NEW ZEALAND
Anaesthesia
THE MAGAZINE OF THE NEW ZEALAND SOCIETY OF ANAESTHETISTS • AUGUST 2024

Reflections on 12 Years in the WFSA Leadership

A/Prof Wayne Morriss

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Cover image: A/Prof Wayne Morriss with Dr Tedros Adhanom Ghebreyesus, WHO Director-General, World Health Assembly in Geneva, Switzerland, May 2023.

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Contributions and feedback

We welcome your comments on the magazine. If you would like to contribute ideas and/or an article please contact editor: comms@anaesthesia.nz

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President's Column

Kia ora koutou,

Just as the support of our members weaves us together as one stronger body, choosing the right moments to combine forces and build partnerships makes the Society stronger too. It brings more perspectives to the table, strengthens resources, and bolsters what we can provide for our community and profession.

There is power in collaboration and anaesthetists are inherently good at it; it's part of our job.

We see successful examples of this within the initiatives and programmes the NZSA supports. A couple of which are featured in this magazine - the New Zealand Anaesthesia Education Committee (ANZEC), webAIRS, and the WFSA.

The ANZAEC is a joint sub-committee of the NZSA and ANZCA NZ National Council. With equal representation from each organisation, the committee coordinates our shared continuing professional development (CPD) activities, including the Aotearoa NZ Anaesthesia ASM. The committee also ensures relevant and ongoing activities are available for our Aotearoa community.

The collaborative efforts of the NZSA, ANZCA and Australian Society of Anaesthetists (ASA) bring us webAIRS. WebAIRS helps us to improve patient safety and quality of anaesthesia in the Aotearoa and Australian settings.

As a member society of the WFSA we are united with our specialty at a global scale. Associate Professor Wayne Morriss shares the importance of this collaborative mahi and how it impacts our anaesthesia specialty in his reflection later in this issue.

Also behind all of these is the volunteer mahi of our non-clinical leaders. I shared in a recent blog how our profession and specialty rely on our non-clinical leaders. How without non-clinical leaders, we do not have anaesthesia.

Our leaders are passion-led. They fiercely believe in representing their communities, advocating for patient safety, bringing visibility to the populations they represent, and advancing our specialty. From coordinating our CME activities and leading discussions with our national leaders they advocate for greater recognition of the importance of anaesthesia in healthcare delivery.

It's imperative we advocate for our profession. Increased visibility will not only enhance appreciation for the specialised skills and expertise of anaesthesia specialists but it will also reinforce the need for future-proofing our specialist workforce in Aotearoa.

These topics formed much of our discussion with the Minister of Health, Hon Dr Shane Reti in May. The pivotal role anaesthesia plays in the perioperative process and the valuable role we can offer in addressing elective care waitlists. Alongside examples to consider from across the motu.

We also expressed the importance of valuing our workforce. The government will find it challenging to deliver on its goals if they do not demonstrate value in our healthcare workforce and make our public health system a great place to work.

It was a positive and engaging conversation with the Minister, and we are grateful for his time and receptiveness to our suggestions.

NZSA Executive Committee and office changes

Our NZSA Executive Committee so generously give their time to represent us all and I am grateful for the work and support of my fellow executive members.

It is with sadness that we have recently farewelled Dr Caroline Ariaens and Dr Nathan Kershaw from the Executive Committee. Both have made such valuable contributions through their expertise and guidance. Caroline has been with the Executive Committee for a few years and remains connected through her role as Chair of the National Obstetric Anaesthesia Network (NOA).

I wish to thank them both for their mahi for the NZSA and its members.

It is also wonderful to welcome Dr James McAlpine from Wellington to the Executive Committee taking over the education portfolio and representing the NZSA with the ANZAEC.

NZSA Executive and Network Support Administrator Becs Nodwell has recently finished her time with the NZSA to pursue new work challenges. Becs joined the NZSA office team in 2021 and has made a significant and impactful contribution to the work of the Society. The team in the office and the NZSA networks and joint committees have all benefitted from her administrative support and guidance. I wish to thank Becs for her support over the last few years and wish her well in her new role.

From our networks to committees to partnership activities we can do what we do thanks to those who lead the way and those who support them in this mahi. It's challenging but it's rewarding and most importantly – it's how we build a better future.

Kei kōna te aroha me te whakairo

The NZSA is deeply saddened by the loss of two of our trainee community in Tāmaki Makaurau Auckland. On behalf of the Society, I share our aroha and deepest condolences to those in our community affected and to the whānau of those who we have lost.

I know this has deeply affected a number of you and shaken our community. If you need to talk to someone, check in with your team or make use of some of the support programmes available through ANZCA or your workplace. We are good at looking out for the best for our patients and must take a breath to look after ourselves too.

Ngā mihi nui,

Dr Morgan Edwards
President, New Zealand Society of Anaesthetists

Meeting with the Minister of Health

NZSA President Dr Morgan Edwards & Immediate Past President Dr Sheila Hart at Parliament Buildings.

NZSA President Dr Morgan Edwards, Immediate Past President Dr Sheila Hart and CEO Kylie McQuellin met with the Minister of Health, Hon Dr Shane Reti, on the 28th of May. It was a positive and engaging conversation with the Minister. We are grateful for his time and receptiveness to our suggestions.

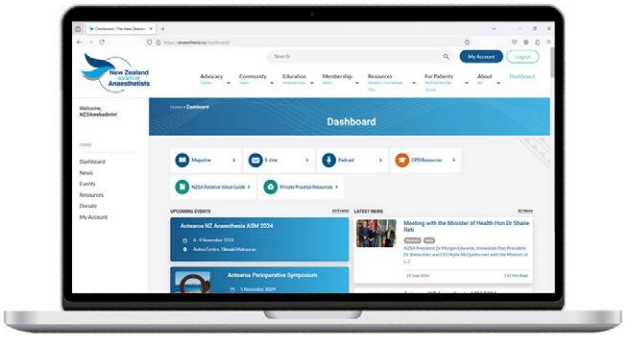
Our Briefing for the Minister outlined the topics we broadly covered during our meeting including planned care, valuing our workforce and assistants to the anaesthetist. A summary of the meeting is available on the NZSA website – Read more here.

Member insight survey

Later this month all members will receive a survey - we'd love your feedback to help us understand what's important to you and help shape the future direction of the Society. Plus, for those who choose to participate, there will be an opportunity to go into the draw for a cash prize! Keep an eye on your inbox and the e-zine.

New NZSA Member Dashboard

Visited the website recently? We've made some changes to the NZSA Member Dashboard to help make it easier to find the information and resources you're after. With quick links to the podcast, e-zine, magazine, private practice resources and plenty more. Check it out



NZSA President's award

Know someone who has gone above and beyond for the NZSA and the anaesthesia community? Nominate them for the NZSA President's Award.

The President's Award recognises an NZSA member who has provided a sustained or specific contribution to the Society and anaesthesia community. Make a nomination online here.

Cultural CPD activity for volunteer locums

The NZSA Global Health Committee (GHC), Dr Ted Hughes and GHC Chair Dr James Dalby-Ball coordinated a virtual meeting for anaesthetists who recently volunteered to act as locums during the Pacific Society of Anaesthetists annual meeting. The purpose

of the session was to facilitate an opportunity for these locums to discuss, reflect, and share their experiences from their time in the Pacific - and to gain CPD.

Our thanks to Dr Ted Hughes and Dr Vanessa Beavis who advocated to gain approval for this as a Cultural CPD activity. Thanks also to Ted, James, and the GHC for giving their time to coordinate this activity with support from the NZSA.

Third pacific anaesthetic assistants course

Another successful Pacific anaesthetic assistants course (PAAC) has been completed in Fiji, convened by Dr Alan Goodey from the NZSA's Global Health Committee and Dr Akuila Waqanicakau from Fiji.

Anaesthetic assistants and nurses from intensive care units and operating theatres in the Pacific region attend this two-week course taking part in workshops and hospital-based learning. The course aims to increase the safety and efficiency of surgical care in the South Pacific countries by developing the specialised skill set of the Anaesthetic Assistant.

This training is facilitated by the NZSA with additional financial support from NZATS and funding from the Australian Government Department of Foreign Affairs and Trade. Thanks also to the Anaesthetic Technicians who travelled to Fiji to assist.

Claim CPD from listening to the podcast

You can claim CPD by listening to the NZSA's podcast, NZ Anaesthesia. After listening, use a screenshot as evidence to add this activity to your dashboard under the ANZCA knowledge and skills, learning sessions activity.

Did you catch our latest episode?
An interview with NZ ASM keynote speaker Professor BobbieJean Sweitzer and NZ ASM Convenor Dr Karen Park ahead of this year's meeting in November.

PAAC Course 2024 at Colonial War Memorial Hospital Fiji.

