Capio

Välkommen till
Akut- & Traumakirurgidagarna
15-17/3-2020
Capio S:t Görans sjukhus Kirurgklinik
i samarbete med Trauma Centrum NKS

Söndag 15/3 Capio S:t Görans sjukhus (frivilliga workshops)

Måndag 16/3, akutkirurgidagen

Tisdag 17/3, traumakirurgidagen

Svensk Kirurgisk Förening
Swedish Surgical Society

Capio

Capio S:t Görans Sjukhus

Flödes- & Förbättringsarbete
inom akut- och traumakirurgi

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SEAL ”Teaching tools for medical education”

Program Akutkirurgidagen 200315

Frivilliga workshops på Capio S:t Görans sjukhus (min 5 personer, max 20/grupp, enligt önskemål vid anmälan):

Samling vid huvudentren Capio S:t Görans sjukhus kl 10.00

1. **Gå akuta kirurgflödet, kirurgakuten & avd 36,** ”efter 15-års förbättringstransformation”**,** *Sektionsledare kirurgi, Specialistsjuksköterska Akutsjukvård/Röntgen* ***Angelica Novak****/Kirurgsjuksköterska* ***Karin Johansson****/Kvalitetscontroller, Kirurgsjuksköterska* ***Emelie Kinbom****/Flödesägare akut kirurgi* ***Jonas Leo***

2. **E-FAST kurs** (basal), **Ultraljudsakademin Capio S:t Görans sjukhus**, *Specialist Anestesi och Intensivvård &* ***Fredrik Hallgren*** *& Kirurg/Kärlkirurg* ***Karolina Helczynska-Hultman***

3. **Team Triage & SATS på Capio S:t Göran**, *Specialistsjuksköterska Akutsjukvård****, Lisette Fredriksson***

4. **Hybridorganisation, akutläkare & kirurger tillsammans i akuta kirurgflödet Capio S:t Göran**, *Specialist i Akutsjukvård och Internmedicin/Sektionschef/Studierektor i Akutsjukvård****, Jonas Westman***

5. **Capio Team Träning (CTT)**, *Specialist Akutsjukvård och Internmedicin,* ***Erika Höglund*** *& Akutsjuksköterska,* ***Johanna Lindström***

6. **WHO Checklista 8.0 Capio S:t Göran**, ”hur vi lär över klinikgränser”, *Specialistsjuksköterska Anestesi,* ***Magnus Bäckström***

7. **Förbättringsprojekt säker akut bukförslutning**, ”minskad morbiditet skapar vårdplatser”, *Specialist Kirurgi och Urologi****, Harald Söderbäck***

8. **Rundtur i nya operationssalar levererade av Getinge,** *Product Specialist, Surgical Workflows,* ***Patrik Frödevik***

9. **Avancerad sårvård:** ABTHERA™ SENSAT.R.A.C.™ Open Abdomen Dressing, *Produktspecialist Hospital Solutions,* ***Inger Dahlberg***

Program Akutkirurgidagen 200316

08.30-08.45 Registrering & kaffe

08.45-09.00 Välkomna, ***Operativ chef Minna Lönnstedt/Klinikchef Niklas Heijbel/Sektionschef Fariba Kamran***

09.00-09.15 Presentation av dagarna, ***Jonas Leo & Lisa Strömmer, Kirurgakutsektionen Capio S:t Görans sjukhus***

09.15-09.45 SFAT, ***Fredrik Linder, Ordförande SFAT***

09.45-10.15 Kaffe

10.15-11.00 National Emergency Laparotomy Audit/UK - overview, ***Sarah Hare, Consultant Anesthesiology, National Clinical Lead NELA/UK***

11.00-11.45 National Emergency Laparotomy Audit/UK - details, ***Sarah Hare, Consultant Anesthesiology, National Clinical Lead NELA/UK***

11.45-12.15 Företagspresentation, 5 x 5 min

12.15-13.15 Lunch

13.15-14.15 Postoperativ uppföljning av högriskpatient, VERAS & Akut VERAS, *Överläkare* ***Malin Colling, Anestesikliniken Capio S:t Görans sjukhus***

