

Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNet)

Rural Perioperative Team Training Program Overview

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Introduction

The National Strategic Framework for Rural and Remote Health recognises the unique challenges associated with providing health care in rural and remote locations and the importance of providing timely access to quality and safe health care services no matter where people live.

The Queensland Government's commitment to improving access to safe and sustainable health services for residents of rural and remote communities is outlined in its 'Future workforce strategy for better healthcare in Queensland 2013-2018' which states:

'Queensland's capacity to deliver health services and achieve positive health outcomes for the population, both now and into the future, is largely contingent upon the health workforce. It is critical to ensure that there are sufficient numbers of the right staff, with the right mix, in the right place and the right time, and that the workforce is appropriately skilled to work collaboratively and efficiently to deliver patient focused care and create positive health patient journeys and experiences'.

The correlation between education and training and the delivery of safe, sustainable patient care is well recognised in the literature.

The need for a systematic approach that provides time for training and uses learning tools effectively to build a long-term, sustainable learning environment within healthcare that is centered on patients and on the need for the safest care possible was highlighted at SWAPNet and Statewide Surgical forums in 2016/17.

Simulation based multidisciplinary team training aims to improve team interaction (e.g. communication and coordination) in a systematic manner to improve patient safety/outcomes and reduce the risk of patient harm.

In rural and remote facilities, Generalist Anaesthetists provide anaesthesia, often practicing alone and working in unfamiliar environments (eg. maternity wards) with staff who are unfamiliar with perioperative practice.

Nurses in these locations are required to be 'generalists' practicing safely across a broad range of skill sets and varied medical and surgical specialties with limited access to education and training and achieving and maintaining compliance with Australian and New Zealand College of Anaesthetist (ANZCA) PS08 is a significant challenge.

Related projects

- Rural Generalist Anaesthetics Introductory Program <http://ruralgeneralist.qld.gov.au/current-trainees/pathway-training/>
- Transition Support Program – Perioperative <https://qheps.health.qld.gov.au/caru/networks/swapnet/working-groups>
- Rural Health Continuing Education, Safer Australian Surgical Teamwork <http://rhce.ruralspecialist.org.au/courses/safer-australian-surgical-teamwork/>

Strategic links

Clinical Excellence Division: <https://clinicalexcellence.qld.gov.au/about-us>

Statewide Clinical Networks: <https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/statewide-clinical-networks>

Governance

The Rural Perioperative Team Training Program is a Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNet) initiative funded by the Healthcare Improvement Unit, Clinical Excellence Division.

The program and statewide roll out is managed through the SWAPNet Rural Perioperative Team Training Work Group in collaboration with the Clinical Skills Development Service (CSDS) under the direction of the SWAPNet Steering Committee.

The SWAPNet Coordinator acts as the central point of contact for the committee and the department and provides advice and administrative support as required.

Purpose

The purpose of the SWAPNet Rural Perioperative Team Training Program is to support clinicians to deliver and maintain safe, sustainable service delivery in rural and remote Queensland.

Objectives and outcomes

The SWAPNet Steering Committee through the SWAPNet Rural Perioperative Team Training Program Work Group aims to develop a multifaceted sustainable team focused training program based on improving technical and non-technical skills for staff in rural and remote Queensland.

The training program will take the form of in-situ training with simulation based education. Course pre-reading material will be developed and accessible online prior to training to provide participants with the background knowledge required prior to the practice application.

Designated trainers (anaesthetist, surgeon and nurse/s) will facilitate training at individual sites across the state based on pre-selected scenarios tailored to reflect local practice and meet the needs of participants. Where possible the local CSDS Pocket network will be utilised. CSDS has committed to supporting the program by providing simulation equipment on an ad hoc basis to the Pockets.

Learnings will involve generic anaesthetic crisis management with overlap into other areas such as obstetrics and recovery (e.g. haemorrhage, airway management, deteriorating patients). Refer to scenario overviews (Appendix 1).