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NZ ASM Feature Speaker

Research, is it worth it?

“Clearly it is,” answers Dr Nicholas Lightfoot. “But is research for the sake of research worth it, or should it have a purpose?”

“This is something I’ll be looking to unpack in my presentation at the NZ ASM.”

Dr Nicholas Lightfoot is the NZSA-sponsored speaker at this year’s Aotearoa NZ Anaesthesia Annual Scientific Meeting (NZ ASM). He will be chairing the research session, in which he’s also presenting and moderating the academic roundtable with Professor BobbieJean Sweitzer (Virginia, USA), Professor Joyce Yeung (Warwick, UK), Dr Marta Seretny (Tāmaki Makaurau Auckland) and Associate Professor Michal Kluger (Tāmaki Makaurau Auckland).

Nicholas is a specialist anaesthetist working in Tāmaki Makaurau Auckland. His clinical interests centre around anaesthesia for orthopaedic and gynaecological surgical procedures, including the application of regional anaesthesia to optimise patient outcomes.

Along with his clinical work, Nicholas has an active interest in clinical research which he joins us to discuss ahead of the NZ ASM.

His clinical research endeavours across prospective and retrospective studies have led to more than 35 publications in the peer-reviewed anaesthesia and surgical literature, several local grants to further develop his projects, and collaboration with the ANZCA Clinical Trials Network.

This interest in clinical research started while he was in medical school.

“Medical school is a long road, and I was filling my summers with jobs in retail and one year in construction. Then between my 4th and 5th years, I did a research summer studentship in Christchurch with Dr Peter Ganly in molecular haematology. This planted the seed. I really enjoyed being able to intensely research a particular area and try to come up with some conclusions. It also didn’t involve quite as much physical exertion.”

“I had vague aspirations of becoming a surgeon and did some surgical research which led to some of my first publications and presentations.”

“Later on, I became more involved in the data analysis side of research too. While preparing my formal project for submission, I found the statistician I was working with asked a lot of questions but wasn’t doing so much analysis. It felt like we were beating around the bush, and I just wanted a conclusion. So, I learnt how to conduct the statistical tests to reach those conclusions myself.”

“I find the analysis of data fascinating. You can get lost in a data set trying to work out conclusions. To a degree being involved in collecting the data can help with working out how you want to analyse it too.”

“That project led to other projects, some of which have taken multiple years.” Nicholas currently has a few projects on the go, alongside new opportunities in clinical governance while hoping to become an examiner for the ANZCA primary examination.

“During Covid, I was involved in the supervision of a medical student looking at the impact of acute pain on patient outcomes after multiple surgical procedures. This led to an association with a group of

medical students and clinicians from across New Zealand and Australia – the TASMAN collaborative. They have conducted a larger project looking at the impact of opioid prescribing after surgery. There have been a few publications in the British Journal of Surgery and Anaesthesia related to the Collaborative's projects. My involvement in this project was as a part of the scientific advisory committee to provide feedback to the data collection and how the data was later analysed."

Nicholas has also mentored junior doctors and supported them in their research projects to help bolster their applications to the anaesthesia training programme.

"We need research to advance in medicine; to work out best practice. If something has become popular, we need the research to investigate what, if any, benefits it's offering our patients. If we don't foster junior doctors interested in research, then we won't have anyone in New Zealand doing this work. That would put us behind on the world stage."

"We also need research completed in New Zealand to determine best practices for our population. We need external validity. We have a unique population both culturally and socioeconomically so research from places like the United States and Europe may not be as applicable to our area of practice. This is a question I've attempted to answer in many of my projects."

"Holding meetings like the NZ ASM allows us to discuss this research and to motivate people to do their own. I think it completes the circle. If we didn't do this, we would stagnate as a specialty."

"There are people who become interested in research at some point in their career. Attending these [research] sessions with people who are passionate about it and want to talk about it may provide the impudence they need to take additional steps and complete projects."

"When you compare it to conferences in the USA or Europe that are attended in the tens of thousands the speaker-to-delegate ratio at the NZ ASM is in the delegates' favour. You are much more likely to be able to engage with speakers."

"I'm looking forward to that at the academic roundtable. We have speakers travelling from the UK and USA, alongside those from New Zealand, who will bring a range of perspectives. I'm looking forward to fleshing these out more. I'm interested to hear about their trials and tribulations, the struggles they face conducting research in other climates and how clinical research is viewed as part of contributing to their departments."

"Please bring your questions to the session!"

You can view the Aotearoa NZ Anaesthesia ASM Scientific programme online here.

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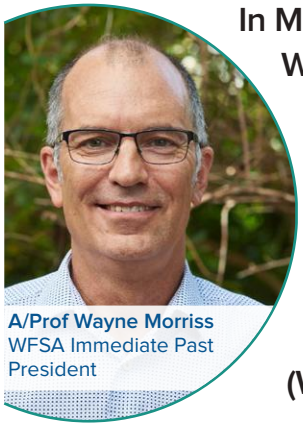
Reflections on 12 Years in the WFSA Leadership



A/Prof Wayne Morriss
WFSA Immediate Past President

In March, at the World Congress of Anaesthesiologists in Singapore, I finished my term as President of the World Federation of Societies of Anaesthesiologists (WFSA).

It was a time of mixed emotions – I had devoted a huge amount of time and energy to various leadership roles in WFSA during the previous 12 years and felt a mixture of pride, satisfaction and some sadness as my time in the WFSA leadership came to an end.

The last few months have provided an opportunity for me to reflect on my time in our specialty's global federation. WFSA has come a long way in the last decade, and it has been exciting for me to represent New Zealand and to play a leading role in the WFSA's transformation. It is also a good time to celebrate some of the achievements of the last 12 years.

The WFSA and becoming President

The WFSA is an amazing organisation, but its importance is not always understood by individual anaesthetists (anaesthesiologists), especially those working in well-resourced countries. It is a unique, professional membership organisation, currently made up of 141 national (or multinational) member societies and representing anaesthesiologists in 150 countries. The mission of WFSA is to unite and empower anaesthesiologists around the world to improve patient care. It has an official liaison role with the World Health Organization (WHO) and is the voice of our specialty at key events such as the World Health Assembly (WHA).

My involvement with WFSA started in 2008, when I was selected as a member of the Education Committee. In 2012, at the World Congress in Buenos Aires, I became Chair of the Education Committee and a member of the WFSA Board and Council. In 2016, in Hong Kong, I was elected Director of Programmes, and in 2020, I became President Elect after virtual elections during the height of the pandemic. My term as President started in July 2022.

It felt like a big deal to be elected WFSA President by colleagues from all around the world. I was the 19th President since the WFSA was formed in 1955, and I was following in the footsteps of people like Harold Griffith, John Bonica, Michael Vickers, Kester Brown and Angela Enright. I was only the fourth from the southern hemisphere, and the first from New Zealand.

A transformational time

In 2012, when I joined the Board (or Management Group as it was then known), there was only one paid employee in London. Despite some excellent educational work, the organisation was struggling to make an impact with its advocacy work, and engagement with member societies was patchy. In 2013, the Board, under the presidency of David Wilkinson (UK), took the plunge and employed WFSA's first CEO, Julian Gore-Booth. What followed was a time

of rapid change, with a restructuring of the organisation, the development of a highly effective secretariat, and strengthening of WFSA's main roles - education, advocacy and working together.

The WFSA's educational offerings, which are freely available to colleagues everywhere in the world, have been strengthened over the last decade. These include our:

- Fellowships (short subspecialty attachments aimed at developing leaders and teachers);
- Scholarships for younger colleagues to attend major conferences;
- Publications such as Anaesthesia Tutorial of the Week and Update in Anaesthesia;
- Short courses such as SAFE Obstetric Anaesthesia and SAFE Paediatric Anaesthesia.

During my time as Chair of the Education Committee, we doubled the number of fellowships and rolled out a range of short courses, mainly in low-resource countries.

We have made great strides with advocacy and have highlighted the importance of anaesthesia in global health. We played an important role in publicising the work of the Lancet Commission on Global Surgery and supported WHO work on strengthening anaesthesia and surgical care. WFSA has now made multiple statements at the World Health Assembly and WHO regional meetings on issues important to anaesthesiologists everywhere – such as workforce well-being and adequate resourcing for our specialty.

We now have much more effective engagement with member societies and have developed valuable relationships with other organisations and funders. During my time on the Board, I attended multiple valuable meetings with the leaderships of national societies in all regions of the world – our region, Europe, Africa and the Middle East, Asia, and the Americas - and large organisations such as the American Society, ESAIC, the Latin American Confederation (CLASA). We have worked with Lifebox and other organisations to distribute oximeters around the world and are now helping with the roll-out of a robust, reasonable-cost capnometer.

Busy at the top

The last decade has been very busy for me personally – I've been effectively doing two full-time jobs – and the last two years have been particularly busy. I tried to make my overseas travel as efficient as possible and combined numerous trips, but I was overseas for over 20 weeks in 2023. During the year, I gave 26 talks (including 12 virtual

A/Prof Wayne Morriss with Dr Nyandwi Jean Damascène, WFSA Fellow from Rwanda, Coimbatore, India, February 2015.

Interview on Azerbaijani TV, Baku, Azerbaijan, December 2023.

presentations) in countries as diverse as Brazil, Azerbaijan, India, United States, Indonesia and Tanzania. I always had an overflowing email inbox and New Zealand's time zone made scheduling of frequent Zoom meetings challenging. Many thanks to my Christchurch Hospital colleagues for their tolerance and support.

As President, I was very aware that I was carrying on the great work of other recent presidents and other volunteers. David Wilkinson (UK) led WFSA during my first four years on the Board, followed by Gonzalo Barreiro (Uruguay, 2016-2018), Jannicke Mellin-Olsen (Norway, 2018-2020), and Adrian Gelb (USA, 2020-2022). And, of course, it's a team effort. There isn't space to list all the Board members during the last 12 years, but I am particularly grateful to Alan Merry (New Zealand, 2012-2020) and the Board members during my term – Davy Cheng (China), Daniela Filipescu (Romania), Adrian Gelb (USA), Emilia Guasch (Spain), Walid Habre (Switzerland), Carolina Haylock-Loor (Honduras), and Mauricio Vasco (Colombia).

The work of WFSA's Board, Council and Committees is supported by a hard-working and productive Secretariat of thirteen, based in the UK and Spain. Kristine Stave (who previously worked for Lifebox) took over from Julian as CEO in 2022 and is doing an amazing job as leader of the Secretariat team.

Some highlights

There have been many highlights during my time with WFSA. While I was Chair of the Education Committee, I got to know many of the fellowship programme teachers around the world, as well as the trainees, many of whom are now in leadership and teaching positions. I was the lead author of WFSA's Position Statement on Anaesthesiology

WFSA Board 2022-2024: Prof Davy Cheng (China), Dr Mauricio Vasco (Colombia), Prof Walid Habre (Switzerland), Prof Adrian Gelb (USA), Prof Daniela Filipescu (Romania), Dr Emilia Guasch (Spain), A/Prof Wayne Morriss (NZ), Dr Carolina Haylock Loor (Honduras).

and Universal Health Coverage which was approved by member societies at the World Congress (WCA) in Hong Kong and was the springboard for our advocacy work at WHO. I attended the World Health Assembly in Geneva on three occasions and presented two statements on behalf of the global anaesthesiology community during plenary sessions.

Peter Kempthorne (also from Christchurch) and I were the lead authors of the Global Anaesthesia Workforce Survey which, for the first time, documented our global workforce and highlighted massive discrepancies between regions. This publication was essential for our advocacy work with governments and WHO. I also co-authored a revision of the WHO-WFSA International Standards for a Safe Practice of Anesthesia, along with Adrian Gelb and Alan Merry. This document has also played a very important role in our advocacy efforts.

It has been satisfying to see some of the benefits of our structural changes, including improved governance and increased member society engagement. WFSA weathered the COVID storm in 2020-2023, and successfully "pivoted" from a planned in-person WCA in Prague in 2020 to a

fully virtual congress in 2021. During my presidency, we developed WFSA's strategic priorities for 2023-2028, and worked on a more flexible, modern constitution. This work is not always very exciting but is vital for the effective functioning of a membership organisation like WFSA.

The final highlight for me was a successful WCA in Singapore in March. I was the Co-Chair of the Congress Organising Committee (along with Prof Chan Yew Weng from Singapore) and, not surprisingly, it was a lot of work. We faced a range of challenges before the WCA, but, in the end, we had a very successful congress with over 5,000 in-person attendees from 142 countries, and 525 faculty from 73 countries. The Singapore WCA was also our first opportunity to hold a face-to-face General Assembly since Hong Kong in 2016. I chaired the meeting, and it was very satisfying when member societies approved a range of important constitutional changes.

AProf Wayne Morriss with Dr Gertrude Marun (Papua New Guinea) WFSA Distinguished Service Award 2024.

WCA 2024 Welcome Ceremony with WFSA Distinguished Service Award winners Dr Jannicke Mellin-Olsen (Norway), Dr Gertrude Marun (Papua New Guinea), Dr Hazel Mumphansha (Zambia).

Life post-WFSA

At the closing ceremony of the WCA, I was delighted to hand over the presidency to my colleague and good friend, Daniela Filipescu (Romania). I know that Daniela, the new Board, the Council and Committees, other volunteers and Secretariat will continue to do a great job working on behalf of colleagues all around the globe. It's a good feeling.

I'm still working full-time at Christchurch Hospital but will likely be involved in some project work from time to time, such as SAFE and the Essential Pain Management (EPM) programme. As Immediate Past President, I've got several speaking engagements lined up, including lectures at conferences in South Africa and South Korea, and a number of writing assignments. And, of course, I hope to see many of you at the next WCA in Marrakech, Morocco in 2026.

WFSA brings our global specialty together, and it has been an honour to be WFSA President. Many thanks to family, friends and colleagues for supporting me in this work.

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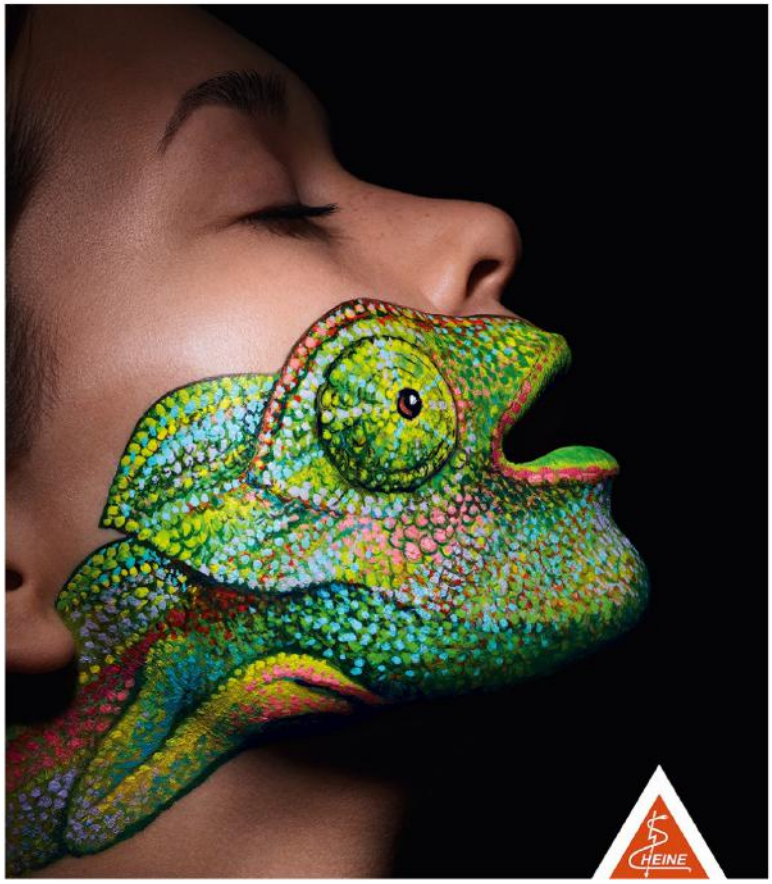

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NZSA Executive Member Profile

Dr James McAlpine

Dr James McAlpine has recently joined the NZSA Executive Committee as the education officer.

James is a consultant anaesthetist at Te Whatu Ora Capital, Coast and Hutt Valley, working in Wellington where he alternates between the general and obstetric call rosters and is a Supervisor of Training.

As the NZSA Education Officer James is the NZSA representative on the Aotearoa New Zealand Anaesthesia Education Committee (ANZAEC).

Where did you study medicine and what training path did you take?

I studied at the University of Otago, starting medicine after completing a BSc in pharmacology. I spent five years in Dunedin before moving to Wellington to complete the clinical years of med school.

I got my first taste of anaesthesia as a PGY2 in Nelson. Then moved to Australia before returning to Wellington to do my anaesthesia training.

What led you to choose anaesthesia as your specialty?

I really enjoyed my time in the anaesthesia department in Nelson and working with the team there lead to my decision to become an anaesthetist. It was a good way to use my pharmacology degree, I liked the procedural aspects of the job as well being able to focus on one patient at a time, and I enjoyed working in the team environment of theatre.

Who was most influential during your training?

