

WHO Patient Safety

Safe Surgery Saves
Lives

ELCT Health Department
Quality Assurance



Operation theatre miljöö is special, surgical asepsis as well as working schedules are according to strict guidelines which are the same all over the world in every country. In this OR sterile iv.bags and bottles should not be stored inside. OR bowl for trash and biological waste is better in floor level.

● Preoperative phase

- Confirming the patient's identity
- Informed consent
- Preoperative skin preparations
- The operation site and procedure to be undertaken
- Checking the safety of anaesthesia machine, equipment and medications
- Preparing the medicines and equipment for life-threatening loss of airway or respiratory function, **ABCDEs**
- Preparations for risk of high blood loss
- Considering the allergies or adverse drug reactions known to be significant risk for the patient
- To consistently use methods known to minimize risk of surgical site infections

● Intraoperative phase

- Safe anaesthesia: **vital signs** taken **first** before anaesthetic agents are administered, patient sleeping, pain medication enough, parenteral infusions, blood loss, all documented
- Instrument table are prepared adequately, use "**none touch technique**" meticulous surgical tech!
- Prevent inadvertent retention of sponges, gauzes or instruments in surgical wounds by counting them and documenting
- Will secure and accurately identify all **surgical specimens**
- Effectively communicate and exchange critical **patient information** for the safe conduct of the operation
- Establish routine **surveillance of surgical capacity, volume and results**

● Postoperative phase

- Transferring makes a high risk for operated patient
- **Vital signs** should be taken immediately in post anaesthesia unit or ward and then regularly as decided by surgeon and anaesthetist, **documenting**
- Proper understanding of the intraoperative events needs **good anaesthesia report** to the recovery room staff
- Preparedness for any life-threatening situation such as cardiac arrest, breathing problems, bleeding
- **ABCDEs**: **A**= airway equipment, **B**= Breathing system (including oxygen and inhalation agents), **C**= Su**C**tion, **D**= drugs and devices and **E**= emergency medications, equipment and assistance to confirm their availability and functioning

Reality Check

Currently, hospitals do MOST of the right things, on MOST patients, MOST of the time.

