



Centre for
Perioperative Care

NatSSIPs 2

Proportionate standards for safety in invasive
procedures

What is an Invasive Procedure?

All surgical and interventional procedures performed in operating theatres, out patient clinics, labour ward rooms, ward areas and other procedural areas within an organisation

Any procedure where documented consent is required?

Which specialties does it apply to?

Anaesthesia
Breast
Cardiology
Cardiothoracic
Critical Care
Dental
Dermatology
ED
ENT and Head and Neck
Endoscopy
Endocrine surgery
General
Gynaecology
Haematology
HPB
Interventional Radiology and Radiology OP and IP
IVF
Maxillofacial

Medical
Neurosurgery
Neurosurgery spinal
Neurology
Obstetrics
Oncology
Ophthalmology
Orthopaedics
Orthopaedics Spinal
Paediatrics
Pain
Plastics
Radiotherapy
Renal
Respiratory
Urology
Vascular

Integrating Safety I and Safety II into NatSSIPs2



Safety I

Find and fix

Compliance

Checklists

Learning from adverse outcomes



Safety II

Enable things to go right more often

Learning from excellence

Reliable processes

Happy engaged staff

Organisational

Sequential

Standardise

Safety behaviours, processes, policies, insight, involvement and performance measures across organisations and specialties

Expected behaviour, safety standards, checklists and format across invasive specialties

Harmonise

Across groups of hospitals
Across IT systems

Reduce variation across specialties

Educate

Commit to people safety education, human factors and systems thinking, safety infrastructure, leadership training and training in cultural change

Teach and train in team behaviours, human factors, systems thinking learning/ co-production with patients

Bolstered Organisational Standards

The NatSSIPs include **Organisational standards** that an organisation must follow to provide the conditions to support teams in delivering safe patient care.

Sequential steps are those safety steps (NatSSIPs 8) that are carried out by the team in the patient pathway and are based on proportional risk assessment and organisational learning to reduce harm



NatSSIPs 2 ORGANISATIONAL STANDARDS

Organisational standards that enable teams to deliver safe care



People for safety

Patients as partners:
Involve patients in their care and safety
Mutual respect and compassion

Staff to deliver:
Roles in safety: resource leadership to deliver
Training in safety: appropriate and skilled staffing
MDT teams: have safety education with human factors



Processes for safety

Documentation:
User-friendly checklists without duplication

Scheduling:
Provides necessary information for safe care

Induction:
Covers expectations for safe reliable care

Governance:
Provides insight, learning, involvement and improvement



Performance for safety

Data sources:
Sequential, peer review and qualitative performance with a surance data

Organisational, education and induction, delivery measures:

Use of data:
Quality improvement focus
Visibility of data
Board to ward with expert support and challenge

Secure in safety

Local safety strategy is visible with infrastructure following NatSSIPs



Patient involvement

Patients involved in safety improvement, education, information and design



Leadership

Senior and substantive clinical leadership
Training in safety for leaders
Sufficient support and resource



