



CIBOSURG

Implementation strategy What to do now?

Dr. med. Katrin Burri
Prof. Dieter Hahnloser



Results - Context Analysis (96 interviews)



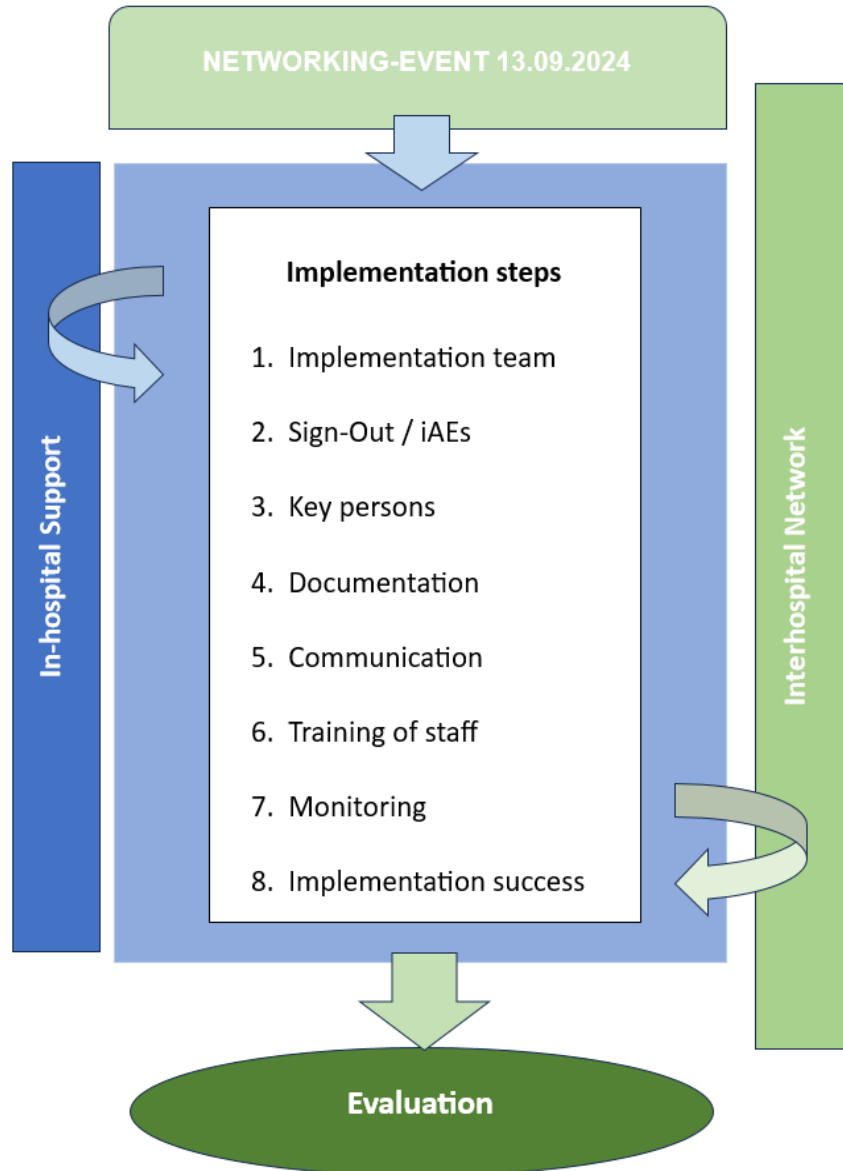
	WHO SSC	Sign-out	iAEs	ClassIntra [®] known	Applicability ClassIntra [®]	Benefit ClassIntra [®]
Hospital 1	Green	Orange	Yellow	Yellow	Green	Green
Hospital 2	Green	Orange	Yellow	Red	Green	Yellow
Hospital 3	Green	Orange	Yellow	Orange	Orange	Yellow
Hospital 4	Green	Green	Yellow	Yellow	Green	Green
Hospital 5	Green	Green	Yellow	Yellow	Green	Green
Hospital 6	Green	Green	Green	Green	Green	Green
Hospital 7	Green	Yellow	Yellow	Red	Green	Green
Hospital 8	Green	Yellow	Yellow	Red	Green	Green
Hospital 9	Yellow	Red	Yellow	Red	Green	Green