There were many people at Nelson, Wellington and Hutt Hospitals who influenced my training and I feel very

fortunate to now call them colleagues. The people who I shared the trenches with during training, particularly Petra Linden-Ross, Arezoo Kahokehr, Raj Palepu, and Adam Hollingworth, made a lasting impression on my training and career path.

What is the most satisfying aspect of your work?

Being part of a team and getting to work with the people I do. Interacting with patients and making a difference to their experience and working with trainees and watching them progress through training to become SMOs.

What motivated you to join the NZSA Executive?

My Wellington colleague Dr Sheila Hart and Dr Jonathan Panckhurst, who is the former education officer, encouraged me to put my name forward. It's a new challenge and an opportunity to represent and give back to our anaesthesia community who have trained and supported me.

As the new education officer, what are you looking forward to being involved in?

I'm looking forward to working with the NZSA team and the Aotearoa New Zealand Anaesthesia Education Committee (ANZAEC) to support and grow the current education activities. As well as looking for other education opportunities that will continue to engage and be of benefit to NZSA members.

What do you think are some of the key educational topics for anaesthetists in Aotearoa right now?

The recent changes to our CPD programme with an increase in the volume and frequency of the required activities means there are opportunities to support NZSA members with this.

Also, ongoing cultural competency and safety education, and the use of AI in medicine and anaesthesia.

Tell us a little about yourself outside of anaesthesia

I enjoy getting outside either for a trail run or a mountain bike ride. I like to spend time with friends enjoying coffee and food, as well as spending time with family in Blenheim.

What career would you have chosen if not medicine?

I never really contemplated anything other than medicine when I was younger but having grown up on a farm in rural Marlborough, if medicine hadn't worked out, I probably would have ended up in some form of farming-related career.

#NSC24

2024

Speaker Lineup

Dr Will Flanary
"Dr. Glaucomflecken"

Dr Elisa Bertoja
Prof Ki Jinn Chin
Prof Shalini Dhir
Prof Anthony Fauci (virtual)
Dr Elmar Helmich
Ms Sacha King
Dr Mark Koning
Dr Fiona Lander
A/Prof Lachlan Miles
Prof Ramani Moonesinghe
A/Prof Suzi Nou
A/Prof Bisola Onajin-Obembe
Prof Anne Tonkin AO
Prof Anil Patel (sponsored by F&P Healthcare)

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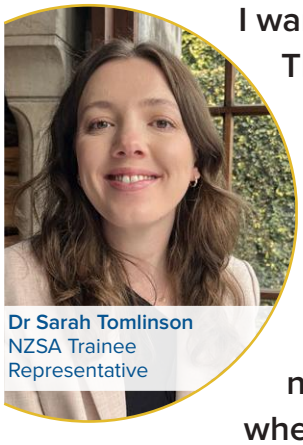
Volume of practice for trainees



Dr Sarah Tomlinson
NZSA Trainee Representative

I wanted to continue the TPS tricks and tips covered in previous trainee columns with a focus in this issue on getting your volume of practice (VOP). Specifically, within this new post-Covid world when regular elective lists are frequently changed to acute lists, or being cancelled.

The difficulty for trainees to complete their volume of practice by the end of training is becoming increasingly concerning. It is definitely a worry for me. When I started my anaesthesia training midway through 2020 almost no elective orthopaedic joint replacements were being done at the hospital I was at. More recently, on my cardiac module last year there were multiple list cancellations due to ICU bed shortages during the month I was rostered to cardiac anaesthesia.

Trainees should still be able to complete all of their VOP requirements. However, it may require some more effort, so I have listed some suggestions to help manage this below.

Keep track

I believe having a rough idea of your VOP requirements from the start can assist in meeting your targets and not missing any potential opportunities that come your way. It's certainly something I wish I'd known more about from the start. However, when you begin training, the sheer amount of requirements you need to tick off within the training portfolio system can seem overwhelming, and confusion reigns for where to look and what to log. Those trainees that wish to seek further clarification of specific training requirements can keenly go to the tome that is the ANZCA training handbook – a 117 page document which gives some guidance but with anaesthesia being a whole new world for many embarking on training, it can be difficult to figure out exactly what you need to do. All whilst figuring out how to draw up an ampoule of propofol, or learning which muscle relaxant your new consultant prefers each day.

For those of you who are new to training, you can access a page of what VOP you need by clicking for more details underneath your 'cases and procedures' pie graph on your dashboard page. You can also look at requirements for your current training period on this page and more usefully your required VOP for the whole of training. This isn't a list that all trainees have to rote learn, like the alveolar gas equation, but it is good to have an idea of what you may not have realised you need. For example, having to log all of your regional blocks for what they are i.e. a lower limb block, but also having to log separately 'provision of regional analgesia for the management of acute or chronic pain (must exclude obstetric pain)'.

It is also a good idea to talk to trainees above you in training, as they may have figured things out that can be very useful. Such as knowing that you need to have participated in being part of a trauma team five times and that this is logged under 'sessions', rather than 'cases and procedures' (if you don't get this number you will need to do an EMST course).

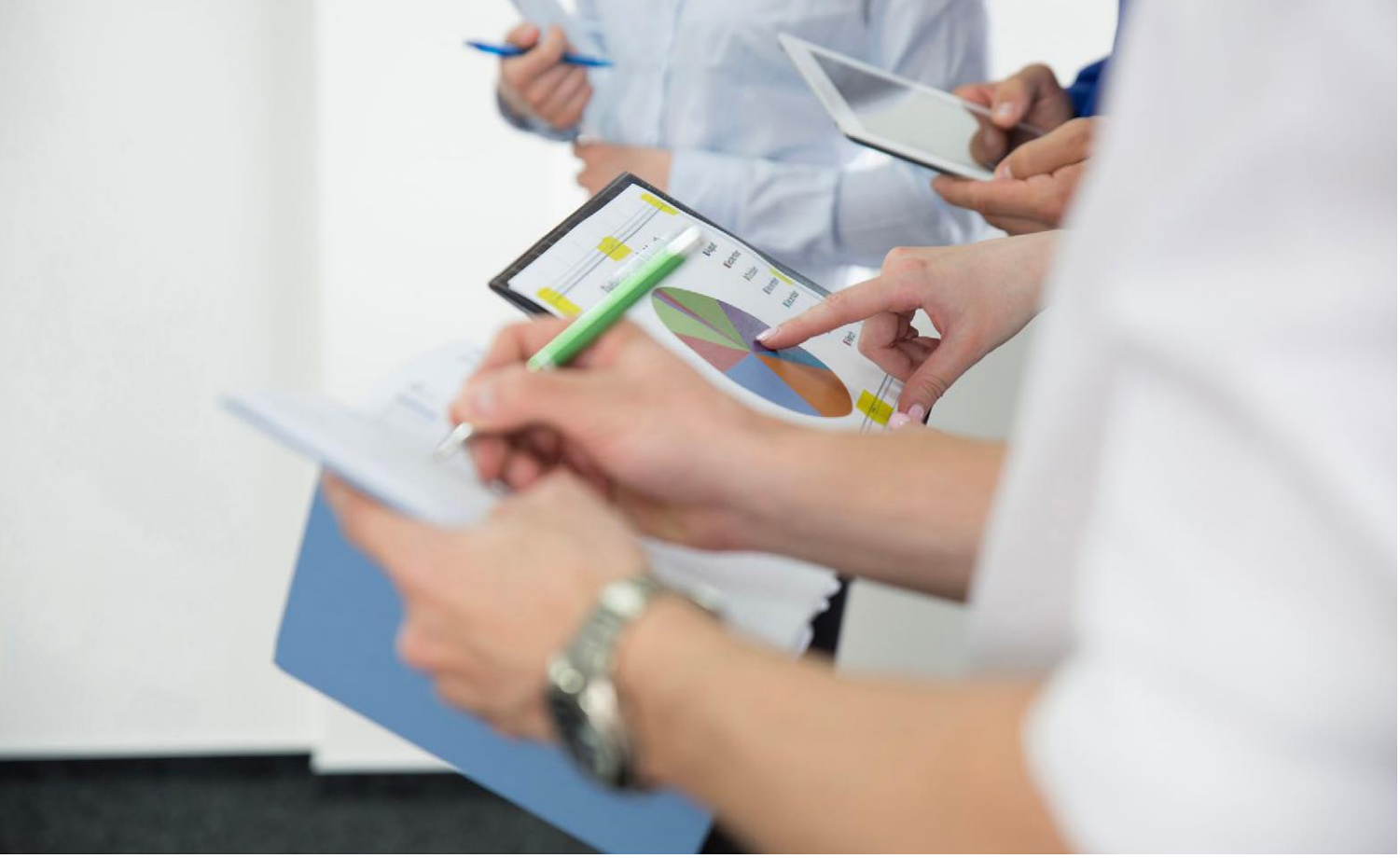


Image credit: Freepik.

