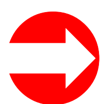
Resources for implementing change



Risk matrix

The risk matrix can help you prioritise areas which you identify as potentially harmful to practice or patient safety.

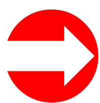
- Consider how likely each risk is to occur and its potential impact to practice.
- Plot the risk within one of the squares of the matrix. Perception of the impact of the risk is variable from one specialist to another in relation to their practice.
- The more red the square, the higher priority for risk management. Prioritise your response to focus on the highest risks.

Example risk matrix

Impact on practice / frequency of occurrence	(5) Insignificant impact	(4) Minor impact	(3) Moderate impact	(2) Major impact	(1) Extreme impact
(A) Almost always			Anaesthetist can't monitor intraabdominal pressure		No documentation of consent discussions
(B) Often		Problem with light source	Staff unable to assemble equipment		
(C) Occasionally				Poor laparoscope picture	
(D) Rarely					High risk patient but ICU/HDU unavailable
(E) Almost never					

ⓘ **A risk matrix template is included in this pack**

Resources for implementing change



Action Plan

Writing an action plan helps make action happen by breaking the process down into manageable, achievable steps and designating responsibility.

- Use your risk matrix to complete the issue and impact columns.
- Brainstorm the actions necessary to help minimise or manage the risk. Deconstruct the issue into as many actions as necessary. Where a risk is based on a process / team performance, include all concerned in these discussions.
- Identify who is the best person within the team / organisation to complete each action. If there is no one with the knowledge or skills to perform the action, outside help may be necessary.
- Designate a timeline for expected completion for each action.
- Use the date column to keep a track of when completion was expected and when to follow up actions
- If actions have been completed make a note in the implemented column. For any outstanding actions, note any amendments which could be made to keep the action on track towards completion.

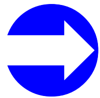
Example action plan

Issue	Impact	Action	Person responsible	Date	Implemented	Amend
Anaesthetist can't monitor intraabd. pressure	3A	Rearrange theatre setup	Anaesthetist liaise with Theatre Manager	Within 2 weeks	Yes	N/A
Poor laparoscope picture	2C	Back up equipment on hand in theatre Increase maintenance routine	Theatre Manager / technician Technical supplies dept	Within 4 weeks Within 8 weeks		

ⓘ An action plan template is included in this pack

Turn over for more resources ➘

Resources for comparing your practice



National Guidelines

Why not review or compare your practice to the recommendations contained in either of the following national guidelines?

Prevention of Venous Thromboembolism: Best Practice Guidelines for Australia and New Zealand, 3rd Edition

- These guidelines are designed to encourage appropriate and timely prophylaxis to prevent and treat venous thromboemoblis to reduce patient suffering and health care costs.

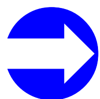
  For more information contact the National Institute of Clinical Studies:
  (t) +61 3 8866 0400
  (f) +61 3 8866 0499
  (e) admin@nicsl.com.au
  (w) www.nicsl.com.au

ⓘ **A copy of the Prevention of Venous Thromboembolism: Best Practice Guidelines are included in this pack**

Therapeutic Guidelines: Antibiotic, 13th Edition 2006

- Therapeutic Guidelines have compiled guidelines on the use of antibiotics including in relation to surgical prophylaxis and management of intraabdominal infection.

  To obtain a copy of the guidelines or for more information contact Therapeutic Guidelines:
  (t) 1800 061 260
  (f) +61 3 9326 5632
  (e) sales@tg.com.au
  (w) www.tg.com.au



Other professional organisation guidelines

Australian Gynaecological Endoscopy Society

- Members of AGES may have access to guidelines relating to laparoscopy
  www.ages.com.au

Anaesthetists Society of Australia

- Minimum facilities for preanaesthesia consultation
  (last updated February 2004)
  www.asa.org.au

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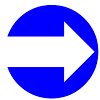
Resources for comparing your practice



College Recommendations and Statements

College recommendations and statements can form a concise point for reviewing your practice or deciding on an area to audit.

Visit your College website to find out their latest recommendations for practice.