Top 5 Barriers and Supporting Factors in all Hospitals

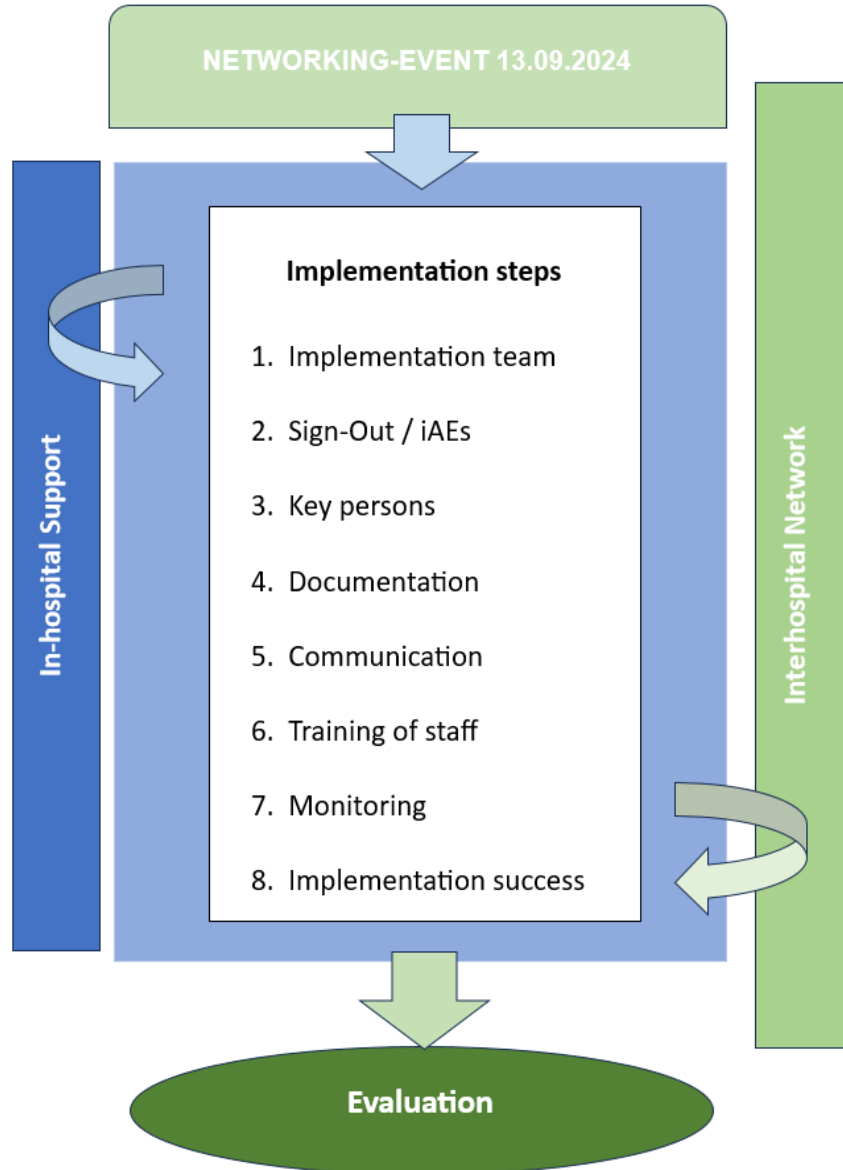


Top 5	Hospitals 1-8							
Standardised process								
Documentation of iAEs								
Top-down support								Yellow
ClassIntra [®] (lack of knowledge and experience)								
Safety culture								

Implementation Plan



Implementation Plan



Implementation Team



Surgeon(s)



**Anaesthesiologist(s)
Anaesthesia nurse(s)**



**Operating room nurse
Technical assistant**



**Quality management
Administration**



Timeline Implementation Plan



Kick-off meeting



Start in OR

Week	1	2	3	4	5	6	7	8	9	10	11	12	Continue
1. Implementation team	Light Blue	Light Blue											
2. Sign-out/ iAE process		Light Purple	Light Purple	Light Purple									
3. Key persons/champions	Purple	Purple	Purple	Purple	Purple	Purple							
4. Documentation			Blue	Blue	Blue								
5. Communication						Blue	Blue	Blue					
6. Training of staff								Teal	Teal	Teal	Teal		
★ Implementation in OR											Blue	Blue	
7. Monitoring												Green	Green
8. Implementation success													Dark Green