14.15-15.15 Intestinal failure, *Överläkare****, Mattias Soop, Kirurgkliniken, Ersta sjukhus***

15.15-15.45 Kaffe

15.45-16.45 ”Nya” Akuta laprotomiflödet Capio S:t Göran, ***Jonas Leo,*** *Kirurg/ÖL, Flödesägare akut kirurgi****, Emelie Kinbom,*** *Kvalitetscontroller/Kirurgsjuksköterska*, ***Louise Stam,*** *Bitr. Vårdenhetschef Kirurgavd 36****,*** ***Karin Johansson,*** *Sjuksköterska Kirurgavd 36*

16.45-17.00 Summering/diskussion

18.30-19.00 Drink och mingel

19.00-01.00 Middag *Värdinna/Sektionschef* ***Fariba Kamran*** *Toastmaster/sånganförare/fd Sektionschef* ***Magnus Boijsen***

National Emergency Laparotomy Audit (NELA)

NELA CLINICAL LEAD

Dr Sarah Hare is the new National Clinical Lead of the National Emergency Laparotomy Audit (NELA), taking over the role from Dr Dave Murray, who will now chair the Project Team. She also works with the Healthcare Quality Improvement Partnership (HQIP) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). Sarah is a full-time consultant anaesthetist at Medway Maritime Hospital in Kent, and busy mum to a three-year-old.

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As a consultant anaesthetist in a large district general hospital, which until recently has been in 'special measures' under the intense scrutiny of the CQC, improving the care of our most unwell patients has been one of the top priorities for me and my colleagues. Achieving this has often seemed like an impossible, vast and complex task, but my local team's active participation in national audit projects such as NELA has been crucial in turning round our outcomes for our patients.

Now, as I join the NELA team at the Royal College of Anaesthetists as clinical lead, I am really excited to become a part of such a high-impact project, which I know from first-hand experience can really help improve care for patients.

Medway Maritime is a fairly unique hospital in that it had been in CQC special measures for longer than any other hospital. However, we have recently celebrated shedding this dubious title, and we are now emerging into our 'recovery' phase. Working in a hospital under such pressures, and leading change under testing circumstances, has put me in a perfect position to understand the challenges faced by clinicians when working to collect robust prospective data and apply it effectively to drive change and improve care.

But I also now understand how crucial it is to do this well, doing not only quality improvement but also quality assurance to executive boards and external organisations. When used properly, projects such as NELA do not need to be an added burden but can help us in making sure that we are able to deliver the care needed by our patients, and able to demonstrate that we are doing so.

When NELA first started I confess, it seemed to be one of those 'audity' things that we had all forgotten to fill out, and felt faintly guilty about not doing before moving swiftly on to the next pressing task. However, I was asked by a colleague to attend the Emergency Laparotomy Collaborative, a quality improvement (QI) initiative programme led by Niall Quinney, and to establish this at Medway Maritime Hospital. I knew this was not a job to do alone, so I set up a team, which included our Clinical Director for Surgery and for Critical Care, junior doctors, theatre staff, data analysts and a QI nurse.

We worked hard to find ways to make it easy for staff to deliver the high standard of care they wanted to by following the standards set by NELA, and by using the tools provided by the Emergency Laparotomy Collaborative (ELC).

Building upon this with our own ideas, our QI knowledge and an enthusiastic team, mortality rates started to fall. Consultant anaesthetists and surgeons engaged with the process of delivering care to our most poorly patients, and led the rest of their teams by their example. Our Chief Executive and Medical Director were soon able to see a clear improvement in our outcomes as we benchmarked ourselves against expected NELA standards, and they supported us, which empowered us further to sustain the changes we were putting in place and really embed them within the culture of our staff.

Our theatre staff have also taken ownership and pride in the transformation in care we are providing. They now all know that they play a part in saving lives of laparotomy patients, and that in itself is a powerful motivation for people to keep up this level of care for the next patient.

