Developing resources to support responses to divergence in surgical outcomes

Ralph Tomlinson
Head of Invited Reviews
Background

• Early 2013 discussions - Mr James Roxburgh (SCTS President) and Professor Norman Williams (PRCS).

• Anxiety about the range of resources available to support surgeons and Trusts.

• Looking at ways the SCTS/RCS invited review service could be further strengthen to provide additional support.

• Fits with wider RCS Invited Review team work to diversify services.
Proposed approach

• Retain services currently available when surgeon or service triggers an “alarm”.

• Develop new service to support surgeon when “alert” is triggered.

• Develop new resources to support surgeons when “lower level alert” [i.e. current yellow alert] triggered.

• Combined all above to provide portfolio of services to surgeons and Trusts and use these to provide assurance.
CURRENT RESOURCES AVAILABLE TO SUPPORT RESPONSES TO ALARMS
Individual reviews

- Commissioned by Trust who provide indemnity.
- Collaboratively designed terms of reference.
- Extensive dataset of information about performance.
- Two day visit to surgeon’s workplace.
- Interviews with surgeon under review.
- Interviews with colleagues.
- Immediate feedback about patient safety risk / support required.
- Detailed report, clear conclusions and recommendations.
- Follow up action plan.
Service reviews

• Commissioned by Trust who provide indemnity.
• Collaboratively designed terms of reference.
• Extensive dataset of information about service’s performance.
• Two day visit to hospital where service being provided.
• Interviews with surgeons providing service under review.
• Interviews with colleagues.
• Immediate feedback about patient safety risks / support required.
• Detailed report, clear conclusions and recommendations.
• Follow up action plan.
PROPOSED NEW RESOURCE TO SUPPORT RESPONSES TO ALERTS
Enhanced clinical record review / case based discussion

- Build on strengths of appropriately designed clinical record review.
- Looks at all patient deaths that have triggered alert.
- Enhanced through case based discussion (CBD) about each death with individual surgeon.
- Informed by information held locally by surgeon and Trust about performance.
- Commissioned by Trust who indemnifies reviewers RCS and SCTS.
- Results in report identifying if cause for concern exists and aspects of good care provided and areas for development.
- Highlights any areas where maybe scope for wider service review.
How would this work?

• ? 3-5 Alerts per annual data cycle
• SCTS reviewers supported by RCS Invited Review office.
• Single day review.
• Morning 2 x reviewers reviewing clinical records of ? 10-12 deaths.
• Lunchtime – plan approximately 3 questions per case.
• Afternoon – meeting with surgeon – hold CBD.
• Feedback to surgeon/CD/MD.
• Report produced via simple pro forma template.
Points to be considered by reviewers

- Patient diagnosis.
- Details of operation.
- Pre-operative care.
- MDT discussion.
- Consent process and risks quoted to patient.
- Perioperative care.
- Postoperative care.
- Cause of death.
- Any other issues identified.
- Overall perspective on quality of care – NCEPOD grading.
When available from?

- Potentially ASAP.
- Need to know where alerts are likely to be.
- Identify reviewers with IRM SCTS representative (James Roxburgh).
- Gain engagement (Surgeon and Trust).
- Confirm business model / overall cost.
RESOURCES TO SUPPORT “LOWER LEVEL” [FORMER YELLOW] ALARM
Self assessment and reflection toolkit

• Further potential additional service to be offered by SCTS/RCS.

• Toolkit designed to enable surgeon to reflect on own performance if trigger “low level” [yellow] alert.

• Sets out best practice guidance on how to review own quality of care and improve this.

• Describes best practice local audits that could be undertaken.

• Sets out wider performance dataset that should also be available (i.e. patient and peer feedback / appraisal documentation etc).
Next steps

- Feedback on ideas today.

- Documentation and process finalised (RT and Graham Cooper – SCTS Lead for project).

- 2015 trial.

- Develop further based on experience.
For more information

rtomlinson@rcseng.ac.uk

020 7869 6223

http://www.rcseng.ac.uk/healthcare-bodies/support-services/irm