ANZCA Recommendations

- Recommendations for the Pre-anaesthesia Consultation (last updated October 2003)
- Recommendations for Responsibilities of the Anaesthetist in the Post-operative Period (last updated September 2001)
- Recommendations for the Post-anaesthesia Recovery Room (last updated October 2000)

  Find these and other ANZCA recommendations at the ANZCA website: www.anzca.edu.au

RANZCOG Statements

- Use of the Veress needle to obtain pneumoperitoneum prior to laparoscopy (last updated July 2006) (Consensus statement of RANZCOG and AGES)
- Guidelines for performing advanced operative laparoscopy (last updated July 2005)
- Use of lasers in obstetrics and gynaecology by Fellows and Trainees of RANZCOG (last updated March 2005)

  Find these and other RANZCOG College statements on the RANZCOG website: www.ranzcog.edu.au/publications/collegestatements.shtml

RACS Statements

- No statements were available at the time of publication. Contact RACS directly for more information: www.surgeons.org.au

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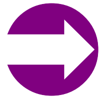
Resources for informed consent



Medical Defence Organisations

Ask your Medical Defence Organisation if they have any tailored consent materials.

United Medical Protection (UMP)

- Guidelines for Patient Consent, sample consent forms and sample letters can be found on the Risk Management section of the UMP website: www.unitedmp.com.au/0/0.13/home.htm

  Or contact UMP:
  (t) 1800 814 084
  (f) 1800 339 614
  (e) united@unitedmp.com.au

Medical Defence Association of Victoria (MDAV)

- MDAV produce a number of clinical risk and consent resources for Anaesthetists, Surgeons and Gynaecologists, including strategies for helping patients understand risks: www.mdav.org/content.asp?Document_ID=1

  Or contact MDAV:
  (t) +61 3 9347 3900
  (f) +61 3 9347 3439
  (e) info@mdav.org

MDA National

- MDA National provides free risk management workshops and seminars to members including risk management distance learning programs: www.mdanational.com.au/risk/distancelearning.asp

  Or contact MDA National:
  (t) 1800 011 255 or 1800 034 466 (WA)
  (f) +61 3 9690 6272
  (e) peaceofmind@mdanational.com.au

Medical Insurance Group Australia (MIGA)

- MIGA's Interactive Risk Management (IRM) Program includes risk focused consent questionnaires and workshops for its members: www.miga.com.au

  Or contact MIGA:
  (t) +61 8 8238 4444
  (f) +61 8 8238 4445
  (e) miga@miga.com.au

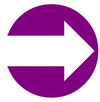
Medical Indemnity Protection Society (MIPS)

- Free consent workshops are available for MIPS members: www.mips.com.au/www/81/1003760/displayarticle/1004485%2ehtml

  Or contact MIPS:
  (t) 1800 061 113 or 1800 818 505 (Tasmania)
  (f) 1800 061 116 or (03) 6223 2579 (Tasmania)
  (e) info@mips.com.au

Turn over for more resources ➘

Resources for informed consent



Written pre operative patient information

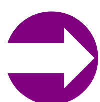
Providing your patients with written pre operative materials can boost the effectiveness of your two stage informed consent process.

College pamphlets

- A variety of information pamphlets for patients having laparoscopy procedures are produced by RANZCOG and RACS in conjunction with MiTec Medical Publishing, including:
  - Laparoscopic Gall Bladder removal (RACS)
  - Laparoscopy (RANZCOG)
  - Laparoscopic treatment of endometriosis (RANZCOG)
  - Hysteroscopy and Laparoscopy (RANZCOG)
- Anaesthesia patient information pamphlets (not specific to laparoscopy) are also produced by MiTec Medical Publishing.

For more information contact MiTec Medical Publishing:
(t) +61 3 9888 6262
(f) +61 3 9888 6465
(e) orders@mitec.com.au
(w) www.mitec.com.au

ⓘ An example gynaecology / general surgery laparoscopy pamphlet is included in this pack



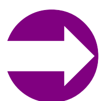
Other professional organisations

Queensland Health

The Queensland Health website has numerous consent forms for laparoscopy procedures and anaesthesia.