Top 5 barriers – Corresponding Strategies



Top 5 barriers	Strategies
Standardised process	Clearly define sign-out (who, when)
Documentation of iAEs	User-friendly documentation tool
Top-down support	
ClassIntra [®] (lack of knowledge and experience)	
Safety culture	

ClassIntra Documentation Anaesthesia USB



ClassIntra® - Deviations from the ideal course

	Einleitung	Schnitt - Naht	Ausleitung
Circulation			
Airway / lungs			
CNS			
Hypothermia			
Lesions			
Bleeding			
Regional anesth.			
Medications			
Techniques/ Organisation			
Other	??	??	??

- **Grad 0** Keine Abweichung vom idealen intraoperativen Verlauf

- **Grad I** Abweichung ohne Interventionsbedarf. Patient asymptomatisch oder mit nur milden Symptomen

- **Grad II** Zusätzlich geringfügige Behandlung oder kleine Intervention notwendig. Patient mit mittelschweren Symptomen, nicht lebensbedrohlich, und ohne permanente Beeinträchtigung

- **Grad III** Zusätzlich mittelschwere Behandlung oder mittelgrosse Intervention notwendig. Patient mit schweren, potentiell lebensbedrohlichen Symptomen oder potentiell permanenter Beeinträchtigung

- **Grad IV** Zusätzlich notfallmässige, schwere Behandlung oder grosse Intervention. Patient mit lebensbedrohlichen Symptomen oder permanenter Beeinträchtigung

- **Grad V** Tod

Suggested ideas

- High-lighted roll-overs



- Examples of ClassIntra®



Top 5 barriers – Corresponding Strategies



Top 5 barriers	Strategies
Standardised process	Clearly define sign-out (who, when)
Documentation of iAEs	User-friendly documentation tool
Top-down support	Resources, positive social pressure (role models)
ClassIntra [®] (lack of knowledge and experience)	Training, demonstrate benefits
Safety culture	Transparency, awareness, monitoring, feedback

CIBOSurg - Responsibilities



CIBOSurg – 1. Staff Contribution

- Identify and acknowledge benefits
- Integrate documentation efficiently in routines
(adapt to workflow, structured assessment)
- Support and disseminate through “local champions”
- Feedback, suggestions for improvement



