

A simple surgery checklist saves lives

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Introduction

Surgery has developed to a fundamental part of world health care.

Proximately over 230 million operations carried out annually globally [Sza09]. Surgical problems are common and most of them can be avoided.

With the occurrences of shocking injuries, various cancers and heart diseases rapidly increasing, the WHO forecasts that the outcome of surgical operations on public health care setting will also escalate. Therefore, strict follow up of a patient surgical safety checklist is important to reduce delays and errors.

The components of the system are ‘ redundancies’. They do not initiate for vital steps in the regular process but attempts to identify failures of the process. Based on the four flow charts, the system has much duplication of activities or redundancies in time especially on the number of times the patient has to give his consent.

The patient consent is required in more in six scenarios in the system, from the holding room, anesthesiologist to surgeon. The timing is such that they occur at a period when it is not late to correct the problem. This helps to ensure and further improve the safety of the patient.

The patient interacts separately with a staff person under the following circumstances:

1. With clerk at the registration desk after arrival
2. With the nurse in the holding room
3. With the anesthesiologist in resident (1)
4. With the surgeon when verifying and explaining about the surgery

WHO Surgical Safety Checklist recognizes three stages of an operation, in each stage the operation coordinator must check the completion of the task before embarking on the next stage [Sza09]. The patient has three separate interactions with the health providers in the following phase of the WHO surgical safety checklist:

During the Sign In stage (before the administration of anesthesia), the patient is identified, location, informed consent, and the procedure of operation are confirmed. The location/site marking is established and the finishing point of the anesthesia safety measure is done [Ann09]. A confirmation of whether a functional pulse rate meter is present on the patient is done. Several other issues of concerns are addressed such as allergies, aspiration risk, air path risks, loss of excess blood, and the availability of effective tools and equipment for operation purposes.

The Time Out stage is performed before the incision of the skin. Everyone involved in the operation introduce themselves by real names and their functions in the operation. They then confirm the patient once again, the identity/name of the patient, location/site, and procedure and deliberates on expected critical situations. Antibiotic prophylaxis, scheduling and presentation of imaging studies are also confirmed in this stage.

The Sign Out stage is the final stage of the WHO safety checklist, which is done before the patient comes out of the OR. The Checklist manager orally confirms the identification of the procedure, the tools, number of sponges, accurate marking of any samples, any equipment complications, and major concerns for after care and recovery of the patient [Ann09].

A major difference between the above checklist and WHOS' is that, the WHO

Checklist encourages coordinated activities of the entire surgical team, ensuring combined efforts. Other checklists mainly focuses on the function of one individual group, such as nurses in the operating room, who are concerned with confirming the identity of the patient and ensure availability of essential equipment. Therefore, they do not promote similar unanimity of the surgical team and commitment that WHO's checklist does [Ann09]

Conclusion

It is my view that, when appropriately utilized, the checklist will most probably reduce delays, reduce preventable errors, and improve the overall patient safety. However, the duplication of activities observed should be corrected.

References

Sza09: , (Szalavitz, 2009),

Ann09: , (Cavoukian, 2009),