

# WHO Patient Safety

## Safe Surgery Saves Lives

ELCT Health Department  
Quality Assurance



Inside Operation Room sterile drums should be in sterile store, not to stay inside operation room during all operations and long time





Hospitals must discard all wooden furniture from operation theatres because these can't be disinfected properly. Iv.stands and instrument tables should at least have paint, now very rusted and source of infection



- Ten essential objectives that should be met by every surgical team during surgical care
- The WHO Surgical Safety Checklist is a simple practical tool to ensure preoperative, intraoperative and postoperative care
- The experts, clinicians and patients from around the world participating in doing the checklist e.g. in USA
- The guidelines and checklist follow an established framework for safe intraoperative care in hospitals: preoperative patient evaluation, surgical intervention preparations and preparations for adequate postoperative care






## The Global Patient Safety Challenge

-  1. Challenge: To reduce Health-care associated Infections
-  2. Challenge: Safe Surgery Saves Lives
-  3. Challenge: Childbirth Checklist....

 Lack of access to high quality surgical care remains a significant problem in much of the world

 Five facts about the surgical safety:

-  1. Complications after inpatient operations occur in up to 25 % of patients
-  2. The reported crude mortality rate after major surgery is 0,5 – 5 %
-  3. In industrialized countries nearly half of



all adverse events in hospitalized patients are related to surgical care

- 4. At least half of the cases in which surgery led to harm are considered to be preventable
- 5. Known principles of surgical safety are inconsistently applied even in most sophisticated settings
- In developing countries studies confirm the magnitude and pervasiveness of the problem:  
poor state of infrastructure and equipment, unreliable supplies and quality of medications, shortcomings in organizational management,



inadequate capacity and training of personnel and severe under-financing all contribute to the difficulties

■ **System-wide approach** to improved surgical safety, no single remedy, it requires reliable completion of a sequence of necessary steps in care, not only by surgeon but by a **TEAM** of health care professionals working together

■ **Core set of safety standards:** surgical site infection prevention, safe anaesthesia, safe surgical teams, measurements of surgical services



## Surgical site infection prevention

- ❖ preoperative patient preparations are lacking and / or not checked
- ❖ needs right antiseptics to clean the operation site
- ❖ needs right disinfectants to clean the ORs after each patient
- ❖ daily cleaning procedures, weekly duties
- ❖ effective sterilization of the instruments
- ❖ antibiotic prophylaxis within the hour before the surgery – now administered too early or too late or simply erratically – making them ineffective in reducing the patient harm
- ❖ safety practices in intraoperative work



## Safe Anaesthesia

- ❖ 1960's was 1 / 5000 chance of death undergoing general anaesthesia
- ❖ but improved safety and monitoring standards have significantly reduced unnecessary deaths in developed world  
1 / 200 000
- ❖ anaesthesia related deaths in developing countries appears to be 100 – 1000 times higher, indicating a serious, sustained lack of safe anaesthesia, CDR 1/150
- ❖ qualified personnel with adequate knowledge is needed
- ❖ scheduled preparations for operations are not done



## ■ Safe Surgery Saves Lives – Teamwork

- teamwork is a core of all effectively functioning systems involving multiple people
- in ORs where tension is high, work needs attentiveness, complications may occur, emergencies, lives at stake, teamwork is essential for safety
- depends on the culture of the team, its communication patterns, clinical skills and situational awareness of the team members
- to improve team characteristics and communication







## ■ Measurement of surgical services

- shortage in basic data
- to reduce maternal and neonatal mortality during childbirth needs data from routine surveillance of mortality rates and systems of obstetric care to monitor success or failures
- similar surveillance has generally not been undertaken for surgical care
- routine surveillance to evaluate and measure surgical services must be established to ensure the progress in improving the safety of surgical care



## The Global Surgical Safety Challenge

-  By providing information on the role and patterns of surgical safety in public health to clinicians, hospital administrators and public health officials
-  By defining a minimum set of uniform measures or "Surgical vital statistics" for the national and international surveillance of surgical care
-  By indentifying a simple set of surgical safety standards " Surgical checklist"
-  By evaluating and disseminating the Checklist and surveillance measures at pilot sites and then to hospitals worldwide





Operation rooms should not be like stores. All sterile drape drums will be contaminated after each operation. Windows do not have nets still in some hospitals and flies are entering during operations!!





In operation theatre we must have foot-controlled dustbins. Again paint or replacing is needed for iv.stands. Here is good space and nets in windows.





Operation room should be cleaned and disinfected between each patient. 0,5 % chlorine or 5 % Lysol are for the environmental surfaces to be used in Tanzania.





Practicing together WHO Surgical Safety Checklist. For safe anaesthesia ABCDE must be followed. Here nothing is ready for spinal anaesthesia patient. What is where when something happen!!!





Since 2003 hospitals have been required to improve the hand hygiene: liquid soap, alcohol-glycerine handrub, no brushes if not sterile, small pieces of towels if not paper towels, to discard dirty, wet towels. Sink is clean though.





While doing surgical scrubbing can't avoid getting wet when taps are so high. Taps need to be lowered and area cleaned for the scrubbing to be safe.





A=airway, B= breathing, C= suCtion, D= drugs and devices, E= emergency medicines and equipment. When these are ready for even a local anesthesia patient the care can be provided more safely.





This space is used as a dressing room for female and male workers and also as a sterile store. Former days special construction needs for operation theatres were not known and many hospitals need renovation or new operation theatres.





This room is a sluce room, packing area and sterile store. Instruments are also processed here. Many hospitals need to rebuild the operation theatre area.





Here is a lot of space. OR is not congested. Easy to clean and disinfect. Nets are in windows. Staff needs in many hospitals training to use these new anaesthesia machines. Vital signs are taken before starting anything.

