CSOP 028 – Peer Review of Emergency Surgical Skills Procedures

Version No: 1.1   Effective date: 25/01/2021

APPROVALS

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Next Review Date:	January 2023		

HISTORY

Effective Date	Version No.	Summary of Amendment
June 2017	1.0	Creation of document
Jan 2021	1.1	Review, no changes required

DEFINITIONS/ACRONYMS:

Abbreviations/Acronym	Definitions
TAAS	The Air Ambulance Service
SOP	Standard Operating Procedure
MTC	Major Trauma Centre
M&M	Morbidity and Mortality Meeting

ANNEX/APPENDIX

Document Reference Number	Document Title
Annex A	Surgical Skills Debrief Form

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1. Purpose

To describe the process of external peer review for emergency surgical skills procedures performed by TAAS clinical teams.

2. Introduction

Clinical governance is essential in TAAS to safeguard high standards of care and to continuously improve the quality of the service we provide. There are a number of pre-hospital emergency surgical skills procedures which are rarely encountered in clinical practice. These include surgical cricothyroidotomy, clam-shell thoracotomy, escharotomy, emergency amputation and resuscitative hysterotomy.

TAAS subscribes to the philosophy of 'learning from excellence'. This philosophy means learning points are not only 'areas for improvement' but also encompass the identification of areas of excellence in the case, from which we may all learn.

Emergency surgical skills procedures in the HEMS setting represent rare, high pressure events. Reflection and debrief by practitioners can be useful in many ways including crew wellbeing, identifying a need for improvement in our SOPs, highlight additional equipment needs and providing guidance for colleagues to enhance any future procedures.

External peer review by recognised experts helps identify potential improvements in future performance, but also provides credibility and quality assurance for the work we undertake.

3. Procedure for peer review

If a discussion on the phone for clinical advice has not already taken place, the crew can either phone or email the Clinical Supervisor to inform them the event has occurred.
As soon as possible after the case, the crew will debrief the event together, record the discussion on a longitudinal audit form and complete a "Surgical Skills Debrief form" (Annex A). If for any reason this process is not possible before the end of the shift, the doctor will complete the form in the next 48 hours and email to the Critical Care Paramedic to check and amend before forwarding on.

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The form should then be emailed to the Head of Operations and the designated Deputy Clinical Lead within 7 days of the procedure. If there are any areas that require clarification or support, the crew will be contacted by phone.

The form will be anonymised by the Deputy Clinical Lead, who will redact the identity of the TAAS practitioners, all patient details, the location of the incident, and the nearest MTC/hospitals.

An appropriate peer reviewer will be identified by the Deputy Clinical Lead. The anonymised Surgical Skills Debrief form will be emailed to the peer reviewer requesting their comments.

The peer reviewer will provide feedback to the Deputy Clinical Lead by email.

The Deputy Clinical Lead will relay the feedback to the crew. If any significant learning points are identified –both to highlight areas of good practice or highlight potential pitfalls- these will be emailed out (as generalized rather than case specific points) to all clinical staff.

The case will be presented by the crew in the next M&M meeting with dissemination of all learning points and action points in the minutes.

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