the interests of a number of different organisations across the UK to highlight potential or existing patient safety issues which fall within the anaesthesia care pathway (please visit www.rcoa.ac.uk/salg for more information about SALG). We are conducting a quick, five to ten minute survey to inform future communications and initiatives by gathering views of the Safety Network on the following topics:

- Morbidity and Mortality Meetings (including the SALG M&M toolkit)
- Double-checking drugs for injection
- WHO Surgical Safety Checklist
- Prevention of Wrong sided Blocks
General
What size hospital do you work in?
■ Large (>1000 beds)
■ Medium (500–1000 beds)
■ Small (<500 beds)

Morbidity and Mortality (M&M) Meetings
1 Are you aware of the SALG M&M Toolkit?
■ Yes (Continue to question 2)
■ No (Continue to question 7)

2 How did you hear about the SALG M&M Toolkit?
■ Patient Safety Update
■ Colleague
■ RCoA website
■ Social media (e.g. Twitter, Facebook, etc.)
■ Presentation
■ Other: (please specify)

3 Are you:
■ Using the SALG M&M Toolkit (continue to question 4)
■ Planning to use the SALG M&M Toolkit (continue to question 6)
■ Not using the SALG M&M Toolkit (continue to question 5)

4 How have you used it? (please tick all that apply)
■ using the Situation, Background, Assessment, Recommendation (SBAR) format to improve the quality of my presentations
■ appointing quality leads for M&M
■ including MCQs following presentations
■ formally evaluating presentations
■ Other: (please specify)
(Continue to question 6)
5 What is the main reason why you are not using the SALG M&M toolkit?
- Did not hear about it
- No access to it
- Have read it and do not find it useful
- Colleagues are not engaged
- Other: (please specify)
(Continue to question 7)

6 Which section of the SALG M&M toolkit do you find most useful?
- Rationale and potential benefits for SBAR standardised M&M format
- Evidence base for SBAR-standardised format
- Guidance for implementing the SBAR-standardised format in M&M presentations
- SBAR M&M presentation proforma
- None of the above
- Other: (please specify)

7 What would you like to see added to an M&M toolkit?
- Presentation slide templates
- Checklist templates
- Situation, Background, Assessment, Recommendation (SBAR) template or form
- Instructions on how to fill out Situation, Background, Assessment, Recommendation (SBAR)
- Examples of completed Situation, Background, Assessment, Recommendation (SBAR)
- M&M meetings good practice library
- Other: (please specify)

Anaesthetic Drug Double-Checking

1 Do you routinely perform double checking procedures for anaesthetic drugs:
- Yes, only at anaesthetic drug preparation (continue to question 2)
- Yes, only at anaesthetic drug administration (continue to question 2)
- Yes at both anaesthetic drug preparation and administration (continue to question 2)
- No, at neither anaesthetic drug preparation or administration (continue to question 4)

2 Which system of double checking do you use?
- Electronic
- Second Person
- Combination of electronic and second person
- Other: (please specify)
3 How is the double checking recorded? (please tick all that apply)

- Not recorded
- Double signature
- Electronically
- Other: (please specify)

(Continue to question 5)

4 Why do you think anaesthetic drug double checking does not occur? (please tick all that apply)

- Impractical
- Time implications
- Benefits did not outweigh risks
- No proof of safety outcomes when attempted
- Don’t know
- Other: (please specify)

5 Is there a departmental policy or protocol governing double checking of anaesthetic drugs?

- At preparation:
  - Yes
  - No
  - Don’t Know

- At administration:
  - Yes
  - No
  - Don’t know

WHO Surgical Safety Checklist

1 In your experience, how often are the WHO Surgical Safety Checklist components conducted?

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<td>Debrief</td>
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2 Which member of the team usually leads each component?

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<th>Surgeon</th>
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3 Which core members of the team usually or always attend each component? (please tick all that apply)

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4 Have you adapted the WHO surgical safety checklist in your hospital?
- Yes (continue to question 5)
- No
- Don’t know

5 Which of the following have been added to your WHO surgical safety checklist? (please tick all that apply)
- Glycaemic control
- Steroid cover
- VTE prophylaxis
- None of the above
- Other: (please specify)
Prevention of Wrong sided blocks

1. What special precautions are recommended in your hospital to prevent wrong-sided blocks? (please tick all that apply)
   - ‘Stop Before you Block’
   - Marking the block site
   - Inclusion of block site check in pre-anaesthetic WHO checklist
   - Other: (please specify)

2. Are you aware of the national campaign to reduce wrong-sided block placement: ‘Stop Before you Block’?
   - Yes (Continue to question 3)
   - No

3. How did you find out about the ‘Stop Before you Block’ campaign?
   - RCoA website
   - Social media (e.g. Facebook, Twitter, etc.)
   - Patient safety update
   - European Society of Regional Anaesthesia and Pain Therapy (ESRA) website
   - Regional Anaesthesia United Kingdom (RA-UK) website
   - Other: (please specify)

4. Do you routinely perform ‘Stop Before you Block’ in your hospital?
   - Yes
   - No, we do not
   - No, we do our own local modification

5. How do you perform ‘Stop Before you Block’? (please tick all that apply)
   - Ask the patient to confirm the side of surgery prior to anaesthesia or sedation
   - Stop and call time-out
   - Check the mark indicating site of surgery just prior to needle insertion together with your assistant
   - Double checking the consent form for operative side
   - Other: (please specify)