The Checklist helps us do ALL the right things, on ALL patients, ALL the time

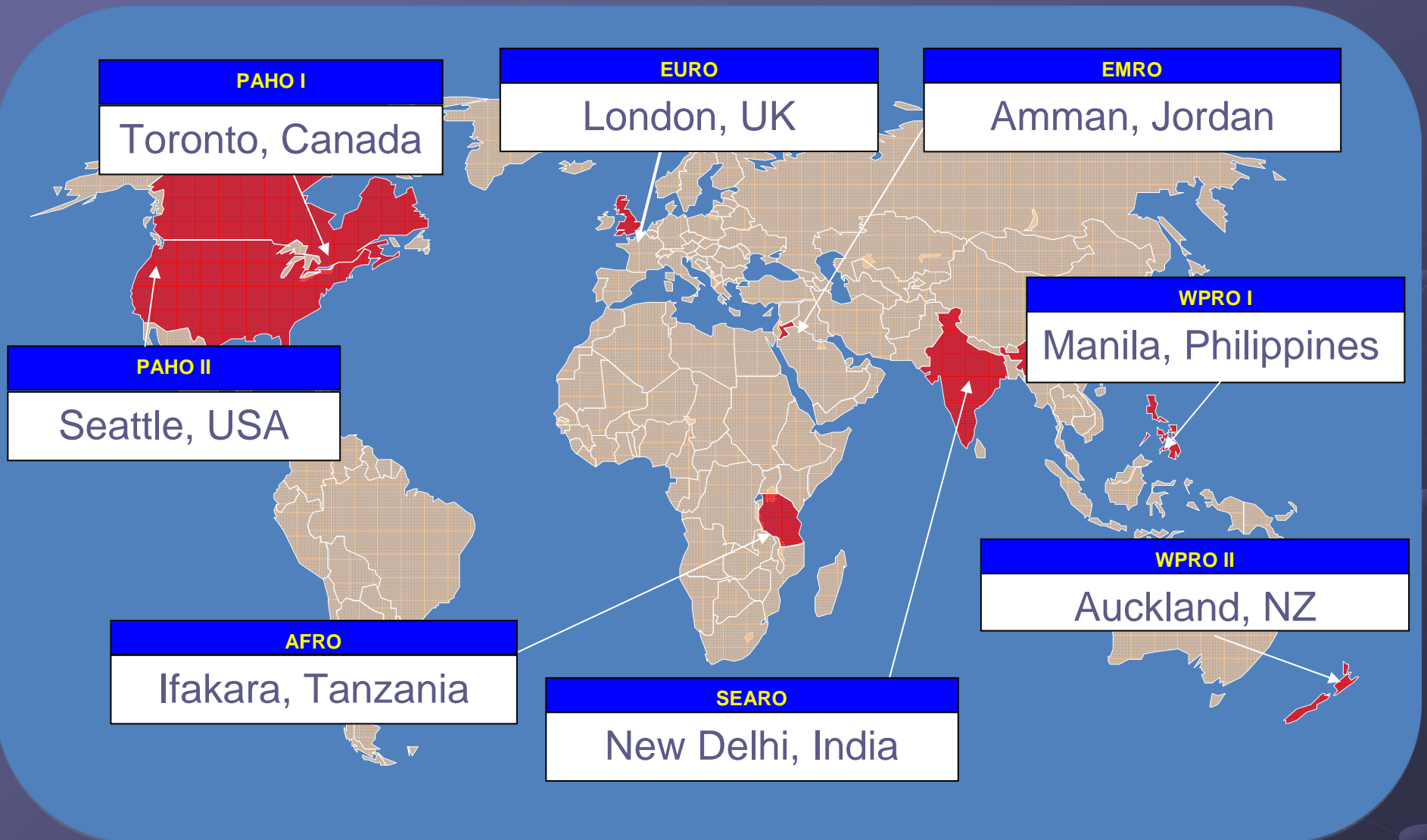
● WHO Surgical Safety Checklist

Simplicity, wide applicability, measurability

- To reduce number of surgical deaths and occurrence of patient harm (Holland 2010 NewEnglandJournalMedicine, deaths were reduced 50% and complications 33%)
- To address important safety issues such as inadequate anaesthetic safety practices, avoidable surgical infections and poor communication amongst the team members
- To be included, adapted to **local routines**, to the sequence of events to ensure safe surgical care
- Needs the **commitment of hospital administrators and policy makers**
- Preoperative visit and evaluation, preparations for the surgery, preparations for post anaesthesia care

- **A single person** leads the Checklist process e.g. circulating nurse
- Each step must be checked **verbally**
- Operation is divided into **3 phases**: prior to anaesthesia, prior to skin incision, immediately after skin closure
- **Ideally all members** of the team are present in all phases
- A capable **assistant** must be present to help with induction of anaesthesia
- **Blood loss** should be confirmed by all team members
- Incorrect **labelling of the pathological specimen** has been shown to be a frequent source of laboratory error
- Facilities may wish to **add safety steps** to checklist

The Checklist was piloted in 8 cities...



Surgical Safety Checklist



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

Is the site marked?

Yes

Not applicable

Is the anaesthesia machine and medication check complete?

Yes

Is the pulse oximeter on the patient and functioning?

Yes

Does the patient have a:

Known allergy?

No

Yes

Difficult airway or aspiration risk?

No

Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

No

Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes

Not applicable

Anticipated Critical Events

To Surgeon:

What are the critical or non-routine steps?

How long will the case take?

What is the anticipated blood loss?

To Anaesthetist:

Are there any patient-specific concerns?

To Nursing Team:

Has sterility (including indicator results) been confirmed?

Are there equipment issues or any concerns?

Is essential imaging displayed?

Yes

Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

The name of the procedure

Completion of instrument, sponge and needle counts

Specimen labelling (read specimen labels aloud, including patient name)

Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

Is the site marked?

Yes

Not applicable

Is the anaesthesia machine and medication check complete?

Yes

Is the pulse oximeter on the patient and functioning?

Yes

Does the patient have a:

Known allergy?

No

Yes

Difficult airway or aspiration risk?

No

Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

No

Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes

Not applicable

Anticipated Critical Events

To Surgeon:

What are the critical or non-routine steps?

How long will the case take?

What is the anticipated blood loss?

To Anaesthetist:

Are there any patient-specific concerns?

To Nursing Team:

Has sterility (including indicator results) been confirmed?

Are there equipment issues or any concerns?

Is essential imaging displayed?

Yes

Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

- The name of the procedure
- Completion of instrument, sponge and needle counts
- Specimen labelling (read specimen labels aloud, including patient name)
- Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

- What are the key concerns for recovery and management of this patient?

In **Surgical Safety Checklist** it is necessary to agree the possible blood loss before and bleeding after operation together with team members. This OR is very congested, not easy to disinfect and there was no proper room to process instruments



Hospital Hygiene: Staff entering operation theatre stricted area with own clothes and shoes from home. Infections are spreaded in this way!



2006 research from KCMC for 25 hospitals in Tz and Uganda. From 25 autoclaves in hospitals only 3 were working properly. Indicators must be used also inside sets. These instrument sets are burnt and packings loose – those are not sterile!





ERROR: ioerror
OFFENDING COMMAND: image
STACK: