DEDER GENERAL HOSPITAL

SAFE SURGERY CHECKLIST (SSC)

AUDIT PROTOCOL

PREPARED BY*: *HSQU

JULY 2016 E.C

DEDER, EASTERN ETHIOPIA

PROTOCOL APPROVAL SHEET

NAME OF PROTOCOL: SAFE SURGERY CHECKLIST (SSC)AUDIT PROTOCOL

PREPARRED BY			
S/N	**NAME**	**RESPONSIBILITY**	**SIGN**
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1	Nureddin Yigezu (BSc, MPH)	Chief Executive Officer (CEO)	
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THIS PROTOCOL IS EFFECTIVE
FROM
JULY 2016 E.C TO JUNE 2018 E.C

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INTRODUCTION

The delivery of healthcare is complex and riddled with the potential for errors due to human factors, system failure, or a combination of both. Surgery forms an important treatment modality with millions of surgical procedures performed world over. Complications are not uncommon and occur in 3–16% of all surgical procedures, with permanent disability or mortality rates ranging between 0.4 and 0.8% in all surgical procedures. [1,2] These figures are from the Western world, and it is likely that the incidence of these complications is higher in developing countries such as India. Many of these complications may be due to preventable or modifiable causes.[3].

They have been shown to be valuable in various professions such as aviation and the armed services. In 2007, the World Health Organization (WHO) launched the "Safe SurgerySaves Lives" global campaign during which it identified key processes in the operative period that could potentially affect patient outcomes. These included inadequate anesthetic safety practices, avoidable surgical infection, and poor communication among team members. Based on these processes, the WHO implemented a Surgical Safety Checklist (SSC) [Appendix 1] for briefings in the operating room (OR)[4].

In 2009, a modified version of the WHO checklist [Appendix 2] was introduced in the major operation theatres (OT) at our hospital, which is a tertiary level cancer
center in India. Previous research has indicated that the implementation of the SSC leads to a decrease in perioperative complications and the number of communication failures in the OT[5,6]. It has been observed that the use of the SSC is associated with the development of a better safety attitude among the operating personnel [5]. It has also been shown that there is a direct relationship between improved clinical outcomes associated not just with the introduction of checklist but with compliance to the checklist [6]. Therefore, all the benefits of the checklist are attainable only if the compliance and implementation are proper.

We decided to conduct an audit that could generate data on the quality of implementation of the checklist at our hospital.

OBJECTIVES OF THE AUDIT:

1. To identify if the Surgical Safety Checklist is completed appropriately
2. To identify if there were any incidents related to non-compliance with the National Policy and Procedure for Safe Surgery

METHODOLOGY:

Audit 1: Retrospective healthcare records audit

1. A retrospective audit of a random selection of patient charts identified from the theatre register.
2. The sample should be small enough to allow for speedy data collection but large enough to be representative.
3. A separate data collection form should be completed for each patient.
4. This form should be identified using a respondent number rather than the patient's healthcare record number for data protection.
5. Analysis should identify % compliance for each of the criteria

Audit 2: Observational audit of the checklist being utilised

1. An observational audit of the checklist being utilised by the operating team can be conducted using questions 8-36 of the audit tool.
2. A member of the operating team should be assigned to complete this.

Audit 3: Review of incident report forms

1. A review of all incidents reported in relation to non-compliance with the National Policy and Procedure for Safe Surgery should be completed

FREQUENCY OF AUDIT

- The SSC audit will be conducted **Monthly**

REPORTING:

1. Results should be shared with Operating Theatre Manager and Staff, Clinical Lead for Surgery/Obstetrics/Dental as appropriate, hospital Clinical Governance Committee.
2. An action plan outlining the actions to be taken to address areas of non-compliance should be documented, with assigned responsibility and dates for completion.

Audit tool Safe Surgery Checklist

Respondent number:___

Consent

1	Is the consent form available in the Healthcare Record (HCR)?	Yes		No	
2	Is the consent form available?	Yes		No	
3	Is the consent form signed by a Doctor who was present during the	Yes		No	
4	No abbreviations used on the consent form?	Yes		No	

Surgical Safety Checklist

5	Is there an addressograph on the checklist?	Yes		No	
6	Is the date of the operation recorded on the checklist?	Yes			
7	Was the checklist filed with the theatre documentation in the HCR?	Yes		No	

"SIGN IN"

Were each of the following checks completed?

8	Patient confirmed identity, site, procedure and consent	Yes		No	
9	Surgical site marked / not applicable	Yes		No	
10	Anaesthetic checklist completed	Yes		No	
11	Known allergies checked	Yes		No	
12	Blood loss risk documented	Yes		No	
13	VTE Prophylaxis given	Yes		No	
14	ASA grade checked	Yes		No	
15	Sign In section signed	Yes		No	
16	Sign In section timed	Yes		No	

"TIME OUT"

Were each of the following checks completed?

17	All team members introduced themselves	Yes		No	
18	Verbal confirmation of patients name, procedure and incision site	Yes		No	
19	Verification that patient positioned correctly	Yes		No	
20	Essential imaging displayed/ not applicable	Yes		No	
21	Antibiotic prophylaxis / not applicable	Yes		No	
22	Patient specific concerns: Surgeon	Yes		No	
23	Patient specific concerns: Anaesthetist	Yes		No	
24	Patient specific concerns: Nursing /Midwifery Team	Yes		No	
25	Equipment issues: Surgeon	Yes		No	
26	Equipment issues: Nursing/ Midwifery Team	Yes		No	
27	Time Out section signed	Yes		No	

28	Time Out section timed	Yes		No	

"SIGN OUT"

Were each of the following checks completed?

29	Name of procedure confirmed	Yes		No	
30	Completion of instrument, sponge and needle count	Yes		No	
31	Specimen labelling	Yes		No	
32	Patient specific post-op concerns: Surgeon	Yes		No	
33	Patient specific post-op concerns: Anaesthetist	Yes		No	
34	Patient specific post-op concerns: Nurse /Midwife	Yes		No	
35	Sign Out section signed	Yes		No	
36	Sign Out section timed	Yes		No	