Benefits

The Rural Perioperative Team Training Program aims to promote:

- Better understanding and appreciation of individual roles and responsibilities
- Improved communication and culture
- Improved staff satisfaction
- Improved patient safety / patient outcomes
- Improved performance
- Delivery of high quality healthcare

Scope

Delivery of the Rural Perioperative Team Training Program is limited to Clinical Service Capability Framework (CSCF) level 3 public hospitals within Queensland with the exception of the inclusion of Mt Isa, Gladstone and Bundaberg hospitals (level 4).

All other Queensland Health facilities are out of scope.

Methodology

The Rural Perioperative Team Training Program will be developed and delivered via a five-staged process:

Stage 1 (Training program)

- Development of the training program content
- Development a suite of training scenarios
- Development of pre-reading material

Stage 2 (Train the trainer)

- Identification of faculty members (anaesthetists, surgeons, nurses and support staff)
- Development of the trainer's program
- Delivery of the trainer's program

Stage 3 (Program delivery)

- Selection of training sites
- Delivery of the training program

Stage 4 (Evaluation)

- Development of a customer satisfaction survey to identify program roll out performance and provide opportunities for ongoing delivery improvement
- Development of an evaluation to identify value add post delivery

Stage 5 (Sustainability)

- Development of a suite of training tools and resources to place on and link to the SWAPNet website.

Scenarios

The program consists of technical and non-technical skills with a focus on team communication.

The training scenarios (four based on the Australian and New Zealand College of Anaesthetists (ANZCA) emergency response activities) and five elective scenarios are outlined in Appendix 1.

Training sites are required to select four scenarios consisting of a minimum of two core scenarios.

The four training activities will be delivered over a period of two days if required to ensure as many staff as possible are provided the opportunity to participate in training.

Selected scenarios will be tailored to meet the specific needs of individual training sites.

Faculty

The Rural Perioperative Team Training Faculty comprises anaesthetists, GP Rural Generalists, medical officers, surgeons, perioperative nurses, perioperative nurse educators, midwifery educators and technical support officers (refer to Appendix 2) who are volunteering their time to deliver the training at selected rural sites across Queensland.

Training sites

An Expression of Interest was distributed to hospital and health services across Queensland on 30 October 2018. The scope of the training program delivery was limited to Clinical Service Capability Framework level 3 facilities with the exception of Mt Isa, Gladstone and Bundaberg.

Sixteen applications were received. (refer to Appendix 3).

Program responsibility

The SWAPNet Rural Perioperative Team Training Program is responsible for:

- All travel and accommodation associated with faculty members participating in CSDS debriefing training, Rural Perioperative Team Training Program Train the Trainer program and the delivery of training at selected training sites.
- Tailoring of training scenarios to reflect the needs of individual facilities (supported by designated officers within individual training sites).
- Management of the training site selection process.
- Development and distribution of pre-reading to selected training sites at least 10 days prior to the delivery of the training.
- Some specific equipment required to deliver the training program.
- Distributing evaluation material as part of the training program including post training.
- Developing a report within six months of the completion of program delivery.
- Developing a website including resources to support rural facilities to continue to deliver the training.

HHS / facility responsibility

Selected training sites are required to provide:

- A list of staff members who will be participating in the training program.
- Venue / facilities to enable the training to be delivered. The scenarios have been designed to be undertaken in the workplace environment including PACU, pre-admission, theatre, recovery etc.
- Equipment as required to support the delivery of the program. Some specific equipment will be provided by the program.
- Catering (morning tea, lunch, afternoon tea as required) for faculty members throughout the duration of the program delivery (up to two days).
- Selecting scenarios to be delivered and supporting the program to tailor them to meet the needs of individual facilities.
- Providing actors / community members (children and adults) as required to support the delivery of individual scenarios.

Note:

HHS staff participating in the program are required to complete pre-reading prior to the delivery of the program.

