Survey shows positive operating room culture impacts on patient safety and surgical practice

Tuesday 24th April 2018

The culture and environment in which we work in the operating room is associated with better outcomes for the patients who pass through it, according to a paper referred to by Auckland City Hospital's Dr Ian Civil, FRACS in the latest issue of the Australia and New Zealand Journal of Surgery (ANZJS), RACS' peer-review publication.

Dr Civil says that a survey was adapted in New Zealand across all twenty hospitals and following the implementation of a New Zealand Safe Surgery programme which was rolled out across the country's hospitals and private practices in 2015, improvements have been shown on various levels.

With around 1,000 responders, the survey revealed a 20 per cent increase in team discussion and briefings, a 15 per cent increase in surgical planning and most who participated in the survey said that they would feel safe being treated in their hospital as a patient.

Results of the same survey across 31 hospitals and 1,793 respondents in South Carolina, US, reports that 30-day post-operative death rates were associated with staff perceptions of the safety of surgical practice. It seemed that for every positive statement associated with operating room culture, there was a considerable decrease in mortality.

“It’s a good thing that culture has improved. It is a more pleasant environment if you are acknowledged and accepted and you feel you’re able to speak openly, notwithstanding the importance of a mutually respectful workplace free from bullying and harassment, in light of RACS' Expert Advisory Group’s recent findings on widespread discrimination, bullying and sexual harassment in the workplace, it now appears that the implications extend to patient outcomes,” Dr Civil said.

The MORSim (Multidisciplinary Operating Room Simulation), a detailed, immersive, scenario based learning tool has also been implemented across the country’s hospitals and private surgical providers. Each member of the team is given a brief about a patient they are about to care for. Each brief is slightly different and may not include vital information that another may find vitally important. Through discussion and investigation, transparency and clarity the team is better able to perform the procedure than without the tool, which clearly demonstrates that failure to share information can have a great effect on the success of a procedure.

“MORSim scenarios teach us that the willingness to cooperate and share information ultimately reflects in positive patient outcomes,” Dr Civil said.
MEDIA RELEASE

About the Royal Australasian College of Surgeons (RACS)

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

www.surgeons.org

Media inquiries: Gabrielle Forman – RACS Communications & Advocacy department

t: +61 3 9276 7430 | m: +61 498 218 008