Troubleshooting lacklustre VOP numbers

Ideally, one could get through training and pick up an abundance of VOP requirements without a second thought. But in this current healthcare climate (or crisis as some might say) the reality is that many of us will need to be on top of our logbook requirements and have a plan on how to boost numbers.

Certainly, it's important to keep track of what you're missing from advanced training. You can then highlight your potential gaps to either your supervisor of training and/or the person in charge of rostering lists to ensure you get to do that all important thoracic list you're missing, rather than your 100th ASA 1 appendix. If you don't let them know then they can't help you. I don't recommend overloading your rostering consultant with loads of missing VOP and lists required all at once and right at the end of advanced training. Instead focus on a small number of things at a time. Then once you've ticked off the VOP requirements for those modules, send through some different ones. I also wouldn't recommend doing this if your hospital rosters specific modules and you're yet to do one. I suggest reserving this until after you've done your module and still don't have enough VOP.

It's also important to let SOTS/rosterers know of VOP issues as it may be a more widespread issue for all trainees at your hospital, for example getting five TURP cases, and more creative solutions may need to be instituted such as looking into options for trainees to potentially go to a private hospital.

Finally, if you're unable to complete all your VOP despite these attempts, you can apply to the ANZCA training director of professional affairs (assessor) for special consideration. You may be able to get approval to fulfil some of these VOP requirements in your provisional fellowship year if you can't get them done before the end of advanced training.

Opinion

Thinking and doing: Tackling problems with our superpower

Dr Rob Burrell

Anaesthetists are great thinkers. It's not just that we have some time. You and I do the take-offs and landings, surgeons provide the in-flight entertainment, and sometimes we get moments to ponder.

But not all that brain-power is directed towards the sudoku, cryptic or the wordle of the day, not that they don't merit our attention. Often our thoughts are brought to bear on the problems of others, of systems both small and large.

We are good at attending to tiny details, focussing on a single percentage point of SpO2 for example.

We are also good at seeing where problems lie in their context, those middle-order issues where the puzzle pieces are all interlinked. That's why anaesthetists are great at fixing issues in other people's services.

At the highest level, the so-called meta-level, where the whole-of-system is a bit broken, anaesthetists have great insights on how to resolve stuff, and we are humble enough to seldom find ourselves responsible for fixing everything all at once when it cannot be done. Anyone want to be the Minister of Health?

Anaesthetists are pragmatists. All this higher-level thought isn't much use at the workplace if we don't make it practical. Whoever first said "you can't make chicken salad out of chicken shit" was obviously an anaesthetist. Every working day involves tactile skills and tangible achievements. We are hands-on, practical and realistic, and we like to get things done.

One of the biggest problems of our times is our failure (so far) to live within the environmental boundaries of our planet. There's lots of bad news: climate change, rising seas, polluted waters, too much plastic, not enough money, too many people, too little time.

But there's never been a better time to be alive in the first world. Life expectancy has never been so high. Modern medicine keeps expanding its capabilities. We are more educated, more comfortable, safer, and better housed than ever in our past. Solar is the cheapest source of energy, set to be the dominant form in eight years. Even the third world now has a middle class.

Keeping all that good stuff in mind while trying to deal with the bad stuff is a challenge. Doomism is not a solution; it's just being lazy. Tackling the bad news and creating solutions and pathways to living within our means is what sustainability is about. And if sustainability often sounds only slightly less bad than our previous extraction-consumption-disposal ways then perhaps we have to embrace whatever the joined-up, meta-level solutions that allow humans to flourish in an improving and recovering environment are. The shorthand term for this is regenerative.

These two anaesthetic talents - thinking and doing - are perfect for tackling the problems in sustainability. We are good at refusing to let the bad news details distract us from achieving the wins that we need. Sometimes those wins are pretty small but ask yourself when you last used a polystyrene coffee cup. It's only a detail, but they are gone! Sometimes those wins are seriously middle-order. When did you last see desflurane get used? We have achieved at least a 90% reduction in our greenhouse gas footprint of general anaesthesia through a very inclusive and successful revolution in our ways of working. And we have the opportunity to deal with those higher order issues soon. More about that below.

Every single one of us has thoughts and ideas about how to make our workplace better.

Most of us would be thrilled to see less waste, less landfill, more reusables, lower carbon processes, and our work sit more lightly on our planet. That could look like reusable airway devices, or recycling, or washable drapes and gowns. How about better hospital food? Those are all things we must strive toward, but the often less visible

"These two anaesthetic talents - thinking and doing - are perfect for tackling the problems in sustainability. We are good at refusing to let the bad news details distract us from achieving the wins that we need."

middle-order issues may give us more bang for our buck. Volatile substitution, and de-reticulating nitrous oxide supplies have a greater Greenhouse Gas (GHG) reduction effect than tweaking the details. I have a colleague who drives a monster truck. He delights in reminding me that his carbon footprint is less than mine, but I'm a cyclist. Why is he doing so well? He has one child and he doesn't eat meat, but that's not the answer. It's because he doesn't fly.

Last year I was fortunate to get a President's award from the NZSA, for work in the field of sustainability. I have been lucky to have had many opportunities in that area and I've been particularly lucky to have many colleagues of similar values and like minds. It's those two anaesthetic talents - the thinking and the doing - that have made anaesthetists aware, able to think about this stuff, and able to act at those three levels. We are great at the detail stuff, and we're good at the middle-order stuff too. And we are a supportive bunch, we talk with each other, and we can celebrate our successes.

The health reforms (such as they are) have been designed to reduce postcode lotteries in care. One strategy to achieve more equity is to create national clinical networks of specialist services, linking all the motu, units both large and small. The networks include: (appointed co-leads)

- Child health
- Cancer
- Diabetes
- ENT
- Maternity
- Mental health and addiction
- Oral health
- Pathology
- Respiratory
- Rural health
- Urology
- Vascular surgery
- Critical care (Ayda Heays & Alex Psirides)
- Cardiac (Lia Sinclair & Cara Wasywich)
- Eye health (Tofilau Alastair Papali'i-Curtin & Sarah Welch)
- Infection services (Carolyn Clissold)
- Radiology (Sharyn MacDonald)
- Renal (Leanne Te Karu & Drew Henderson)
- Stroke (Tracey Murphy & Alan Davis)
- Trauma (Max Raos & James Moore)

You won't see anaesthesia in that list, but anaesthesia is critical to success in at least 12 of them. This is where we think about models of care, joining together people, skills and expertise, and some higher-order systems issues.

Anaesthesia has much to offer here, and I suggest that without us these networks will miss out on the skills, talents, and insights we bring to work every day. The brain power and perceptions that are good for more than just the connections or the word-builder. The networks, largely nascent, none yet beyond the toddler stage, need the benefits of our skills. The networks aim to improve access, improve equity and incorporate sustainability concepts such as carbon-reduction and climate resilience. The networks are clinician-led, nationally structured, and will over time try to unlock those puzzle pieces that give us pause for thought in our working days. The leads are all over the country, and so are the other members. If you work with any of them, if you sit next to them at lunch or in an MDM or bump into them in the coffee queue, please offer them the benefits of your anaesthesia brain.

Dr Rob Burrell is a member and former chair of the NZSA Environmental and Sustainability Network, an anaesthetist at Counties Manukau, and Clinical Lead, Sustainability for Te Whatu Ora.

An update from Te Tāhū Hauora

Health Quality & Safety Commission

Te Tāhū Hauora
Health Quality & Safety Commission

Updates from Te Tāhū Hauora Health Quality & Safety Commission about topics of interest.

Aotearoa anticoagulation stewardship programme

The anticoagulation stewardship programme reflects our commitment to Te Tiriti o Waitangi and consumer and whānau engagement. Four public hospitals took part in testing the elements of the programme, which was completed in mid-May.

The hospital project teams agreed that the programme contains valuable resources and that a national stewardship approach will ensure the safer use of anticoagulants.

Our national programme team is collating the feedback from the testing sites and a report summarising the findings is in progress.

We recently developed some perioperative resources, with input from some of the anaesthetists on our advisory groups. The resources were not part of the testing process due to time constraints.

Te Tāhū Hauora is in discussions with other national agencies about further development and governance of the programme.

Participants successfully complete Improving together: Advisors programme

Congratulations to the recent graduates of the Te Tāhū Hauora Health Quality & Safety Commission Improving together: Advisors programme, who completed their final course day in late May 2024.

Participants of the programme were awarded the Advanced health quality improvement micro-credential that has been assessed to be equivalent to 40 credits at level 5 on the New Zealand Qualifications and Credentials Framework.

Improving together: Advisors aims to develop and expand the quality improvement skills and knowledge required to become an effective facilitator of change. Participants gain an understanding of elements of the broader complexity of the system of health and disability care delivery and develop strategies to lead quality improvement activities within this complexity.