Contact

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SWAPNet Coordinator

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Email: SWAPNET@health.qld.gov.au

Training Scenarios

Core scenarios

| Scenario | Title | General learning outcomes |
|----------|---------------------------------|--|
| 1 | Can't intubate, can't oxygenate | <ul style="list-style-type: none"> • Implement optimisation strategies for the three upper airway lifelines during rapid desaturation. • Identify the number of reasonable attempts at each lifeline. • Recognise when alveolar oxygen delivery is occurring. • Outline the options available when in the Green Zone. • Recognise and declare CICO and initiate CICO rescue. |
| 2 | Cardiac arrest | <ul style="list-style-type: none"> • Recognise and manage a deteriorating patient • Recognise the need to call for help • Recognise AF and demonstrate cardioversion |
| 3 | Management of haemorrhage | <ul style="list-style-type: none"> • Demonstrate the application of a RSI and describe considerations that need to be identified in a category 1 obstetric patient requiring a general anaesthetic • Demonstrate the systematic management of a haemo-dynamically unstable obstetric patient with timely facilitation of the massive Blood Transfusion Protocol • Demonstrate communication techniques including leadership and followership in a multidisciplinary OT team in the context of a chaotic scenario with a critically ill patient. • Assist with planning ongoing for the patient, family and baby. |
| 4 | Management of anaphylaxis | <ul style="list-style-type: none"> • Recognise anaphylaxis • Manage anaphylaxis • Differential diagnosis • Team communication / role allocation • Use of anaphylaxis box and cards • Maintain situational awareness |

Elective scenarios

| Scenario | Title | General learning outcomes |
|----------|---|--|
| 5 | General anaesthetic for abdominal emergency surgery | <ul style="list-style-type: none"> • Situational Awareness <ul style="list-style-type: none"> ○ recognise the potential for deterioration • Communication <ul style="list-style-type: none"> ○ Understanding the shared mental model ○ recognise the benefits of team communication (before, during and after) • Plan for deterioration and optimisation |
| 6 | Management of sedation Phase 1: preparation | <ul style="list-style-type: none"> • Describe the differences between: conscious sedation; procedural sedation and general anaesthesia and the options available for sedation for simple fracture reduction. • Demonstrate a process for obtaining informed consent for procedural sedation • Assemble and check equipment for procedural sedation • Communicate to other staff the requirements to undertake procedural sedation. |
| | Management of sedation | <ul style="list-style-type: none"> • Demonstrate: <ul style="list-style-type: none"> ○ leadership in the conduct of procedural sedation ○ check anaesthetic equipment for procedural sedation |

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| | Phase 2: operating theatre | <ul style="list-style-type: none"> ○ prepare drugs for both emergency events and procedural sedation ● Communicate technique to anaesthetic assistant ● Demonstrate: <ul style="list-style-type: none"> ○ active participation in the surgical safety check ○ appropriate usage of drugs for procedural sedation ● Describe the management of the patient in the recovery phase ● Document PACU discharge criteria. |
| 7 | Local anaesthetic toxicity | <ul style="list-style-type: none"> ● Identify and assess the deteriorating patient ● Demonstrate: <ul style="list-style-type: none"> ○ High quality CPR ○ Defib safety ● Identify Local Anaesthetic Systemic Toxicity (LAST) ● Differential diagnosis ● Use of AAGBI LAST cognitive aid ● Team communication / appropriate role allocation |
| 8 | Management of malignant hyperthermia | <ul style="list-style-type: none"> ● Recognition and management of malignant hyperthermia. ● Familiarise staff with contents of the MH box and how to administer Dantrolene. ● Recognise the need to call for help ● Learn the specific staff roles and requirements during a MH crisis ● Communicate effectively with the team |
| 9 | Trauma | <ul style="list-style-type: none"> ● Demonstrate the process of evaluation and resuscitation of a trauma patient. ● Recognise and manage evolving injuries during anaesthetic care of the trauma patient. ● Discuss the importance of teamwork behaviours within trauma teams to optimise patient care. ● Demonstrate the ability to coordinate management priorities and implement effective team behaviours. ● Manage specific problems including airway injuries, intracranial trauma, large. volume resuscitation, damage control resuscitation, trauma-related coagulopathy. |

