National Safety Standards for Invasive Procedures - what do we need to do?

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Publication of the NatSSIPs on 7th September 2015

Patient Safety Alert: “Supporting the introduction of the National Safety Standards for invasive procedures” published on 14th September 2015
Agree director or equivalent with lead responsibility for ensuring all relevant staff are aware of the NatSSIPs and are supported in developing LocSSIPs.

Identify all procedures undertaken across clinical settings in your organisation that the NatSSIPs are applicable to.
Actions

For these identified clinical procedures develop and test LocSSIPs based on the relevant NatSSIPs using local insight, including from patients and the public, together with the resources, networks and collaborative opportunities highlighted in this Alert.

Commence implementation of procedures and practice compliant with LocSSIPs within cycles of continuous improvement including consideration of teamwork and training, human factors and cultural aspects of compliance.
Actions

Please share local good practice and LocSSIPs by emailing:
patientsafetyenquiries@nhs.net
Getting started – early implementers

• Identify an Executive Director with lead responsibility

• Establish a corporate multidisciplinary governance team
  - Individuals in the trust with a strong interest in safety

• Take time to scope out the work

• Project management support from the Service Transformation Team
Education - early implementers

- Team training for procedural teams
- Train as team vs tribes
- Bespoke team training and leadership modelling developed to meet the organisation’s needs:
  Team Structure
  Communication
  Leadership
  Situation monitoring
  Mutual support
Early learning – early implementers

• Gaining consensus from a large number of staff takes time - but is necessary

• Top-down imposition will not work

• Capture ‘positive events’ for learning

• Use of observational audit and developing measures of success

• Create additional LocSSIPs if necessary

• Communication is essential
Safer Systems – Safer Cultures

NatSSIPs Headlines
Booklet coming soon!
LocSSIPs should define how specific prosthesis requirements are communicated by surgical and other clinical teams to operating theatre and procedural teams.

When a prosthesis is non-standard or is not included in an agreed permanent prosthesis stock, i.e. a “non-stock” prosthesis, the operator must ensure that the prosthesis requirements are communicated effectively to the procedural team in sufficient time for the prosthesis to be ordered and received.

A named team member should be responsible for ordering and checking correct implant delivery before the procedure. This information should be available to the rest of the team.
NatSSIP Prosthesis verification before the procedure

• When permanent stocks of prostheses are maintained in the organisation, a named individual should be responsible for checking stocks, ordering, and ensuring that expiry dates are checked regularly and that any prostheses that have passed their expiry dates cannot be used.

• The operator must use the safety briefing before the start of a procedural list to confirm with the procedural team that the required prostheses, or range of implantable material such as may be needed for fracture fixation, for every patient in the procedural list, and any relevant equipment associated with their insertion, are present in the procedural area.

• The operator must inspect the available prostheses and confirm that the correct prosthesis or range of prostheses, or range of implantable material such as may be needed for fracture fixation, is available before arranging for the patient to be brought to the procedural area, i.e. before the patient is “sent for”.

LocSSIP Prosthesis verification
Before the procedure

- Agreed permanent stock - including type and stock levels
- When patient listed for procedure – the prosthesis required is clearly identified
- Specialty team leader or their nominated deputy is responsible for ordering and checking procedures, including stock levels, expiry dates and correct implant delivery before the procedure
- Implant storage areas must have clear labelling and allow for separation of laterality specific implants
- The surgeon must use the safety briefing before the start of an operating list to confirm with the team that the required prosthesis is available and present for every patient
Before removal of the prosthesis from its packaging, the operator should confirm the following prosthesis characteristics with the procedural team:

- Type, design, style or material.
- Size.
- Laterality.
- Manufacturer.
- Expiry date.
- Sterility.
- Dioptre for lens implants.
- Compatibility of multi-component prostheses.
- Any other required characteristics.

Once the correct prosthesis has been selected, any prostheses not to be used for that patient should be clearly separated from the correct prosthesis to minimise the risk of confusion between prostheses at the time of implantation.
LocSSIP Prosthesis verification
During the procedure

The scrub practitioner and the surgeon will both visually and verbally confirm the prosthesis.

Once the correct prosthesis is chosen, all other prostheses are removed from the area.

In orthopaedic surgery the surgeon should not ask the scrub practitioner to mix cement whilst this is being performed.
What is an “invasive procedure”?

In using a different term - “invasive procedure” – NatSSIPs proposes to address those procedures that have the potential to be associated with a Never Event if safety standards are not set and followed, to include:

- All surgical and interventional procedures performed in operating theatres, outpatient treatment areas, labour ward delivery rooms, and other procedural areas within an organisation.
- Surgical repair of episiotomy or genital tract trauma associated with vaginal delivery.
- Invasive cardiological procedures such as cardiac catheterisation, angioplasty and stent insertion.
- Endoscopic procedures such as gastroscopy and colonoscopy.
- Interventional radiological procedures.
- Thoracic interventions such as bronchoscopy and the insertion of chest drains.
- Biopsies and other invasive tissue sampling.
Frequently asked question 2

Are there any examples of LocSSIPs yet?

We are starting to get examples of LocSSIPs as they are being developed by organisations and these will be available on the resources section of the NHS England NatSSIPs website:

https://www.england.nhs.uk/patientsafety/never-events/natssips/
Frequently asked question 3

Is there a template available to help us write our LocSSIPs?

The NatSSIPs Group have considered if this would be helpful for organisations to get started and this is in the process of development.
What will success look like?

- Engagement of hospitals, staff and patients in the NatSSIPs and LocSSIPs process
- Regular human factors and teamwork training for procedural teams
- Sharing of learning within and between organisations delivering NHS-funded care
- Fewer near misses and patient safety incidents
- A decrease in the incidence of Never Events
Questions