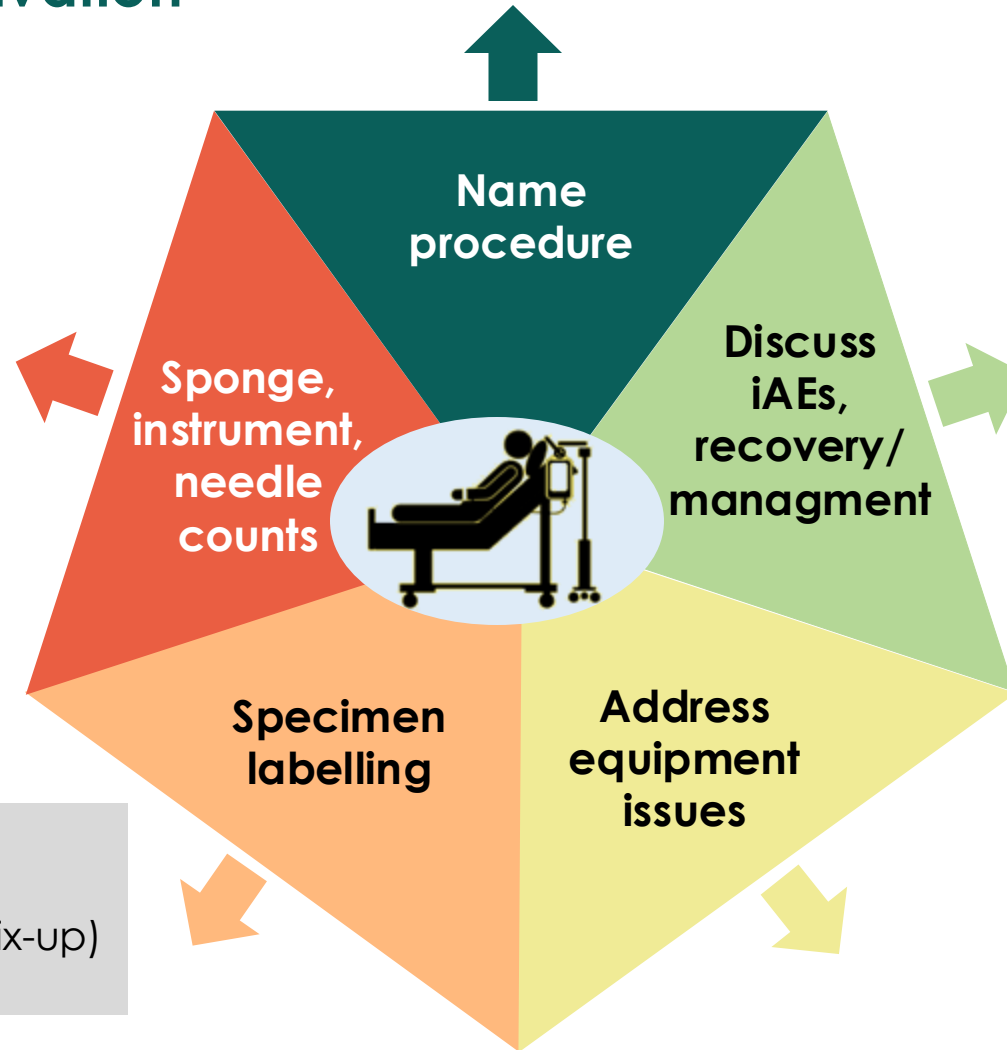
Benefits Sign-Out

Staff Education and Motivation

- Better handover to postop team
- Deviations known > postop consequences
- Information synchronisation
- Team effort

- Prevent «never event»
- Relief for surgeon/TOA
- Avoid infection, re-operation
- Image
- Prevent legal consequences

- Better handover to postop team
- Information synchronisation
- Strengthens team effort, collaboration
- Anticipation of pAEs (treatment strategy, further work-up)
- Improved patient outcome?
- Feedback, learning



Postop prescriptions completed?

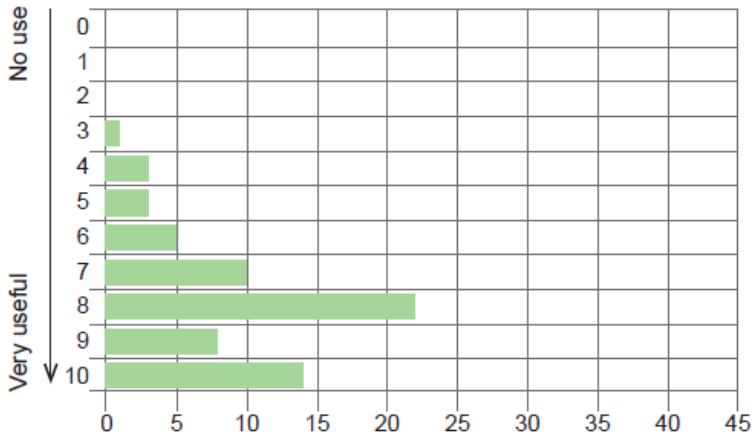
- Quality standard, image
- Efficiency
- Prevent «never event» (loss, mix-up)
- Prevent legal consequences

- Operational efficiency
- Quality standard
- Material vigilance
- Prevent distractions (patient out-of-focus)