The 2023/24 cohort began in August 2023 and was completed by 22 people. There was approximately 400 hours of learning during that time, so it was a big commitment for the participants and their sponsor organisations.

The improvement projects undertaken by the participants over the course were completed during a time of change in the health sector. It took great perseverance and commitment from those involved to see these projects to completion.

Participants came from health and disability sector organisations across the motu, including Health New Zealand - Te Whatu Ora, aged residential care and primary care.

Congratulations to those who took part. We look forward to seeing how you continue to use the skills learned during the programme to continue making improvements in the Aotearoa New Zealand health and disability system.

Subscribe to the Te Tāhū Hauora newsletter or follow us on Facebook, Instagram, X (@HQSCNZ) and LinkedIn.

ANZAEC BWT Ritchie Scholarship

Enhance your skills and training through an international fellowship with financial support from the BWT Ritchie Scholarship.

Apply now

www.anaesthesiaeducation.org.nz

Applications close 30 September 2024

The Aoteaora New Zealand Anaesthetists Education Committee (ANZAEC) is a joint subcommittee of NZSA & New Zealand National Commitee of ANZCA

ANZCA FPM

New Zealand Society of Anaesthetists

Meet the new Chair of the ANZAEC

A desire to pay it forward motivated the ANZAEC's new Chair Dr Lisa Barneto to get involved in anaesthesia education.

Lisa says she is "lucky" to have had good mentors and teachers who helped her grow in her profession and sees this role with the ANZAEC as her chance to help others in the same way.

Dr Lisa Barneto was appointed Chair of the ANZAEC late in 2023.

The Aotearoa New Zealand Anaesthesia Education Committee (ANZAEC) is a joint subcommittee of the NZSA and ANZCA New Zealand National Committee (NZNC). The Committee coordinates much of the educational activities of the two organisations.

The Committee is comprised of each of the Educational Officers, Presidents, Trainee representatives, and CEOs from the NZSA and NZNC. The chair position rotates between the two parent bodies each term and Lisa stepped into the role following NZSA Educational Officer, Dr Jonathan Panckhurst.

Lisa is one of a few anaesthetists who works at both Hutt City and Wellington Hospitals, which allows her to practice both of her sub-specialties. At Wellington Hospital she's part of the perioperative medicine group looking after high-risk patients. At Hutt Hospital she works as a paediatric anaesthetist.

Before joining the ANZAEC Lisa was the Deputy Chair of the NZ Training Committee, the registrar training arm of the ANZCA NZNC. A role she feels was a natural segue to becoming involved on the ANZAEC as the ANZCA NZNC representative.

Dr Lisa Barneto, ANZAEC Chair.

"I believe that if you want to make change, you need to do it from a systems point of view." Lisa shares. "A joint subcommittee like this is something unique to New Zealand and the two bodies bring different perspectives which helps us steer towards what's needed on the ground."

"Even just in these first few months as [ANZAEC] Chair, my excitement has grown about the different things we are privileged to be part of. The fact that we are willing to evolve, grow, create new content and find new ways to deliver it, is quite interesting. We have had a lot of support from both parent organisations."

The Committee has plans to further enhance its current initiatives including the Aotearoa NZ Anaesthesia ASM, BWT Ritchie Scholarship, and Visiting Lectureship. Alongside goals Lisa describes "to make the ANZAEC an approachable committee that delivers relatable relevant content no matter your level of training or experience."

The Aotearoa NZ Anaesthesia ASM is the biggest event the Committee supports

"This year's Convening Committee from Waitematā have a clear vision that they are delivering well on. I am looking forward to the meeting in Tāmaki Makaurau." Lisa shares.

"One of the goals for the ANZAEC now is looking at how we can support future convening committees. To create a tangible framework that will help guide local convenors with enough space to bring the nuance of their community to the meeting too because that's what makes that Aotearoa ASM special."

Supporting overseas fellowships with the BWT Ritchie Scholarship

"The BWT Ritchie Scholarship is a significant scholarship." Lisa highlights. "It might be just what's needed to make it possible for a trainee who's finishing, a new SMO, or a new fellow to undertake an overseas fellowship."

The BWT Ritchie Scholarship is an annual scholarship funded by a trust, established to financially support a trainee to undertake a fellowship overseas. To enable them to gain new skills and return home to share what they've learnt with their department and community.

"It's these people who can be a part of helping us to evolve as a group. Being so far away we need to encourage this growth. The difference one person can make in their region can have an impact across the whole country."

"I encourage anyone considering an international fellowship to consider applying. Don't be daunted, we're looking for someone who can help make a small and meaningful change in their community through their experience overseas."

Further to the ANZAEC's trainee support, "our trainee reps have expressed the benefits of bringing the Part 3 course back. That trainees finishing their training want more information on how they can bridge that gap from trainee to gaining a fellowship or applying for consultant roles. So, we're looking into what would be involved in bringing the course back and possibly opening it to a broader range of trainee levels so they can have this insight from earlier in their training."

Visiting lectureship connects learning across the motu

The ANZAEC also coordinate the annual visiting lectureship. Each year two guest speakers are invited to share their knowledge and experience through presentations at a regional centre in New Zealand.

"The visiting lectureship is an opportunity for us to showcase some of the amazing work that anaesthetists are doing, and share it further across our national community. It also allows smaller centres to connect with bigger centres, host their own event, and meet speakers in person. I experienced the benefits of this first hand when the visiting lectureship was hosted in Palmerston North".

"Covid, like everything, made us move to an entirely virtual format for the past couple of years. This has some advantages, but we are exploring the possibility of what moving to a biennial hybrid model might look like in the future."

This year's lectureship will be held virtually.

The ANZAEC are seeking expressions of interest for speakers – so if you have something you'd like to share, please do get in touch.

2024 BWT Ritchie Scholarship Recipient

Advanced Airway Management Fellowship in Toronto

Dr Jason Goh

Dr Jason Goh was awarded the 2024 BWT Ritchie Scholarship towards a Fellowship at Mount Sinai Hospital in Toronto.

Mount Sinai Hospital hosts an enriching fellowship programme in Advanced Airway Management, offering a blend of clinical and non-clinical experiences. As well as regional, obstetric, advanced clinical practice, and simulation fellowships.

Fellows here typically start early (around 6.45am) to ensure the operating room is efficiently prepared. Setting up involves a series of tasks, including preparing your airway equipment, IV fluids, arterial lines, drawing up necessary medications, and securing and hiding valuable resources like an ultrasound machine.

As the airway fellow, your week includes being scheduled for complex head and neck cancer resections involving tracheostomy and free flaps, shared airway procedures, maxillofacial surgeries and more. You're also given priority for a case when a patient is identified with a difficult airway.

On one occasion I was particularly excited and busily brainstorming various strategies for performing awake fibreoptic intubation in a patient with a challenging airway, only to find out the next morning that the surgeon had opted for an awake tracheostomy instead. The decision appeared reasonable in hindsight, as a tracheostomy was required anyway.

Although the work is largely autonomous, I have appreciated the support and guidance of my Airway Supervisor, particularly in cases involving complex conditions like Fibrodysplasia Ossificans Progressive and Treacher Collins syndrome.

Compared to my experience in New Zealand clinical practice at Mount Sinai can feel isolating at times due to the lack of dedicated anaesthetic technicians. Unlike in New Zealand, where support is readily available, anaesthetic technicians are only accessible when additional assistance is required, such as for awake fibreoptic intubation or jet ventilation. I quickly realised the importance of being 'extra' prepared when no one could provide me with a bougie on request.
But above all, I miss the camaraderie of working alongside a valued colleague.

Dr Jason Goh and Associate Professor Eric You-Ten, Airway Programme Director, Mount Sinai Hospital, Toronto.

Thanks to my experience from the excellent fellowship programme at North Shore Hospital, I've been fortunate that Mount Sinai's regional team has warmly welcomed me. I'm typically assigned to block rooms on days when there is less airway-related activity. Common regional procedures performed here include nerve catheters for complex osteosarcoma resection, ESP or Paravertebral blocks for breast surgery, fascia iliaca blocks for hip surgery, and adductor canal catheters for knee joint replacement. This arrangement has allowed me to maintain my proficiency in regional anaesthesia.

After-hours duties at Mount Sinai are split between providing care in the main operating room and covering the obstetric rooms. As a leading tertiary obstetric referral centre, the workload can be substantial with call shifts covering from 5pm until 8am the following morning.

I am grateful for the exceptional training I received in New Zealand which has facilitated a smooth transition into my role here. Despite occasionally being mistaken for an Australian, I've found the staff here welcoming and supportive.

