

Revalidation, improvement and teamwork

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"To improve our teamwork, only three of the chutes will open."



Error, stress, and teamwork in medicine and aviation: cross sectional surveys

J Bryan Sexton, Eric J Thomas, Robert L Helmreich

Abstract

Objectives: To survey operating theatre and intensive care unit staff about attitudes concerning error, stress and teamwork and to compare those of airline cockpit crew.

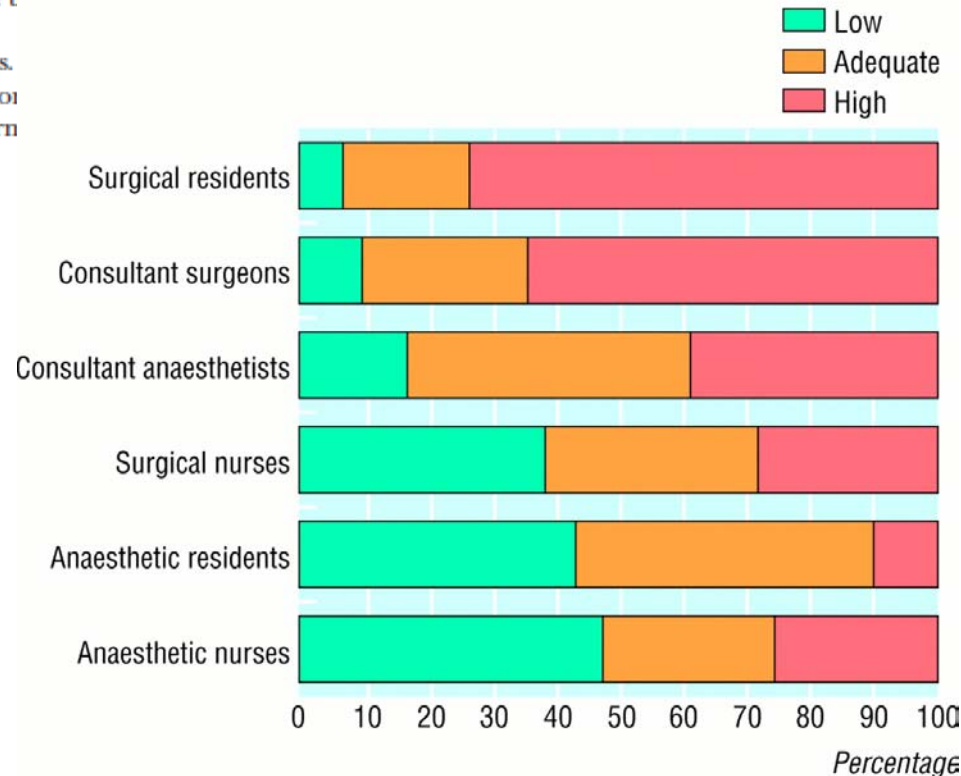
Design: Cross sectional surveys.

Setting: Urban teaching and non-teaching hospitals in the United States, Israel, Germany and the Netherlands.

increase the understanding of and prevent errors.⁶ One of the better established (yet often overlooked) findings in stress research is that as stress or arousal

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Using Outcomes Information for Revalidation in Oral and Maxillofacial Surgery

The profession is preparing for revalidation. The Colleges and specialty associations think that outcomes data provide a way of demonstrating that a surgeon meets the revalidation standards. This framework provides guidance to surgeons working in oral and maxillofacial surgery to help them produce relevant outcomes data.

We would all like to have relevant and accurate data about the work we do but we also know this is not the current reality. However, through this work we want to come up with a plan to improve data collection and use.

We need your feedback on this framework so we can make changes before revalidation begins. We need to know what works and what does not. We also need you to tell us what we have missed and provide ideas about further development. You can fill out an [online feedback form](#) or email revalidation@rcseng.ac.uk. All feedback will be shared with the BAOMS.

2.12 Skull Base Surgery

1. OMF surgeons performing skull base surgery will need to demonstrate their outcomes using analyses of routinely collected data (HES, PEDW, HIS, ISD) against the criteria set out below. At appraisal we would expect that a surgeon's outcomes would be presented in a funnel plot showing comparison of their practice to all other surgeons in the country performing the same procedure(s). The previous year's performance should be examined preferably against performance over the previous 5 years.

Key Procedures	OPCS Codes	Measurement Criteria
Anterior fossa resection for malignant disease	V051 V071	<ul style="list-style-type: none">• Median length of stay• 30 day mortality• 28 day re-operation/reintervention• 28 day unplanned readmission• Discharge destination

But what about.....

- ❖ **Stroke care**
- ❖ **A&E consultants**
- ❖ **Geriatric care**
- ❖ **Long term conditions**
- ❖ **General practice**
- ❖ **Psychiatry**

The proposal

A four month project with one or more hospitals in the region

- Work with four to six specialties
- DF review available and potential indicators of quality and efficiency
- Workshop with the teams to understand how these relate to the way teams work and at what level the data is best measured. Individual, team or combination.
- Produce measures
- Workshops with the teams to understand how these data could be used in individual appraisal and revalidation for doctors and team members. Review how the data could be improved
- Create revised data set

Deliverable: A set of clinical metrics that teams can use in appraisal and revalidation

The proposal part 2

- Work with experts in leadership and multi-source feedback to agree *how* the data should be used in appraisal, and performance management.
- Design appropriate MSF framework to sit alongside clinical data

Deliverable: An MSF framework teams are confident working with and leaders trained how to make best use of both information streams in appraisal and performance management

In summary

- ❖ Effective team work around agreed objectives is the deliverable
- ❖ Improvement in quality, efficiency is the prize
- ❖ Revalidation is simply another good reason for doing this

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