Faculty members

| Name | Position | Special interests |
|--|---|--|
| Anaesthetists / Rural Generalists | | |
| Dr Christopher Stonell | Staff Specialist Anaesthetist, The Prince Charles Hospital Chair, SWAPNet Rural Perioperative Team Training Working Group | Deputy Chair, Safety and Quality Officer, ANZCA Queensland Regional Committee Instructor, ANZCA Effective Management of Anaesthetic Crisis Interest in human factors applied to the clinical setting |
| Dr Morgan Sherwood | A/Deputy Director Department of Anaesthesia and Perioperative Medicine, Sunshine Coast University Hospital | Chair – Sunshine Coast Inter-professional Simulation Group EMAC Lead instructor ALS2 instructor Interest in debriefing the debriefer, human factors and pre-hospital care (LifeFlight Casual Retrieval Consultant) |
| Dr Mark Gibbs | VMO Specialist Anaesthetist | Instructor: Effective Management of Anaesthetic Crises course Definitive Surgical Trauma Care course Definitive Anaesthetic Trauma Care course Completed two reviews of anaesthetic service capacity in rural and remote Queensland (2011 and 2017). |
| Dr Annette Turley | Staff Specialist Anaesthetist and Director of Clinical Training, Central Queensland HHS Acting Director Medical Services, Gladstone Hospital | Part1 FANZCA Examiner for ANZCA SIMG WBA assessor and involved with interviews for ANZCA Member of General Medical Training strategic committee for JCU Member of Regional Training Hub for University of Queensland to develop pathways for specialist training within regional and rural areas. |
| Dr Mark Garrett | Specialist Anaesthetist and Clinical Director Flying Specialist Service, South West HHS | Chair of the Surgical & Specialist Outpatient Committee (SWHHS) Chair of the Flying Specialist Service Management Committee. Interested in ultrasound in anaesthesia. |

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| Dr Dan Manahan | Director of Medical Services, Rural Darling Downs HHS | Medical advisory with the Queensland Rural Generalist Pathway |
| Dr Deborah Simmons | Staff Specialist Anaesthetist, Proserpine Hospital | FANZCA FACRRM |
| Dr Rory Howard | Senior Medical Officer, Atherton Hospital Note: At Ayr Hospital we conduct regular Sim/skills sessions (weekly), PROMPT courses (3 monthly) and ANZCA accredited anaesthetic training days. | Rural GP accredited in obstetrics and anaesthetics Coordinator at Atherton Hospital's Skills Centre - a pocket centre of CSDS Brisbane. Trained as a Simulation / skills course provider. |
| Dr Dan Holmes | Staff Specialist Anaesthetist, Sunshine Coast University Hospital | Chair, ANZCA Trauma SIG AUSMAT sim course lead |
| Dr James Ware | Rural Generalist / Senior Medical Officer, Warwick Hospital | BSc Adv, MBBS, MMed (GP), FACRRM, FRACGP, FARGP, AFRACMA, DCH, JCCA, DRANZCOG, JP (Qual) CSDS Warwick Pocket Site Simulation Coordinator, PROMPT Instructor, ALS Instructor, Qld Representative RACGP Anaesthesia Working Group, Senior Lecturer University of Queensland & Griffith University |
| Dr Thomas Gleeson | Senior Medical Officer, St George Hospital | |
| Surgeons | | |
| Dr Robert Franz | Director of Surgery, The Prince Charles Hospital | Chair, Statewide Surgical Advisory Committee |
| Dr Brian McGowan | Director of Surgery, Logan Hospital | Chair, Queensland Regional Committee, Royal Australasian College of Surgeons (RACS) |
| Dr Peter Wysocki | Deputy Director of General Surgery Logan Hospital | Honorary Research Fellow Queensland Audit of Surgical Mortality Facilitator Clinical Decision Making course RACS |
| Assoc Professor Bernard Whitfield | Director of the Integrated Specialist ENT Service, at Logan Public Hospital in southeast Queensland. | N.O.T.S.S. Facilitator for the Royal Australasian College of Surgeons (RACS). |
| Dr Jonathon de Hoog | Staff Specialist Orthopaedics Deputy Director Orthopaedics, Townsville HHS | Hip and pelvis reconstruction & fixation Paediatrics and paediatric trauma Rural and remote surgical care and trauma management - North QLD |
| Dr Sanjeev Naidu | General Surgeon Princess Alexandra Hospital and | Special interest in major and minor abdominal surgery, laparoscopic surgery, endoscopy (gastroscopy and |