Life in Toronto

Most of our weekends are filled with gatherings with friends, visits to the aquarium and museum, strolls in the parks, and cheering on the Blue Jays and Toronto Raptors. We have gradually been exploring the plethora of dining options here too, trying out a new restaurant each week.

If you're considering moving here with a family the waitlist for childcare is lengthy. We were fortunate to secure a spot within two months. Despite the generally higher cost of living in Toronto, recent subsidies have made childcare remarkably affordable compared to New Zealand standards.

Jason, Coralie and Ethan at a Toronto Blue Jays vs LA Dodgers game.

Forming friendships here has been all the easier thanks to the fellowship network, where individuals share similar circumstances. Living in downtown Toronto has meant meeting with friends is often more effortless than in Auckland.

Embarking on a fellowship in Canada requires careful planning, especially considering Toronto's reputation as an expensive city. This presents some challenges, but it's been an incredibly rewarding experience for my family. We are deeply appreciative of the BWT Ritchie Scholarship. It has alleviated the financial burden allowing us to fully engage in the fellowship experience.

Are you contributing to patient safety and enhancing the quality of perioperative care?

The new Medical Director of ANZTADC & webAIRS

WebAIRS, the web-based anaesthetic incident reporting system, has collected data on over 11,700 anaesthesia related incidents across Australia and New Zealand since its launch in 2009.

Dr Yasmin Endlich, the new medical director of the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) and webAIRS hopes the platform will reach 12,000 reports by the end of this year.

"We've seen a significant growth in reports over the last 4-5 years" Yasmin shares. "This isn't a rise in incidents but an increasing number of anaesthetists reporting to the webAIRS database and helping to improve quality and safety for patients across the two countries."

WebAIRS is accessible to all members of the NZSA, ANZCA and ASA. It was established through a tripartite alliance of the three organisations and is overseen by ANZTADC, a combined committee with representatives from all three organisations and members from both countries.

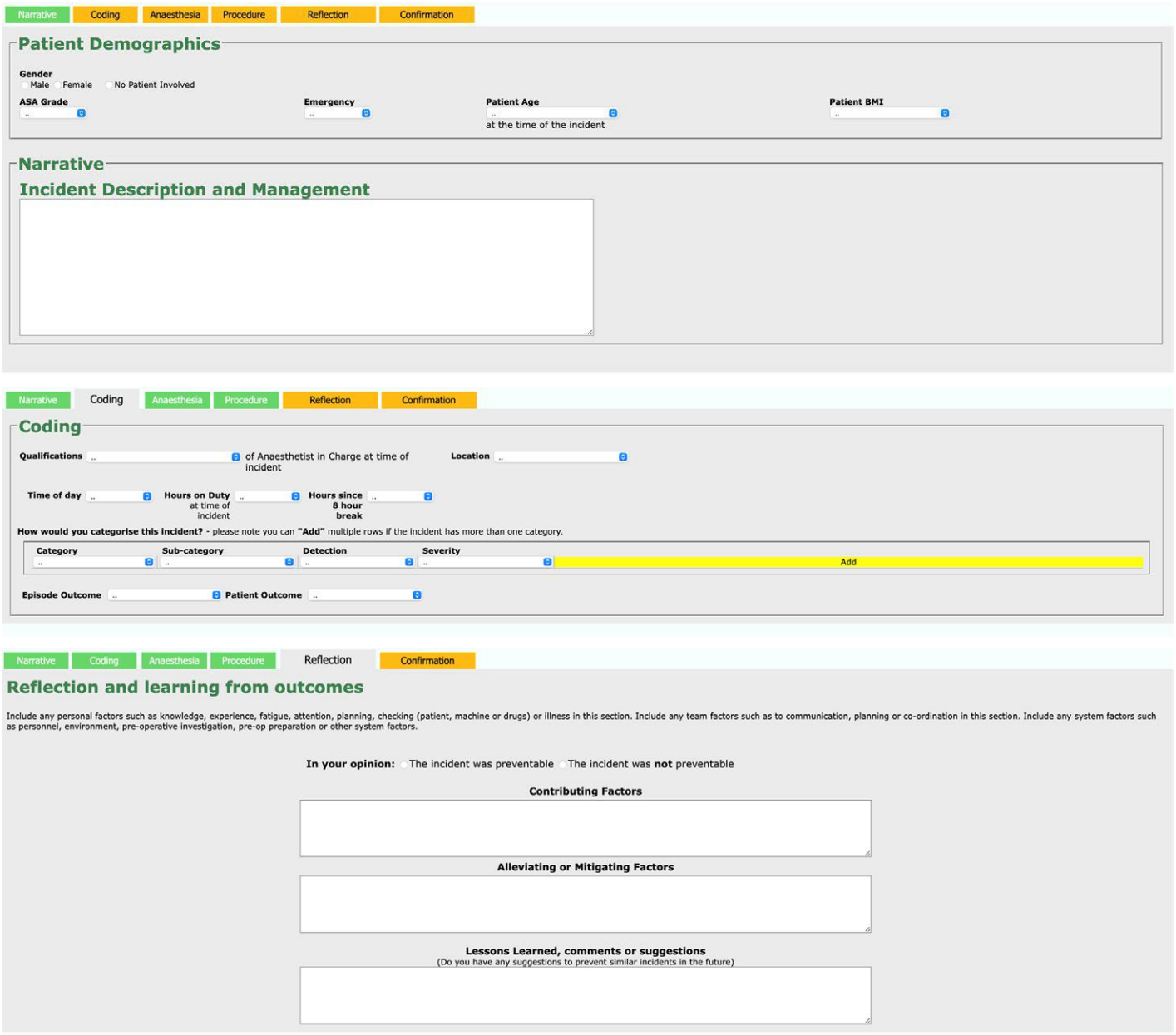
Individual anaesthetists can register to webAIRS and anonymously report any incident, event, or near miss to its database. Hospitals can also register, and individuals can choose whether their report is available to their workplace's local webAIRS administrator when they submit it.

The database is completely de-identified and reporting is voluntary. WebAIRS is also protected by qualified privilege in both New Zealand and Australia, meaning that if an incident which has been reported ends up in court the information reported to webAIRS cannot be used.

Dr Yasmin Endlich, Medical Director ANZTADC and webAIRS.

Yasmin's first experience with webAIRS was in 2017. As the then Chair of the ACECC Airway Management Special Interest Group, she was involved in a multicentred audit; a joint project that collected incidents relating to anaesthetic airways management over six months. These incidents were reported directly through webAIRS by twelve specified centres across the two nations. Denominator data was collected as well, similar to NAP 4.

"This project was my first experience accessing webAIRS and it really highlighted how great of a tool it is. It felt like I was sitting on this treasure trove of information." Yasmin shares. "After this project I became a member of ANZTADC, then Chair of its publication committee, and applied for the medical director role last year when Dr Martin Culwick retired."



The webAIRS online reporting form.

"New Zealand and Australia are so far away from the rest of the world and webAIRS allows us to have our own data on our own anaesthetic practice."

"I personally see webAIRS as a safety and quality tool for anaesthetists. An event might happen so rarely that it would be once in a lifetime for an individual, and very rare for a specific centre. However, by combining it across the two countries we get bulk data and more information on this event. One example is oesophageal intubations. There are a couple of media reports of this occurring, and a couple of coroner reports but when we did a search in webAIRS we had over 100 reports. This gave us data we could analyse and learnings we could share back to our anaesthetic community."

"The aim is that everyone who enters data also gets something back out of it. By reporting to webAIRS you're directly feeding back into quality and safety and influencing the outcome of the current safety issues of concern."

Anaesthetic analysers across New Zealand and Australia analyse the incidents submitted to webAIRS then write reports to share what we can learn from them with our anaesthesia community through the NZSA, ANZCA and ASA magazine publications.

As the ANZTADC Medical Director, Yasmin also attends meetings with ANZCA's Safety and Quality Committee where she can help connect data and trends from webAIRS to topics of focus for the committee. "It's an effective use of the webAIRS data. We recently connected one of our committee members looking at incidents involving central lines with a safety and quality committee member to collaborate on this shared area of concern."

Anaesthetists can also collect CPD points within category practice evaluation for reporting to webAIRS at two points per hour of reporting. The time collected is both the time to enter the incident (this only takes a few minutes) and the time involved in collecting the data and reflecting on it.

Yasmin's vision is for webAIRS to become an integral part of daily anaesthetic practice through a healthy culture of reporting incidents and near misses. Anaesthetists can also use the website as a resource they visit regularly to read new advisory notices or recent reports.

"I also want to encourage more of our trainees and registrars to join webAIRS. There is so much they can gain from webAIRS during their training. As well as reporting and reading about incidents, it can also be a huge help with exam preparation. You're learning from someone else's experiences when you're talking about incidents and how they are managed."

