

Establishing a New Zealand Airway Leads network

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An Airway Lead is an anaesthetist who promotes safe airway management within their hospital. Working at a grass roots level, this person is ideally situated to implement practice guidelines, ensure the provision and standardisation of airway equipment, encourage education in airway management and oversee audit, reporting and analysis of critical airway events.

Why do we need Airway Leads? Airway management is constantly evolving. New ideas and recommendations appear at regular intervals, along with new equipment designed to improve patient care. The benefits derived from this progress will inevitably fall short without associated training and promotion within each department. Along with knowledge and airway skills, standards of equipment to manage difficult airways need to be maintained. This requires close supervision and active involvement at each department level. We should also strive to keep airway morbidity and mortality to a minimum. Currently there is no coordinated effort to monitor the incidence of "Cannot intubate, cannot oxygenate" (CICO) and emergency Front of Neck Airway (eFONA). Audit processes should be in place to identify and analyse these problems to enable remedial action. Such morbidity requires local and national reporting. These activities need attention at the hospital level, ideally by an interested individual who is motivated to maintain standards in airway management. This is the role of the Airway Lead.

Complications due to airway management remain a leading cause of morbidity and mortality in anaesthesia, emergency medicine and intensive care. This was highlighted in the 4th National Audit Project (NAP4) of the Royal College of Anaesthetists (RCoA) and the Difficult Airway Society (DAS). (1) Efforts to improve patient care secondary to airway management over the last 24 years have resulted in a proliferation of airway management societies and practice guidelines. Despite these virtuous efforts to give guidance, promote research and

encourage education, ongoing concern exists regarding the failure to disseminate these concepts to hospitals and practising anaesthetists. (2)

The idea of Airway Leads arose from the first annual general meeting of the Difficult Airway Society in 1996 (personal communication, Dr Adrian Pearce, DAS Secretary 1996). A letter was sent to each UK hospital, asking for the name of an 'Airway Representative.' A number of airway enthusiasts responded to this call, but it was soon recognised that there was no defined role for these individuals and no central support. It took several years before important changes resulted in the inclusion of airway topics in the training syllabus, the need for reporting serious adverse airway events and recognition of Airway Leads by the RCoA.

The publication of NAP4 in 2011 was a turning point. This ambitious project audited three million patients in the UK across 309 National Health Service hospitals in one year. One hundred and eighty five cases were reported of major patient harm resulting from airway management in anaesthesia, emergency medicine and intensive care. These included 46 patients who suffered death or brain damage. A key recommendation by the authors of NAP4 was that each department of anaesthesia should have a "Departmental Airway Lead."

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The NAP4 states: The anaesthetic department should have an anaesthetist responsible for difficult airway management. The responsible person, along with departmental colleagues, should develop or adopt protocols for dealing with difficult airways in all areas of the organisation, ensure the purchase of suitable equipment to manage difficult airways and (ensure) that regular multidisciplinary training for difficult airway management takes place.

With the support of DAS and the RCoA, Airway Leads now exist in 94% of UK hospitals. The establishment and activities of this group are overseen by a lead Airway Lead and the group meet at 18 month intervals to discuss matters of mutual concern (personal communication, Dr Alistair McNarry, lead Airway Lead, UK). A central database of Airway Leads is held by the RCoA and responsibilities for these individuals have been defined. The principal goal of the Airway Lead is to promote safe airway management throughout the hospital, thereby assuming a leadership role and liaising with all groups within the hospital who undertake airway management.

A letter from the NZSA was sent to all New Zealand anaesthetic departments. Those who responded had a positive attitude to the concept of Airway Leads and revealed that many departments already have an Airway Lead in place. Given that New Zealand only has 23 hospitals and 700 specialist anaesthetists, it should be relatively easy to establish this role in all hospitals and to coordinate this group to achieve common objectives.

Responsibilities of the Airway Lead might include:

1. Overseeing local training for anaesthetists and promoting comprehensive airway management education. (2)
2. Ensuring that local policies for airway emergencies exist and are disseminated. (3-6)
3. Ensuring that appropriate difficult airway equipment is available, complies with the local guidelines and is standardised within the organisation (reference ANZCA Professional document, PS56, 2012, Equipment to Manage a Difficult Airway). (7)
4. Actively engaging in airway device procurement and ensuring that equipment is fit for purpose and complies with a minimum standard, as outlined in the DAS ADEPT study. (8)
5. Liaising specifically with the intensive care unit and emergency department to ensure.
6. Consistency and standardisation throughout the hospital.
7. Overseeing the auditing of airway complications, ensuring that necessary corrective measures are implemented and that appropriate reporting of all serious airway morbidity and mortality is completed.

This is not a complete list of possible activities and it is reasonable to expect that each Airway Lead might expand their role to suit the needs of their hospital. It is also possible that this work is already being accomplished within hospitals without Airway Leads. The objective of this initiative is to provide a national network of Airway Leads, who are approved by ANZCA and the NZSA. The NZSA is developing a database of all Airway Leads in New Zealand to help improve the uptake and reliability of this important role. Through the activities of a coordinated group of Airway Leads, we hope to achieve national progress and improvement in airway management.

Join the Airway Leads Network:

The names of Airway Leads we have to date are: Dr Nick Abbott, Christchurch, Dr Chris Jephcott, Hamilton, Dr Subita Nobre, North Shore, Dr Peter Tobin, Hutt, Dr Paul Baker, Auckland, and Dr Sheila Hart, Wellington. To add your hospital's Airway Lead to our Network database please email airwaynz@gmail.com with the name and email of your hospital's Airway Lead.



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