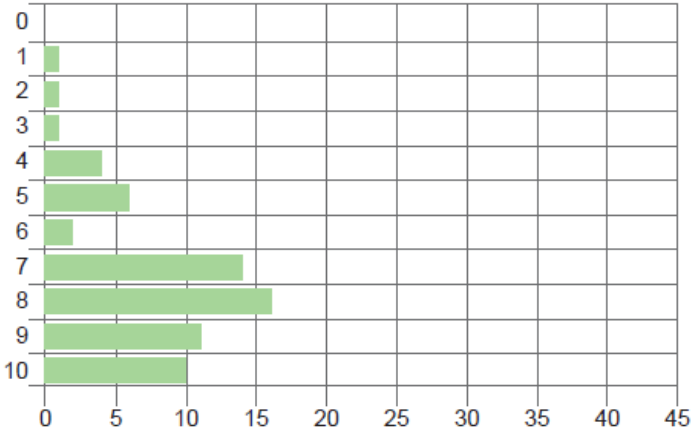
Survey Benefit Sign-Out

Before

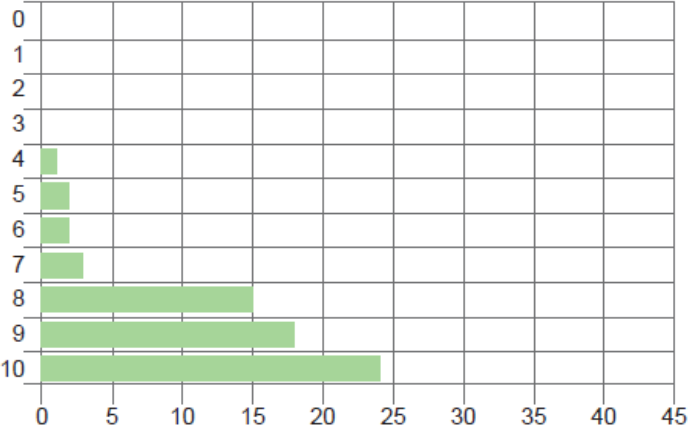
Anaesthesiologists



Surgeons

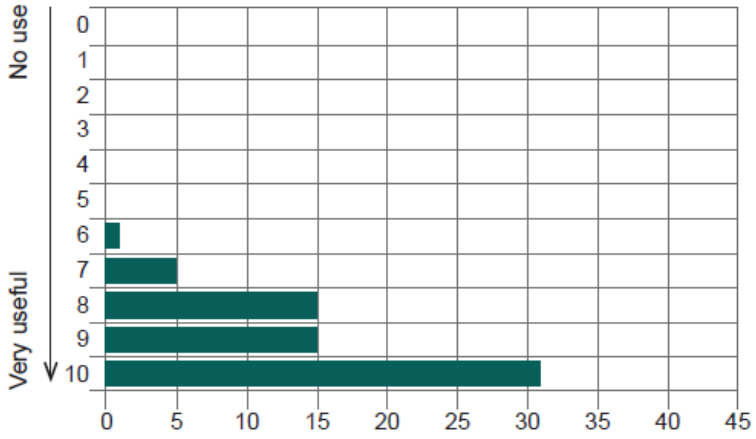


Patients

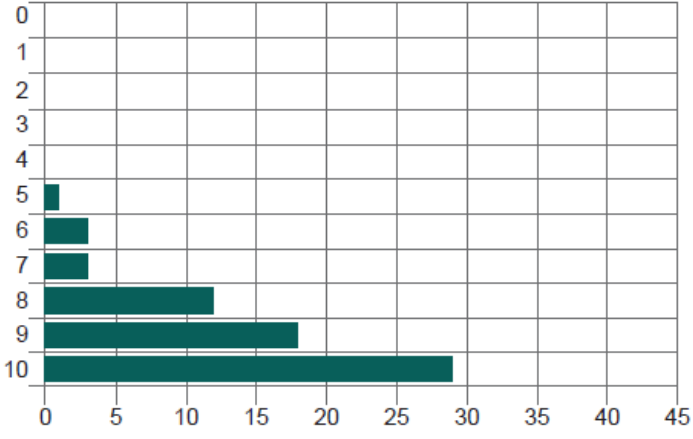


After

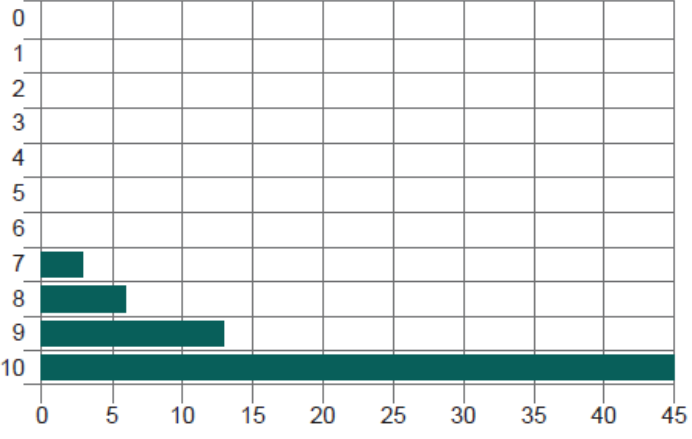
Anaesthesiologists



Surgeons



Patients



CIBOSurg – 2. Training of Staff

Central project team	Local implementation teams
CIBOSurg information film Share knowledge	Organise specialty specific training
e-Learning (De, Fr, It)	Organise and implement e-Learning at your site (responsible person, lms)
Simulation on site (OR)	Schedule and coordinate simulation day
Exchange platform (regular meetings)	Share insights and experiences of local implementation process Participation ≥ 1 representative

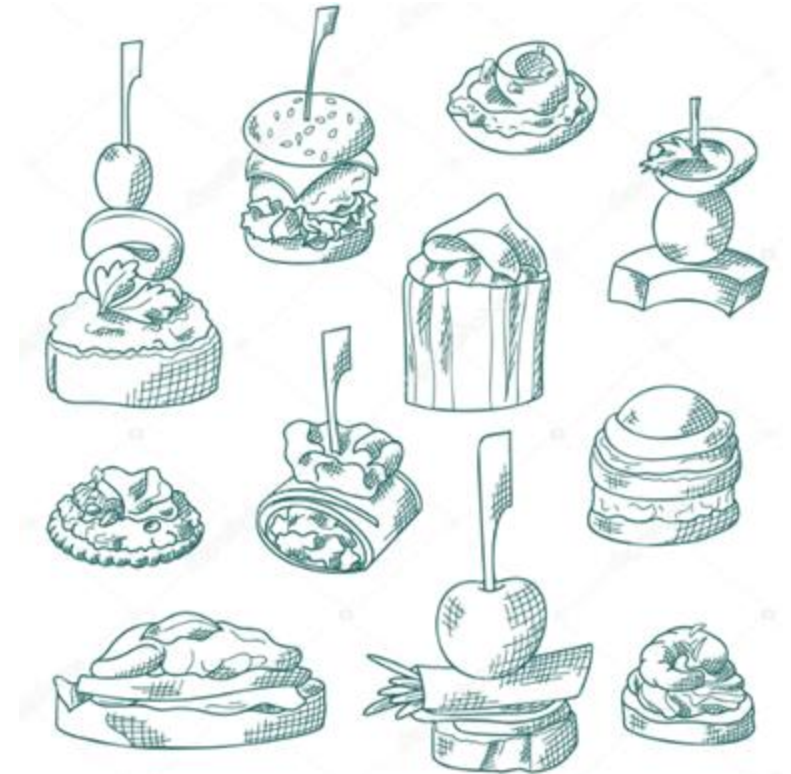
3. Documents and Tasks for Local Implementation Teams

Implementation documents	Tasks local implementation teams
Implementation plan (De, Fr, It)	Build implementation team, follow/adapt implementation steps
Template/log/protocol meetings	Organise kick-off and regular meetings, document tasks/responsibilities/ next steps
Checklist implementation plan	Document implementation progress incl. timetable (internal validation)
Documentation implementation steps	Document implementation steps (external validation)

Take Home Message



- Build local implementation teams
- Plan kick-off meeting
- Start implementation process
 - Motivate staff
- Take part in regular meetings
 - Monday/Thursday 16:30 every 2 weeks
- ***Benefit from workshop and apéro riche***



Workshop - Rotation and location plan



Topic	Location	15:30	16:00	16:30
e-Learning	Auditorium 2	Group 1	Group 3	Group 2
Hurdles	Auditorium 3	Group 2	Group 1	Group 3
Simulation	OP Nord 2	Group 3	Group 2	Group 1

Please return to the auditorium at 17:00