Governance

Proportionate risk assessment, organisational resource, human factors expertise



Measurement for Improvement

Triangulation
Suites of measures
QI methodology

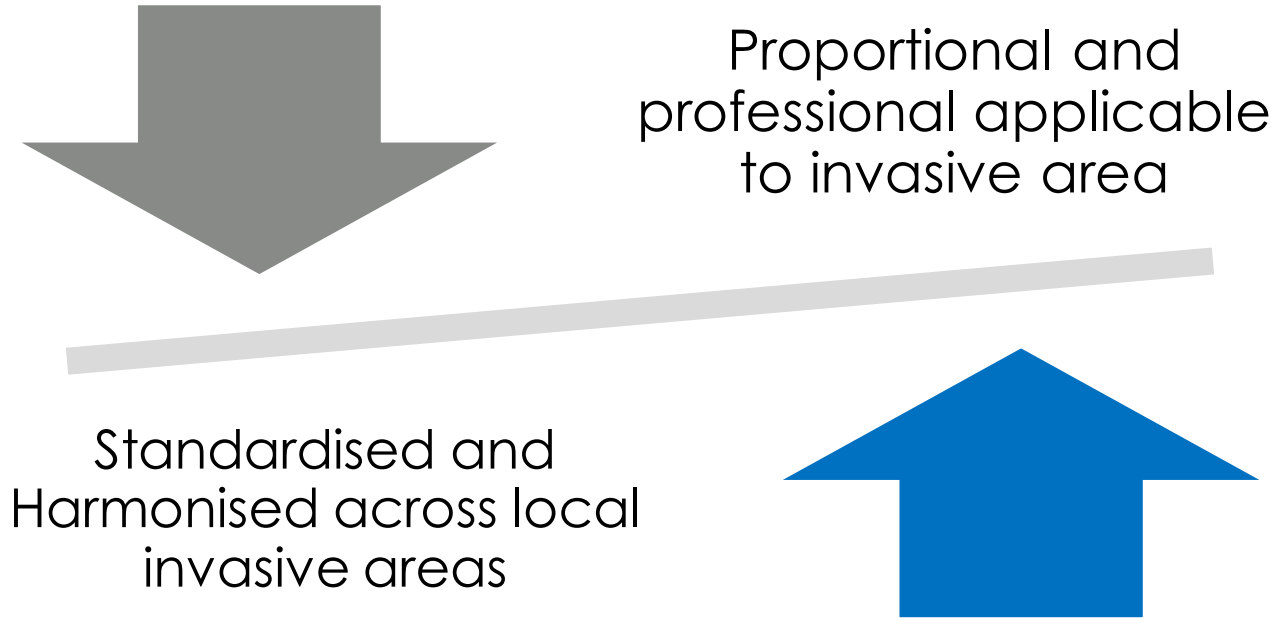


Systems design

Safe scheduling and list management
Local induction covers NatSSIPs
IT integration



Tension in checklist design and delivery





The NatSSIPs Eight NatSSIPs 2 SEQUENTIAL STEPS

Delivery of safe invasive procedures by the MDT in the patient pathway



Consent and procedural verification

- Laterality in full
- Consent signed by operator
- Site marked by operator



Sign In

- Anaesthetic practitioner anaesthetist with patient
- Checks including consent with patient



Implant check if required

- Check compatibility
- Record what is needed
- Team focus at checks
- Add to register
- Stock up



Sign Out

- Confirm count correct
- Flush IV lines
- Postoperative team instructions



Team Brief

- Lead operator present
- Lead anaesthetist present
- Team introductions
- Plans discussed



Time Out

- Whole team engaged
- Safety checks conducted
- Strong team communication



Equipment reconciliation

- Nothing unintended left behind
- Count of constituent parts
- Count at every cavity closure



Debrief

- How did the day go?
- What did we learn?



What is new in the sequential standards?

- **Minor Major concept**
 - Combined Sign In/Time Out possible
- **Aligning with other safety work** e.g. Prep Stop Block
- **Proportionate Count**
- **Infographics**
- **Short and Long version**
- **Implementation portal**
- **Performance indicators (qualitative)**

Invasive Procedures; proportional checks for major procedures

Patient is awake
Site marking if laterality
Single procedure (not a list)
In OPD or ward areas
1-2 person in team

Minor

Combined Sign In and Time Out

Sign Out

Major

Sign In

Time Out

Reconciliation (counting items)

Sign Out

Patient under GA or RA or sedation or local
In procedural area
MDT team
Higher risk procedure

- **Team Brief**
- **Site marking if laterality**
- **Implant Checks (if required)**
- **Debrief**

Proportionate Count

When procedures are performed outside of main theatres

via incisions too small to retain objects; via needle punctures; or via natural orifices without the insertion of swabs

a proportionate count to confirm the presence of intact equipment and the removal of any wire and ancillary equipment such as sheathes may be sufficient

This will apply to the majority of radiology, cardiology, endoscopy, wards, outpatient areas, emergency department and minor procedures.

However, if a procedure in this area involves a cavity large enough to retain an item, such a proportionate count will be insufficient. E.g Maternity



- Green swabs or gauze are used in anaesthesia for
 - pressure padding e.g around 3 way taps, BIS or tube ties
 - absorption e.g Failed cannulation, saliva, ultrasound gel
 - to stop a drape sticking to an airway
- Green swabs represent a risk as
 - they do not have a radio-opaque line
 - they can end up mixed in the count
 - there is no benefit to green swabs being having a radio-opaque line as they are not expected to be missing?

NatSSIPs2 in summary; organisational and sequential standards

Organisational Standards

People for safety

- Patients as partners
- Staff to deliver
 - Roles in safety
 - Training in safety
 - MDT Teams

Processes for safety

- Documentation
- Scheduling
- Induction
- Governance

Performance for safety

- Data for assurance and improvement
- External body engagement

Standardise

Harmonise

Educate

Sequential Standards **(‘The NatSSIPs 8’)**

1. Consent and Procedural verification
2. Team Brief
3. Sign In
4. Time Out
5. Implant use
6. Reconciliation of items
7. Sign Out
8. Debrief/Handover



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Questions?