

## Quality & Safety Committee News - February 2016

### Welcome

The Quality & Safety Advisory (QSA) committee is a standing committee of college whose overall aims are

- To promote and maintain a culture of patient safety
- To provide leadership for patient safety
- To provide timely information to support patient safety

We are developing a number of initiatives to improve the dissemination of safety information amongst fellows and members. From early 2016 we will be publishing on the CAI website the quarterly reports from the Safe Anaesthesia Liaison Group (SALG) in the UK. These quarterly reports are based on incidents reported to SALG from anaesthetists across the UK. We will also publish Safety Advisory Notices in response to specific safety issues brought to our attention. If you wish to bring any safety/risk issues to our attention you can contact us at [safety@coa.ie](mailto:safety@coa.ie).

We will also bring you specific recommendations of the QSA committee in relation to clinical practice & audit.

In this edition of our newsletter we include important information on:

- **Anaesthesia Record Keeping**
- **Neuromuscular Blockade Monitoring**
- **Serious Reportable Events List**

### Anaesthesia Record Keeping

The recent National Clinical Programme for Anaesthesia audit publication "Can H.I.P.E. be used as an Audit Tool for Anaesthesia?" reported on poor completion of anaesthetic record sheets in relation to ASA status of the patient and the emergency or elective nature of the procedure. At the recent professionalism in practice symposium in CAI Legal Medicine expert Asim Sheikh reminded us of the utmost importance of adequate record keeping.

The current standards for anaesthesia record keeping are contained in pages 30 & 31 of the joint AAGBI/RCoA document "**Good Practice - A guide for departments of anaesthesia, critical care and pain management**" which can be found on the AAGBI website [http://www.aagbi.org/sites/default/files/goodpractice%20\\_guidefordepartments06.pdf](http://www.aagbi.org/sites/default/files/goodpractice%20_guidefordepartments06.pdf)

We make the following recommendations to members and fellows in relation to Anaesthesia Record Keeping

- Members and Fellows should be familiar with the current recommended standards in relation to anaesthesia record keeping.
- Departments of Anaesthesia should clearly define where each component of the perioperative pathway is to be recorded (preoperative assessment, operative care, post operative instructions). This is especially important when there is both an electronic and a manual component to the record.
- Departments of Anaesthesia should regularly audit compliance with the record keeping Standards.

We particularly encourage you to ensure that ASA status and emergency or elective nature of surgery are always recorded in the anaesthetic record.

### **Neuromuscular Blockade Monitoring**

The recent NAP5 report dealing with Accidental Awareness during General Anaesthesia (AAGA) reported on the role of neuromuscular blockade in contributing to AAGA, and how patients interpret unintended paralysis in extremely distressing ways. As a result the AAGBI Standards on Monitoring during anaesthesia and recovery have been updated to include the following recommendations in relation to monitoring of neuromuscular blockade.

Recommendations:

- a peripheral nerve stimulator is mandatory for all patients receiving neuromuscular blockade drugs
- peripheral nerve stimulator monitors should be applied and used from induction (to confirm adequate muscle relaxation before endotracheal intubation) until recovery from blockade and return of consciousness;
- while a 'simple' peripheral nerve stimulator allows a qualitative assessment of the degree of neuromuscular blockade; a more reliable guarantee of return of safe motor function is evidence of a train-of-four ratio > 0.9.
- a quantitative peripheral nerve stimulator is required to accurately assess the train of four ratio, but other stimulation modalities (e.g. double burst or post tetanic count) can also be used for assessment. Anaesthetic departments are encouraged to replace existing qualitative nerve stimulators with quantitative devices

The revised standards are published in the January edition of Anaesthesia and can also be viewed on the AAGBI website.

The QSA committee wish to remind fellows and members of the importance of adhering to these recommendations'. QSA also advise that Departments of Anaesthesia regularly audit compliance with this standard within their own department.

## **Serious Reportable Events**

The HSE have defined a list of "Serious Reportable Events " (SRE's). These are serious events many of which lead to death or serious harm and should they occur they must be reported through the HSE National Incident Management System (NIMS). The full list can be found on the HSE website and we advise fellows and members to be familiar with this list.

If you have any comments or questions in relation to the above or indeed to any matter related to safety or quality please contact us at **[safety@coa.ie](mailto:safety@coa.ie)**

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Chair Quality & Safety Advisory Committee CAI