

Teamwork Practice In Operation Theatre for Patient Safety – Bangladesh perspective

Teamwork in operation theatre is the collaborative effort of a health professional to achieve a common goal or to complete a surgical task in most effective and efficient way (Safe Surgery). Safe surgery saves lives is a WHO program designed to avoid complication and death by improving peri-operative care. Peri-operative deaths solely due to anaesthesia or anaesthetic error are extremely uncommon (0.5-0.8:100,000), but the intra-operative death of anaesthetized patient is relatively more (1-30:100,000). There are also risk of development of complications in surgical patient at postoperative period. There are different action plan was taken for safe surgery and patient safety. Every action plan was developed by a group of individual responsibility but all action plan did not provide guarantee for safe surgery. In last 15 years surgical thinking about errors and patient safety has changed dramatically. With this background idea of teamwork was developed in worldwide. That effective teamwork, not only within the operating theatre but also across the entire peri-operative pathway, is acknowledged as a critical component of safe and effective surgical care, resulting in good outcomes and quick recovery of the surgical patient. So effective teamwork in the operating theatre is a necessity, not a luxury - better teams have better outcomes. Researchers have also made the distinction between task work and teamwork. Teamwork is defined as a non technical skill. This suggests that teamwork is not a task but a generic behavior. So components of teamwork are Communication, Performance and Facility support. Communication is supporting to get the necessary information to the right people so decisions can be made and achieve an interaction among members of the surgical team. Communication has two part- briefing and debriefing. WHO recognized and customized safe surgical checklist is a main communication tools for safe surgical teamwork. There are systematic review of 16 studies of surgical safety checklist

implementation in hospitals worldwide at 2014 noted that surgical checklists have been shown to significantly improve patient's outcome subsequent to surgery, and therefore their use is being widely encouraged and accepted. The evidence is also strong for briefings and debriefings. Patients whose surgical teams exhibited fewer teamwork behaviors were at higher risk for death or complications. Civil and Shuker noted that briefings and debriefings in the theatre environment have reduced communication failures by two-thirds, reduced non-routine events by one-fourth, effectively surfaced potential surgical safety hazards, reduced staff perception of risk and increased their sense of team collaboration and that article was published in the Australian and New Zealand Journal of Surgery, 2015. So it is obvious that there is a powerful link between routinely undertaking briefings and the safety culture within the operating theatre. With all these reasons recognition of the importance of teamwork for surgical patient safety is increasing. So significant efforts are taking place globally to improve team functioning through team training but it is still a common expectation of healthcare professionals of most of the developing countries are to maintain effective team functioning without significant effort in team training.

Present status in Bangladesh: It is a new increasing strategy in Bangladesh blame someone among the team or outside of team if go anything out of expectation specially in surgical task. This blaming an individual does not change the factors and the same error is likely recurring. To overcome this problem there is a demand for maintaining proper documentation by using safe surgical check list and developing well communication skill which are essential for teamwork approach.

Teamwork for surgical patient safety is a new concept among the surgical team in our country.

This idea has been introduced when surgical safety checklist practice are demanded. Most of the operation theatre staffs are doing their activities according to the usual instruction of surgeon and anesthetist. All of the operation theatre manpower in present condition do not act as a team rather than act individually and independently. Still safe surgical checklist is not properly followed in most of the hospital setup. For this reason quality cell of health ministry is very much concern about proper practice of safe surgical checklist for safety of surgical patient and avoidance of unwanted problem. This safe surgical checklist practice needs good communication and teamwork approach. Practice of communication before starting of any operation between team members and patient is very poor in different hospitals of Bangladesh. In the SAFE obstetric anesthesia course both anesthesiologist and obstetrician are being trained for better outcome of surgical obstetric patient including proper training regarding use of safe surgical checklist and communication skill. After completion of 6th SAFE obstetric anesthesia course outcome of this training was evaluated by a obstetric anaesthesia fellow of BSA in collaboration with Lederal group, WFSA. Most of the participants were involved in evaluation did not properly follow the safe surgical checklist and initial communication which are the essential components for teamwork concept.

How to practice teamwork concept in Bangladesh? In worldwide there are significant efforts have been made to understand how teams work within surgical care pathways and how to improve teamwork consequently. Availability of regular team training remains limited to a relatively small number of hospitals. Sometime this training driven by enthusiastic and committed individuals and often seen in response to an adverse event. But in Bangladesh 1st priority is to change the attitude of surgeon and anesthetist with the other worker in the operation theatre for practicing teamwork approach. All experts work together does not ensure that they will merge into an expert team. Essential component of teamwork are cooperation, communication, coordination, leadership and monitoring. So the importance of training of theatre team to work effectively together is gaining international acceptance as a

key strategy to maximize surgical safety. The development of team training interventions by the health ministry for health care provider of Bangladesh is very much essential. Aim of this training interventions are to provide theatre teams with the knowledge, skills, and attitudes (KSAs) that underpin effective team performance. After that it will become an increasingly prominent feature in the surgical, anaesthetic, and nursing literatures in Bangladesh. Team training may be embedded into the early stages of residency curriculum and giving emphasis on the advocacy efforts to aware the patient and the society regarding their role in safe surgery.

Conclusion:

Anaesthesia has been described as a leading medical specialty in addressing issues surrounding adverse events related to anesthesia. This discipline is first to discover and embrace CPR. They are giving training about teamwork in patient resuscitation and safe anesthesia for surgical patient for more than 20 years. Now Anesthesia department will develop awareness and lead the Teamwork training to the all theatre staffs for surgical patient safety.

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