NELA might be called an 'audit', but most importantly our aim is to improve the quality of care emergency laparotomy patients receive through the provision of high-quality comparative data. We want to encourage the effective and meaningful use of this national data at local level, and to provide the strategies for you to apply changes in your hospital that will make a difference for your patients.

On this basis, NELA is going to continue gathering data, and will provide the QI tools to use this data locally to drive effective changes in care for your patients. We will encourage collaborative working, not only with other national audits and QI programs such as the ELC and the Perioperative Quality Improvement Partnership, but with patient groups as well. We will be providing quarterly reports to benchmark your performance (which will be useful when engaging executive support for your projects) and real-time data on our website to use locally.

With this approach we believe we can help support local teams, offer a very powerful means for engaging staff, and provide sustainable techniques for improving patient outcomes in the long term.

NELA
National Emergency Laparotomy Audit

Program Traumadagen 200317

08.30-08.45 Summering gårdagen, ***Fredrik Linder, Ordförande SFAT***

08.45-09.15 Ökning av skottskador - hur har vi förändrat/förbättrat traumavården i Sverige, ***Överläkare Pieter van Wyk, Karolinska***

09.15-09.45 CABC- det nya arbetssättet? ***Överläkare Staffan Olheden, Karolinska Universitetssjukhuset, Läkarbilen Stockholm och Överläkare Pieter van Wyk, Karolinska***

09.45-10.15 Kaffe

10.15-10.45 Erfarenheter av prehospital transfusion i Västra Götaland. ***Överläkare, Gabriel Skallsjö, ambulanshelikoptern Västra Götalands Regionen***

10.45-11.15 70 is the new 50! Akut fysiologi hos den äldre traumapatienten. ***Överläkare Andreas Wiklund, S:t Görans Sjukhus***

11.15-11.45 Praktisk **hospital** handläggning avseende Spinal Rörelsebegränsning hos traumapatienter, ***Överläkare Gunnar Sandersjöö, Karolinska***

11.45-12.15 Företagspresentation, 5 x 5 min

12.15-13.00 Lunch

13.00-14.30 Rapport från SweTrau , ***Överläkare, Shahin Mohseni, Örebro Universitetssjukhus***

Presentation avhandlingar och arbeten baserade på SweTrau
Moderator: Shahin Mohseni

The Association Between Beta-Blockade and Clinical Outcomes in the Context of Surgical and Traumatic Stress, ***Rebecka Ahl, Örebro Universitet***
The trauma continuum – Experiences from injured persons and critical care nurses, ***Linda Sandström , Luleå Universitet***
Potential for resuscitative endovascular balloon occlusion of the aorta (REBOA) at Sweden's largest trauma center, ***Victor Mill, Karolinska Institutet***

14.30-15.00 Kaffe

15.00-15.30 ”Regionalt samarbete lyfter traumavården på alla akutsjukhus! - exempel från Uppsala-Örebro regionen”, ***Överläkare Fredrik Linder, Akademiska Sjukhuset Uppsala***

15.30-16.00 Info SFAT styrelse. Summering av dagarna. Nästa möte,

Capio

Välkommen att anmäla till:

amelie.jonsson@capiostgoran.se

Efter anmälan skickas returmail i form av en Excelfil med önskemål om anmälningsuppgifter (bla. prioritering av önskemål av frivilliga Workshops söndag 15/3, allergier osv).

Då Excelfilen korrekt ifylld returneras till

amelie.jonsson@capiostgoran.se ,

registreras anmälan.

Faktura skickas efter mötet.

Max 150 deltagare, anmälningsdatum avgör vid >150 st anmälningar.

Sista anmälningsdatum 200115

Kostnad 1000 kr (exkl. moms) för 2 dagar (inkl. workshopdag och middag)

Kostnad 600 kr (exkl. moms) för 1 dag (inkl. workshopdag och middag)

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SWEDISH SURGICAL SOCIETY

Capio

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