- Gynaecology procedure consent forms:
  www.health.qld.gov.au/informedconsent/obstetforms.asp

- General surgical procedures and anaesthesia consent forms:
  www.health.qld.gov.au/informedconsent/surgeryforms.asp

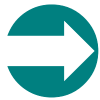


Consent processes in your hospital

Your hospital consent processes may have changed or been updated. Ensure you are up to date with your current local requirements for consent.

Turn over for more resources ➘

Resources for ongoing audit



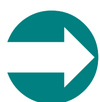
ACHS Clinical Indicators

Clinical indicators are developed by the Australian Council on Healthcare Standards (ACHS) and your College as a means of flagging clinical issues. They are an integral part of the hospital accreditation process.

How you can maximize the use of the ACHS Clinical Indicators within your hospital as a readymade ongoing audit

- Your hospital quality unit or health information staff may already collect data on indicators related to laparoscopy or anaesthesia as part of the hospital accreditation process.
- **If they are:**
  - Ensure that data is collected on indicators which are relevant to your practice.
  - Ask for regular updates or feedback. Your accreditation staff will welcome your proactive interest!
  - Use the results as a point for multidisciplinary discussion as a snapshot of what your hospital is doing.
  - Review the data to identify potential areas for improvement.
  - Repeat at regular intervals to see trends or the impact of any changes on patient outcomes.
  - Compare your local results with the ACHS national statistics. Your accreditation staff may assist you with this comparison.
- **If they're not:**
  - Discuss this as an area of interest at a departmental meeting.
  - Contact and enlist the support of the quality unit or health information staff.
  - You may be able to persuade them to collect data on the areas of interest to you. Your enthusiasm for indicators may assist you in future negotiations with these departments. You will then have ready access to audit data which will also complement the hospital accreditation process.

ACHS Clinical Indicators related to anaesthesia and laparoscopy are included in this pack

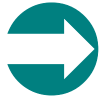


CPD points

- Don't forget you that your audit activities may count towards your College CPD requirements!

Turn over for more resources ➘

Resources for ongoing audit



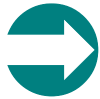
ACHS Clinical Indicators

Clinical indicators are developed by the Australian Council on Healthcare Standards (ACHS) and your college as a means of flagging clinical issues. They are an integral part of the hospital accreditation process.

How you can use the ACHS Clinical Indicators as a personal mini audit

- Pick an indicator which is relevant to the procedures you undertake.
- Read the denominator (total number of cases with a specific procedure.)
- Read the numerator (number of these cases which have a specific complication.)
- Keep a tally of your cases which fit into the denominator and numerator categories.
- After two months, or 100 cases, divide the numerator by the denominator to see what percentage of your cases involved a complication.
- Compare your percentage with the ACHS national statistics.
- Repeat your audit over another two months, and compare your results again.

ACHS Clinical Indicators related to anaesthesia and laparoscopy are included in this pack

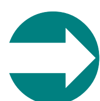


CPD points

- Don't forget you that your audit activities may count towards your College CPD requirements!

 Turn over for more resources ➘

Resources for ongoing audit



ACHS Clinical Indicators

Here is an extract of the ACHS Clinical Indicators which are relevant to laparoscopy and anaesthesia for laparoscopy. Each indicator has a rationale and definitions which are contained in the Clinical Indicator User's Manual.

New Indicators introduced in 2007

Gynaecology Indicators

Numerator	Total number of patients receiving an **injury to a major viscus** with repair, during a laparoscopic gynaecological operative procedure or subsequently up to 2 weeks post-operatively, during the 6 month time period.
Denominator	Total number of patients undergoing laparoscopic gynaecological operative procedure, during the 6 month time period.

Numerator	Total number of patients receiving a **ureter injury** at the time of a laparoscopic hysterectomy with repair during the procedure or subsequently up to 2 weeks post-operatively, during the 6 month time period.
Denominator	Total number of patients undergoing laparoscopic hysterectomy, during the 6 month time period.