Trainees can use webAIRS as part of the trainee scholar role. If the required ANZCA criteria is fulfilled, trainees can use webAIRS data as part of their audit and quality improvement project. They can collect their own data or work with their hospital's local webAIRS administrator.

More developments are in the pipeline that will benefit all users of webAIRS too. In the future, reporting will capture the reporting country and will collect patient ethnicity.

"It takes time to collect data but in 3-5 years we will be able to see if there's any clear differences between the two nations and have new insight into potential differences for minority groups."

"I am also in the initial stages of discussing developments to the website and ways we can make the output of data even more accessible. The data is really fascinating and making reports even more available for anaesthetists will be beneficial. We can see trends from over 15-16 year periods alongside topical trends as they are emerging. Each report is reviewed as it comes in and reporters can tag their reports to alert us of a potential safety issue. We saw the benefits of this recently when a number of incidents were reported with delayed gastric emptying associated with GLP1- agonists. One of our analysts was able to look at these and is in the process of preparing a submission back to our community.

If you're interested in registering with webAIRS visit their website: www.anztadc.net

Or if you're interested in getting involved with data analysis you can contact Yasmin and the ANZTADC team at anztadc@anzca.edu.au

Operating Table Tumbles:
Patient slips and falls from operating tables reported to webAIRS

webAIRS
Anaesthetic Incident Reporting System

Dr Phillip Quinn and the ANZTADC Case Report Writing Group

Patient falls from operating room (OR) tables during anaesthesia are rare and preventable adverse events[1], although when they do occur, they may be associated with serious injury or even death. Risk factors for these events have been described in the literature including patient characteristics, surgical techniques and positioning, equipment failure or incorrect use, lack of safety restraints, and health provider inattention[1–6].

One frequently cited patient factor in the medical literature is obesity, which presents challenges related to positioning, and complications arising from upper weight limits for operating tables and the distribution of body habitus leading to an uneven spread of mass across supportive equipment[1,4–6]. Even within the established safe weight range, instances of tipping of OR tables have been documented in case reports. Contributing factors identified include the inadvertent unlocking of the OR table or extension in a reverse orientation, which often is unrecognised until a tipping event occurs[2,5]. The average size of operating tables has not increased despite the increase in the rates of obese patients undergoing surgery[7], some even have the same dimensions as OR tables from the 1920s![1]

The aim of this analysis was to review patient falls and slips from the OR table and to provide learning opportunities.

A narrative search across 11,000 reports was conducted within the webAIRS database.

The search criteria were tailored to identify reports containing keywords such as “fall,” “fell,” “slip,” “slid,” “table,” “bed,” “slump,” “tilt,” or related terms. This search identified 46 reports of patients falling from or slipping off OR tables.

Among these incidents, 20 patients had a body mass index (BMI) exceeding 30 kg/m^2. Notably, 45 of the incidents occurred under general anaesthesia, with one case occurring pre-induction during the transfer of a patient from a ward bed to the operating table. A comprehensive analysis revealed nine reports documenting patients falling from the OR table, while 24 cases reported near-misses wherein patients began slipping off the table, but a fall was averted. Additionally, 13 cases recounted events where a single limb or the patient’s head slid off the OR table.

Anaesthetists entering these cases were able to provide their reflection including contributing and alleviating factors leading to the incident. Many cases featured multiple contributing factors outlined in the analyses. Among the reported cases, identified causative factors included 19 instances attributed to the degree of bed tilt, eight cases involving the use of an inflatable transfer mat, six incidents associated with slide sheets positioned under the patient, four cases where a surgical beanbag was utilised, five instances marked by the failure to employ restraints, six incidents stemming from equipment unfamiliarity, and 16 occurrences where patient BMI was deemed a likely causative factor.

Case Examples

Patient falls from OR table

Case 1

A patient was anaesthetised and positioned on a traction table when the patient started sliding off the table. The surgeon just managed to catch the upper half of the patient before they hit the floor. There was no harm reported. One contributing factor mentioned was that a slide sheet had been left under the patient, causing sliding during traction.

Case 8

During surgery, the patient was positioned head up and left side down. Midway through the procedure, the patient slid off the bed and hit the floor. Investigation after the surgery showed no injuries. Contributing factors reported were the tilt of the bed, the lack of safety straps, and that there were two sheets positioned under the patient.

Case 23

A patient was anaesthetised on an OR table which had a function that allowed it to be unlocked and swung 180 degrees, with the base remaining stationary. Partway through this rotation, the OR table tipped over and the patient fell on the floor. The surgery was aborted and the patient woken up, without any injury found during subsequent radiologic investigation. The OR table had been positioned off-centre from the pedestal for the previous procedure, which was not recognised at the beginning of the case. The change in weight distribution over the uncentred pedestal was assumed to lead to the incident.

Slips and slides

Case 11

During surgery, the table was left tilted, and the patient began to slide off the table before being stabilisied by the surgeon. No harm occurred.

Contributing factors mentioned included the bed tilt, high BMI and the use of a new patient underblanket. Alleviating factors reported included the surgeon in a position to identify patient movement and being able to provide immediate support.

Case 28

Patient was positioned in Trendelenburg. During surgery, the patient started to slide and consequently invasive surgical equipment became dislodged. A postoperative debrief identified patient BMI and body shape, the degree of head down tilt, the use of an inflatable transfer mat and plastic over the leg mattress as contributing factors.

Case 40

A patient with a BMI above 40 kg/m^2 was positioned in a left-sided tilt, when midway during the surgery the patient started to slide. Contributing factors again were identified as improper use of an inflatable transfer mat and insufficient securing of the patient to the bed.

Limb or head sliding

Case 2

During a surgical procedure requiring significant traction, the patient's head slid caudally off the pillow ending in an extended one-sided position. Postoperatively, the patient described arm weakness and numbness on the contralateral side, likely from a brachial plexus stretch. Contributing factors reported were a difficult procedure requiring a lot of force, resulting in an unsupported head position.

Case 26

An arm support fell off the table during surgery, leading to the patient's arm being unsupported. The anaesthetist quickly reacted to support the arm, and in the process incurred an accidental sharps injury to themselves.

Photo credit: Skitterphoto

Thankfully, this case series of 46 reports was associated with little patient harm but nevertheless provides a valuable learning opportunity.

Contributing factors described by the reporters:

Patient factors

- Increased BMI was mentioned in 41%
- Body shape or habitus were also mentioned independent of BMI

Surgical factors

- General and orthopaedic surgeries made up over 80% of the reports
- Most general surgery procedures were minimally invasive, requiring tilting
- Surgical drapes caused delayed recognition of patient movement

Equipment factors

- Unfamiliarity with the OR table function
- Inadvertent breaching of safe OR table load limits
- Inadvertent release of arm boards
- Lack of a safety restraints
- Notably, OR table malfunction was not mentioned in the reports

Learning points and recommendations:

Inflatable transfer mats and slide sheets

The use of inflatable transfer mats and slide sheets likely reduce friction, thereby contributing to patient falls and slides off the OR table. While their use to transfer patients is recommended to maintain occupational health and safety, they may increase the risk of a patient sliding during the surgical procedure, so should be removed after the patient's positioning is completed.

OR table tilt

The degree of tilt that will cause sliding seems to be affected by patient factors, the use of safety bolsters or restraints, and the friction between the patient and mattress.

OR tables

Knowledge of the safe weight limits and awareness that these limits may change, depending on the orientation of the table or if the OR table is positioned off-centre.

Increased vigilance is required when unlocking the OR table when a patient is positioned on it, as, on some models, unlocking may shift the fulcrum by nearly 20cm.

Patient attributes

Increased vigilance is required in patients with a high BMI or unusual body habitus.

Safety measures

- Consider safety strapping all patients who may require changes of OR table positioning or will be in a position other than supine.
- Consider removing the inflatable transfer mat if patient position will be different to supine.
- Always remove the slide sheet after positioning the patient.
- Be aware of bean bag reinflation, which might lead to patients slipping.
- It has been recommended that patients have safety straps in place for laparoscopic procedures, as well as a foot plate if anticipating the reverse Trendelenburg position[9].

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webAIRS

WebAIRS is an online anaesthetic incident reporting system for Australia and New Zealand.

We need you to submit your de-identified reports to our database.

By disseminating lessons learned from reported incidents, our team aims to improve patient safety and enhance the quality of perioperative care.

Registering and contributing to webAIRS has many benefits, including;

- Enhanced patient safety
- Professional learning and development through CPD credits
- Data-driven policy and guideline improvements
- Collaboration and knowledge sharing.

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WebAIRS is administered by ANZTADC, the Australian and New Zealand Tripartite Anaesthetic Data Committee – a joint initative of the Australian Society of Anaesthetists, the New Zealand Society of Anaesthetists and the Australian and New Zealand College of Anaesthetists.

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