MODULE 5

Surgical Care Systems
OBJECTIVES FOR MODULE 5

• To learn about emergency systems
  – Preparation
  – Organization
  – Management
• How to be an effective leader
• How to plan, be prepared for disasters
• How to maximally protect patients
OUTLINE

• Organizational Management
• Leadership and team skills
• Monitoring and evaluation for quality improvement, safety
• Disaster management
  – Trauma response plan
  – Trauma team activation
  – WHO check list for essential emergency equipment
LEADERSHIP

• Listen and observe
• Efforts to change practices should include consultation with representatives of all interested parties
• Try to understand what works well and what the problem is
• Be a role model in the way your work is conducted
• Encourage and facilitate others, coordinate their efforts
• Management plans need to be worked out with the people involved and carried out as a partnership
LEADERSHIP STYLES

• Democratic – chosen by the group, represents the will of the group
• Autocratic – the leader makes the decisions, the group is expected to follow
• Laissez-faire – allows the group unconstrained freedom
• Anarchic – no leadership is shown. Individuals and groups do what they want
• Consensus – Members of the group attempt to find a mutually agreeable solution.
• Situational – adapts leadership style to the situation

Which leadership style works best in times of crisis? When is the group working well together?
ETHICS

• Work within limits of training

• Be realistic about accomplishments
  – Individual
  – Organization

• Put systems in place for reporting, evaluation, remedy

• Before performing procedure, it is essential to receive consent from the patient
EDUCATION

• Leadership, education are essential surgical skills
• Planning, implementation, evaluation are keys to successful educational initiatives
• Organizing structured in-service training
  - New technology
  - Medications
  - Treatment regimens
    • Important way of improving patient care
    • Challenge, stimulate interest of staff
EDUCATION

• Education during active provision of patient care necessary
• People may forget what they are told but will remember what they do
• Educational opportunities include:
  - Morning report
  - Bedside teaching rounds
  - Formal educational rounds
  - Morbidity and mortality meetings
  - Team training in trauma care practice
EVALUATION

Evaluation is an essential part of ensuring high quality care

With any change:
• Set goals and evaluate
• Give, and receive, feedback
• Be willing to accept responsibility
EVALUATION

• By looking at all procedure records, hospital can evaluate occurrences:
  – Complications
    • Return to OR
    • Intraoperative deaths
    • Postoperative wound infections
  – Review type, number of procedures being performed

• Evaluation:
  – Should be performed at regular intervals
  – Permits assessment regarding implementation of specific changes within the hospital, allows for future planning
DISASTER PLANNING

• Identify situations that could overwhelm district hospital
  – Trauma disasters: traffic accidents
  – Natural disasters: floods, hurricanes
  – Public Health disasters: water contamination, outbreak of disease
  – War, civil disorder
• Identify staff, resources required to cope
• Develop disaster plan, protocols
• Implement and practice
**DISASTER PLAN**

- Designating a team leader
- Defining roles and responsibilities of each member of staff
- Establishing disaster management protocols
- Mapping evacuation priorities and designating evacuation facilities
- Identifying training needs, practicing management
- Establishing a system for communication with authorities, media

**Setting up systems for:**
- Identification of key personnel
- Communication within the hospital
- Calling in extra staff
- Obtaining additional supplies
- Triage
- Communicating patients’ triage level and medical need
- Transportation of patients to other hospitals
TRAUMA TEAM LEADER RESPONSIBILITIES

• Ensure that all members of the team know who the leader is
• Information should flow to and through the leader
  – Know and use the names of members of the team
  – Ensure that they have heard and understood directions
  – Check back to make sure tasks have been completed
  – Ask for input from the team, but all directions should come from only one person, i.e. the team leader
## WHO Generic Essential Emergency Equipment List

This checklist of essential emergency equipment for resuscitation describes minimum requirements for emergency and essential surgical care at the first referral health facility.

<table>
<thead>
<tr>
<th>Capital Outlays</th>
<th>Quantity</th>
<th>Date checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitator bag valve and mask (adult)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitator bag valve and mask (paediatric)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen source (cylinder or concentrator)</td>
<td></td>
<td></td>
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<tr>
<td>Mask and Tubings to connect to oxygen supply</td>
<td></td>
<td></td>
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<tr>
<td>Light source to ensure visibility (lamp and flash light)</td>
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<td></td>
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<tr>
<td>Stethoscope</td>
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<td></td>
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<tr>
<td>Suction pump (manual or electric)</td>
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<td></td>
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<tr>
<td>Blood pressure measuring equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalpel # 3 handle with #10.11.15 blade</td>
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<td></td>
</tr>
<tr>
<td>Scalpel # 4 handle with #22 blade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors straight 12 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors blunt 14 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharyngeal airway (adult size)</td>
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<td></td>
</tr>
<tr>
<td>Oropharyngeal airway (paediatric size)</td>
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<td></td>
</tr>
<tr>
<td>Forcep Kocher no teeth 12-14 cm</td>
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<tr>
<td>Forcep. artery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney dish stainless steel appx. 26x14 cm</td>
<td></td>
<td></td>
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<tr>
<td>Tourniquet</td>
<td></td>
<td></td>
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<tr>
<td>Needle holder</td>
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<tr>
<td>Towel cloth</td>
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<tr>
<td>Waste disposal container with plastic bag</td>
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<td></td>
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<tr>
<td>Sterilizer</td>
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<td></td>
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<tr>
<td>Nail brush. scrubbing surgeon’s</td>
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<td></td>
</tr>
<tr>
<td>Vaginal speculum</td>
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<td></td>
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<tr>
<td>Bucket. plastic</td>
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<tr>
<td>Drum for compresses with lateral clips</td>
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<tr>
<td>Examination table</td>
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<td></td>
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<tr>
<td>Wash basin</td>
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</tbody>
</table>
Review of Core Learning Objectives

- Organizational Management
- Leadership and team skills
- Monitoring and evaluation for quality improvement and safety
- Disaster management
  - Trauma response plan
  - Trauma team activation
  - WHO check list for essential emergency equipment
CLOSING SESSION

• Evaluation and monitoring quality care improvements
• Recommendations and action plan for improvement in quality of emergency trauma care at first referral health facility
• Closing remarks
• Questions