Numerator	Total number of patients receiving a **bladder injury** at the time of a laparoscopic hysterectomy with repair during the procedure or subsequently up to 2 weeks post-operatively, during the 6 month time period.
Denominator	Total number of patients undergoing laparoscopic hysterectomy, during the 6 month time period.

Numerator	Total number of patients having **laparoscopic management** following an **ectopic pregnancy**, during the 6 month time period.
Denominator	Total number of patients presenting with an ectopic pregnancy, during the 6 month time period.

Read the rationale and definitions for these indicators in:
ACHS Clinical Indicator User's Manual 2007: Gynaecology
Available on the RANZCOG website: www.ranzcog.edu.au
Compare your results with the ACHS national results: www.achs.org.au/cireports

General Surgical Indicator

Numerator	Total number of patients having a **laparoscopic cholescystectomy** with a **bile duct injury** requiring operative intervention, during the 6 month time period.
Denominator	Total number of patients having a laparoscopic cholescystecomy performed, during the 6 month time period.

Read the rationale and definitions for this indicator in:
ACHS Clinical Indicator User's Manual 2007: Surgery
Contact your hospital QA department or the ACHS for a copy: www.achs.org.au
Compare your results with the ACHS national results: www.achs.org.au/cireports

Turn over for more resources ➘

Resources for ongoing audit

Day Surgery Indicators

Numerator	Total number of patients having an **unplanned return** to the operating / procedure room, during the 6 month time period.
Denominator	Total number of patients who have **an operation / procedure performed** in the day procedure facility, during the 6 month time period.

Numerator	Total number of patients who have an **unplanned delayed discharge greater than 1 hour** beyond that expected for the procedure, during the 6 month time period.
Denominator	Total number of patients who have an operation / procedure performed in the day procedure facility, during the 6 month time period.

Read the rationale and definitions for these indicators in:
ACHS Clinical Indicator User's Manual 2007: Day Surgery
Contact the ACHS for a copy: www.achs.org.au
Compare your results with the ACHS national results: www.achs.org.au/cireports

Anaesthetic Indicators

Multiple anaesthesia indicators exist including the following categories and subgroups:

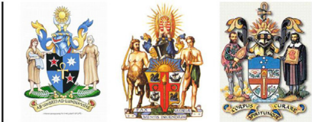
- Pre-anaesthesia period
  - Day surgery
  - Location
  - Documentation of consent process
- Intra-operative period
  - Blood transfusion
  - Cardiac dysrhythmia
- Patient recovery period
  - Respiratory distress
  - Inadequate reversal of neuro-muscular blockade
  - Cardiac arrest
  - Cardiovascular intervention
- Post-operative period
  - Unplanned ICU / HDU admission
- Management of acute pain
  - Analgesic efficacy

Read the rationale and definitions for these indicators in:
ACHS Clinical Indicator User's Manual 2007: Anaesthesia
Available on the ANZCA website: www.anzca.edu.au/clin_ind/ClinicalIndicators.pdf
Compare your results with the ACHS national results: www.achs.org.au/cireports

Turn over for more resources ➘

Action Plan

Support Scheme for Rural Specialists
Laparoscopy Audit Project

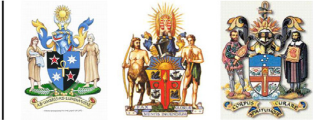


Use this Action Plan to identify opportunities for improvement and implement an action plan in your practice.

Issue/ opportunity for improvement identified in audit	Impact on your practice (use the matrix overleaf, eg 5A, 3C)	Action to be taken / change to be implemented	Person responsible for implementation	Expected date of completion / timeframe for review		Date implemented	Suggested amendments for issues not met by review timeframe
1							
2							
3							
4							
5							
6							

Risk Matrix

Support Scheme for Rural Specialists
Laparoscopy Audit Project



**Use this matrix to help prioritise your findings from your audit
(the more red the square, the higher priority for risk management)**

Impact on practice or patient / frequency of occurance	(5) Insignificant impact	(4) Minor impact	(3) Moderate impact	(2) Major impact	(1) Extreme impact
A) Almost always					
B) Often					
C) Occasionally					
D) Rarely					
E) Almost never					