

# Post-Surgery Report

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## ### Post-Surgery Comprehensive Report

#### Introduction This report consolidates data collected from a surgical procedure on February 15, 2025. The analysis focuses on three primary areas: checklist performance, vision data interpretations, and live surgeon metrics. Additionally, an overall performance score is provided based on these observations to facilitate a comprehensive review of surgical compliance and adherence to best practices.

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## #### Checklist Performance Analysis

1. **Overall Completion Status:** - **Phase: Before Induction of Anaesthesia (Sign-In)** - Completed: 2 out of 10 items. - Uncompleted: 8 items, including critical tasks such as procedure confirmation, patient consent, and anaesthesia safety checks.

- **Phase: Before Skin Incision (Time-Out)** - No items were completed. All tasks including team introductions, procedure confirmation, and risk assessments remain unverified.

- **Phase: Before Patient Leaves Operating Room (Sign-Out)** - No tasks were completed, including important post-operative tasks like procedural confirmation and instrument count verification.

2. **Critical Observations:** - Inadequate confirmation of pre-operative prerequisites and poor adherence during inter-operative and post-operative phases. - Significant gaps in ensuring patient safety protocols and team communication.

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## #### Vision Data Interpretations

The analysis of visual data from various operational phases offers insights into procedural adherence and team coordination:

1. **\*\*Compliance with Checklist Items:\*\*** - Evidence of patient identification and allergies handling. - Observations depict active interaction with procedural checklists by the medical staff, focusing on antibiotic verification and DVT prophylaxis review.

2. **\*\*Unaddressed Areas:\*\*** - Lack of visual confirmation for several checklist items, specifically around team introductions and surgical site marking. - Apparent procedural gaps were marked by the absence of visible actions in areas like instrument accountability and comprehensive risk assessments.

3. **\*\*Standard Procedure Deviations:\*\*** - No distinguishable deviations noted; however, lacking visible adherence to several checklist items suggests procedural lapses.

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#### #### Live Surgeon Metrics

1. **\*\*Vital Signs and Severity Levels:\*\*** - **\*\*Temperature:\*\*** Fluctuated, showing instances of hypothermia (lowest at 35.81°C, tagged as low) and hyperthermia (highest at 37.67°C, marked as high). - **\*\*Oxygen Saturation:\*\*** Notably low, ranging from 90% to 94% during different timestamps, indicating a requirement for monitoring. - **\*\*Heart Rate:\*\*** Consistently low, with a minimum of 40 bpm and marginal improvement towards 59 bpm, reflecting bradycardic conditions requiring intervention.

2. **\*\*Implications for Patient Care:\*\*** - Continuous monitoring and intervention highlighted the need for effective pre- and peri-operative management of patient vitals.

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#### #### Score Assessment and Conclusion

**\*\*Performance Score: 45/100\*\***

- The score reflects the aggregate of checklist completions, visual confirmations, and management of live metrics under the procedural standard. The low adherence to checklist items and critical vitals management suggest areas requiring immediate attention and improvement. **\*\*Conclusion:\*\*** The surgery displayed significant deviations from expected compliance standards, particularly with regard to procedural confirmations and team communications. Enhanced focus on checklist adherence, surgical preparation safety protocols, and real-time patient monitoring is necessary to improve overall surgical outcomes and adherence to safety standards. Immediate corrective measures and protocol reviews are advised to address identified gaps and enhance procedural efficacy in future operations.