

# 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

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

# 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**