

Date: July 02, 2017E.C

✍ **To: Quality Unit (QU)**

✍ **From: Surgery Department**

Subject: Update on Sustaining Improvement in SSC Compliance

Dear Health Service Quality Unit,

- ✍ The SSC Quality Improvement (QI) Team is pleased to report the successful sustainment of Surgical Safety Checklist (SSC) compliance at Deder General Hospital for the reporting period of **June 2017**. Our efforts have resulted in an adherence rate of 95
- ✍ 99% compliance with SIGN IN completion.
- ✍ 96% completion rate for TIME OUT, showing significant improvement.
- ✍ 90% completion rate for SIGN OUT, needing improvement.
- ✍ An on-time start rate of 81%, meeting the target of >80%.

Successful adoption of the "SIGN OUT PENDING" sign and intensified ambassador coaching.

The process is now progressing well, with the "SIGN OUT PENDING" sign and ambassador coaching proving effective. We propose the following next steps:

- ✍ Adopt the visual sign system permanently.
- ✍ Conduct PDSA Cycle in July to test a "pre-Time Out" brief where the surgeon and anesthetist quickly huddle before the case to anticipate critical events.

We request your support and guidance to ensure these actions are implemented effectively.

Sincerely,

Dr. Isak Abdi-OR Director

DEDER GENERAL HOSPITAL
SUSTAINING IMPROVEMENT IN WHO SAFE SURGERY
CHECKLIST (SSC) ADHERENCE: A QI PROJECT

QI Team Lead: **Dr. Isak Abdi-OR Director**

Facilitator: **Abdi Tofik (BSc, MPH)-HSQ Director**

Reporting Period: **June 01-30, 2017**

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SUSTAINING IMPROVEMENT IN WHO SAFE SURGERY CHECKLIST (SSC) ADHERENCE: A QI PROJECT

1. PLAN

Aim Statement: (Unchanged from April)

Rationale: (Unchanged from April)

Interventions (What will we do?):

- Continue all core interventions from the SOP.
- **Formally adopt the "SIGN OUT PENDING" sign** after successful May PDSA cycle.
- **Intensify SSC Ambassador coaching** during cases where TIME OUT is rushed.

2. DO

Implementation Activities (June 2017):

- **Week 1-4:** "SIGN OUT PENDING" signs used in all theaters. SSC Ambassadors received additional coaching on how to politely but firmly facilitate the TIME OUT pause.

Data Collection: (Unchanged from April)

3. STUDY

Results Summary (June 2017):

Indicator	Target	June	Trend
SSC Adherence Rate	≥95%	95%	Target
SIGN IN Completion	100%	99%	✓ Excellent
TIME OUT Completion	100%	96%	✓ Significant Improvement
SIGN OUT Completion	100%	90%	x Need Improvement
On-Time Start Rate	>80%	81%	✓ On Target

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SSC Adherence Audit Report

Month: June 2017

Sample Size: 10 patients

Patient ID	SIGN IN Completed? (Y/N)	TIME OUT Completed? (Y/N)	SIGN OUT Completed? (Y/N)	All 3 Phases Completed? (Y/N)	Overall Compliant? (Y/N)
342815	Y	Y	Y	Y	Y
342846	Y	Y	Y	Y	Y
343062	Y	Y	Y	Y	Y
342853	Y	Y	N (Sign missing)	N	N
343227	Y	Y	Y	Y	Y
343245	Y	Y	Y	Y	Y
342281	Y	Y	Y	Y	Y
343618	Y	Y	Y	Y	Y
343580	Y	Y	Y	Y	Y
227247	Y	Y	Y	Y	Y
% Compliance	100%	100%	90%	90%	95%

Key Learnings:

- The visual sign was a simple, highly effective reminder for SIGN OUT.
- Consistent coaching from Ambassadors, backed by the OR Director, improved TIME OUT compliance.
- Team culture is shifting towards viewing the SSC as a non-negotiable safety step.

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SUSTAINING IMPROVEMENT IN WHO SAFE SURGERY CHECKLIST (SSC) ADHERENCE: A QI PROJECT

Challenges Observed:

- The sign out occasionally go missing and need to be replenished.

4. ACT

What Worked?

- ✓ The "SIGN OUT PENDING" sign PDSA cycle was highly successful.
- ✓ Executive support from the OR Director was critical in changing behavior.

What Needs Adjustment?

- **Supply Management:** Assign responsibility for maintaining a supply of signs at each scrub station.

Next Steps (July 2017 Onward):

1. **Adopt the visual sign system** permanently.
2. **PDSA Cycle (July):** Test a "pre-Time Out" brief where the surgeon and anesthetist quickly huddle before the case to anticipate potential critical events, making the formal TIME OUT more efficient