



# Safe surgical care

## Surgical care delivery issues were a significant factor in 82 of the 100 reviews.

Since these are multidimensional and unique to each review, it is not possible to draw definitive conclusions about particular issues that relate to individual specialties. In addition, the sample size was comparatively small.

It is evident, however, that particular issues can have an impact on the delivery of safe surgical care, as detailed below:

### Surgical training and experience

- The training undertaken by a surgeon before embarking on independent practice or adopting a new technique.
- The regularity with which a surgeon undertakes an operation and the means of ensuring procedures are conducted with sufficient frequency to maintain competence.

### Postoperative care

- The preoperative assessment offered to patients.
- The range and type of investigations that take place before surgery.
- The way a patient is identified as a potential candidate for surgery and the process by which the operation is offered to a patient.
- The multidisciplinary team processes supporting this decision.
- The management of the surgical care pathway and organisation of patient waiting lists.
- The quality and timeliness of the identification of preoperative deterioration when a patient is admitted in an emergency.



82%



### **Intraoperative care**

- The specific surgical approaches taken and how the relevant decisions are made.
- The anaesthetic, nursing and operating department practitioner resources supporting the operation.
- The surgeon's technical ability.
- The quality of individual surgical decision-making during operations.
- The management of perioperative complications and attendant team support.
- The length of time taken to complete operations (it is recognised that this will vary and is not always a reliable determinant of the quality of surgery).

### **Postoperative care**

- The quality of the immediate postoperative care.
- The high-dependency and postoperative intensive care unit resources that can be offered.
- The quality of the postoperative recovery facilities.
- The quality of the nursing support available to patients on hospital wards.
- The early identification of and response to postoperative complications.

### **Surgical resources supporting surgical care**

- The quality and experience of trainee and non-consultant-grade surgical staff.
- The level of consultant surgeon input into care, particularly out of hours.

### **The quality of systems, processes and leadership supporting surgical care**

- The consistency of protocols for preoperative, intraoperative and postoperative care at the hospital and how these are applied by the consultant surgical group.
- The quality of handover of patients between consultant surgeons and other staff.
- The management of regular consultant surgical ward rounds and the quality of surgical leadership that takes place.

All these areas require close monitoring to ensure patient safety is maintained. If the potential for concern exists, it is vital that matters are resolved at the earliest possible stage.

---

## **Resources**

- GMC | *Good medical practice (2013)*
- Royal College of Surgeons | *Good Surgical Practice (2014)*
- WHO | *Safe Surgery*
- NatSSIPs | *National Safety Standards for Invasive Procedures*
- The Association for Perioperative Practice | *Standards and guidance*
- AAGBI | *Safety Standards in International Anaesthesia*
- BMA | *Safe handover: safe patients*
- Royal College of Surgeons | *Quality Improvement in Surgery*