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|--|---|--|
| | Mater Public Hospital | colonoscopy) and renal dialysis access surgery (for peritoneal dialysis and hemodialysis access) |
| Dr Peter Yuide | General Surgeon Metro South Hospital and Health Service | Staff specialist general surgeon at Logan and Redland Hospitals with an interest in acute general, emergency and abdominal surgery. Senior Lecturer Griffith University, Adjunct Lecturer University of Queensland and James Cook University. |
| Perioperative Nurse Educators | | |
| Ms Celia Fletcher | Clinical Nurse, Warwick Hospital | Qualifications and experience in theatre, endoscopy, sterilising and midwifery |
| Ms Kathryn Herrick | Nurse Educator – Rural Perioperative, Darling Downs HHS | Perioperative nurse for Queensland Health since 1987. Special interest in clinical governance and perioperative nurse education in the rural sector. |
| Ms Megan Twine | Perioperative and Surgical Nurse Educator, Darling Downs HHS | |
| Ms Fiona Newman | Perioperative Nurse Educator, Princess Alexandra Hospital and Coordinator, Metro South Perioperative Introductory Program | President, Australian College of Peri-anaesthesia Nurses |
| Ms Sharon Edwards | Perioperative Nurse Educator, South West HHS | Registered nurse with over 25 years experience (16 in rural Queensland) |
| Ms Annette Jensen | Perioperative Nurse Educator, South West HHS | |
| Ms Catherine Blake | Clinical Nurse Consultant, Flying Surgical Service | |
| Midwifery Educators | | |
| Ms Debbie McConnel | Generic Nurse Educator, Proserpine Hospital | Has worked in metropolitan, regional and rural sites (registered nurse, midwifery and clinical governance). Experienced educator within ED, maternity, operating theatres and general ward. Currently involved in the delivery of simulation programs re: PROMPT, Advanced Neonatal Resuscitation Program, ALS, Optimus Core, Neonatal Stabilisation and supporting RSQ and TEMSU. |
| Clinical Skills Development Service representatives | | |
| Ms Sandra Thornton | Simulation Educator | |

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|-------------------|--------------------|--|
| Mr Matthew Shuker | Operations Manager | |
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Training sites

| Hospital and Health Service | Facilities |
|-----------------------------|--------------------------------|
| Cairns and Hinterland | Atherton / Mareeba |
| | Innisfail |
| Central Queensland | Biloela |
| | Emerald |
| | Gladstone |
| Central West | Longreach |
| Darling Downs | Kingaroy/Dalby |
| | Warwick/Stanthorpe/Goondiwindi |
| Mackay | Proserpine |
| North West | Mount Isa |
| South West | Roma/St George |
| | Charleville |
| Torres and Cape | Cooktown |
| | Thursday Island |
| Townsville | Ayr |
| | Ingham |
| Wide Bay | Bundaberg |