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“ON THE MOVE”

9th EORNA Congress

The Hague, The Netherlands

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Surgery Team Member's Practices Implementing the Surgical Safety Checklist in Turkey

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***** Sağlık Bahçesi

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CERRAHİ ENFEKSİYON
DERNEĞİ



What is the Safe Surgery?





Safe Surgery;

is to protect the patient against medical errors
or to minimize errors
during the perioperative period





Each year in the world

234 million
operations are
performed

7 million people
suffer from
surgery-related
complications

Safe Surgery

Approximately 1 million people die annually before, during and after surgery



Approximately half of the damage (complication, disability and death) due to the surgery is preventable






SAFE SURGERY SAVES LIVES


SAFE SURGERY SAVES LIVES

In 2009, within the scope of «*Safe Surgery Saves Lives Project*, World Health Organization (WHO) established “**Surgical Safety Checklist**” with **three steps** in order to provide safe surgery in the operating room.

Surgical Safety Checklist



World Health Organization



Patient Safety
A World of Advances for Better 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?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2009

© WHO, 2009

Aims of Surgical Safety Checklist



To reduce the number of events that threaten safety in surgery,



To define the minimum standards that can be applied universally in surgical care all over the world,



To improve better communication and teamwork among clinical disciplines,



World Health
Organization

**WHO declared that each institution
could arrange the checklist
according to its own requirements.**

"Surgical Safety Checklist^{TR} (SSC^{TR})

The Turkish Ministry of Health, within the scope of "patient safety begins before the patient comes to the operating room", added a fourth step to the SSC allowing the patient to be followed up before leaving the clinic was added to the ^{TR} (SSC^{TR})



It is started to be used in 2009 in Turkey



GÜVENLİ CERRAHİ KONTROL LİSTESİ^{TR}

Hastanın Adı Soyadı

Ameliyat/Bölgesi

Ameliyat Tarihi

I. Klinikten Ayrılmadan Önce

- Hastanın;
 Kimlik bilgileri
 Ameliyat
 Ameliyat bölgesi doğrulandı.
- Hastanın rızası kontrol edildi mi?
 Evet
- Hasta aç mı?
 Evet Hayır.....
- Ameliyat bölgesi trası yapıldı mı?
 Evet Hayır.....
- Hastada makyaj/oje, protez, değerli eşya var mı?
 Evet..... Hayır
- Hastanın kıyafetleri tümüyle çıkarılıp ameliyat önlüğü ve bonesi giydirdi mi?
 Evet Hayır.....
- Ameliyat öncesi gerekli özel işlem var mı?
 Lavman Mesane Kateterizasyonu
 Varis Çarabı Özel Tedavi protokolü
 Diğer Hayır
- Ameliyat için gerekli olacak özel malzeme, implant, kan veya kan ürünü hazırlığı teyit edildi mi?
 Evet Hayır
- Hastanın gerekli laboratuvar ve radyoloji tetkikleri mevcut mu?
 Evet

Liste Sorumlusu:
Ad-Soyad, İmza

II. Anestezi Verilmeden Önce

- Hastanın kendisinden
 Kimlik bilgileri
 Ameliyat
 Ameliyat bölgesi
 Hastanın ameliyat ile ilgili rızası Doğrulandı.
 - Ameliyat bölgesinde işaretleme var mı?
 Var İşaretleme uygulanamaz
 - Anestezi Güvenlik Kontrol listesi tamamlandı mı?
 Evet
 - Pulse oksimetre hasta üzerinde ve çalışıyor mu?
 Evet
- Hastanın Risk Değerlendirmesi**
- Hastanın bilinen bir alerjisi var mı?
 Yok Var
 - Gerekli görüntüleme cihazları var mı?
 Yok Var
 - Hastada 500 ml ya da daha fazla kan kaybı riski var mı?
 Yok
 Var; uygun damar yolu erişimi ve sıvı planlandı.

Liste Sorumlusu:
Ad-Soyad, İmza

III. Ameliyat Kesisinden Önce

- Ekipteki kişiler kendilerini ad, soyad ve görevleri ile tanıttı mı?
 Evet
- Ekipten bir kişi sesli olarak hastanın kimliğini, yapılan ameliyat, ameliyat bölgesini teyit etti mi?
 Evet
- Kritik olaylar gözden geçirildi mi?
 Tahmini ameliyat süresi
 Beklenen kan kaybı
 Ameliyat sırasında gerçekleşebilecek beklenmedik olaylar
 Olası anestezi riskleri
 Hastanın pozisyonu
- Profilaktik antibiyotik sorgulandı mı?
 Kesiden önceki son 60 dakika içerisinde uygulandı
 Kullanılmaz
- Kullanılacak malzemeler hazır mı?
 Evet Hayır
- Malzemelerin Sterilizasyonu uygun mu?
 Evet Hayır
- Kan şekeri kontrolü gerekli mi?
 Evet Hayır
- Antikoagülan kullanımı var mı?
 Evet Hayır
- Derin Ven Trombozu profilaksisi gerekli mi?
 Evet Hayır

Liste Sorumlusu:
Ad-Soyad, İmza

IV. Ameliyattan Çıkmadan Önce

- Gerçekleştirilen ameliyat için sözdü olarak
 Hasta,
 Yapılan ameliyat,
 Ameliyat bölgesi, teyit edildi.
- Alet, sporc/kompres ve iğne sayımları yapıldı mı?
 Evet/Tam Hayır
- Hastadan alınan numune etiketinde
 Hastanın adı doğru yazıldı
 Numunenin alındığı bölge yazıldı
- Ameliyat sonrası kritik gereksinimler gözden geçirildi mi?
 Anestezinin önerileri:
 Cerrahin önerileri:
- Hastanın ameliyat sonrası gideceği bölüm teyit edildi mi?
 Evet

Liste Sorumlusu:
Ad-Soyad, İmza

* Her bölüm, ilgili sorumlular tarafından sesli olarak kontrol edilerek işaretleme yapılmalıdır.

**How Long Does It Take to
Apply Surgical Safety
Checklist**

How Long Does It Take to Apply Surgical Safety Checklist

In the studies it is shown that it's sufficient to allocate;

- Maximum 3.58 minute
- Minimum 0.58 minute
- Average 2.16 minute



Benefits of Using Surgical Safety Checklist is emphasized from research as;

- ✓ Improves surgical team communication
- ✓ Reduces operation time
- ✓ Allows the patient to take right care, at the right time, in the right place
- ✓ Provides early detection of allergy status of patients
- ✓ Affects the development of patient safety culture
- ✓ Increases confidence in perioperative care



Benefits of Using Surgical Safety Checklist

Complications
(Surgical Site Infections)

Malpractice
(wrong patient and wrong side surgery)

Re-operations

Mortality

Cost



AIM

To determine the existing practices of the surgical team regarding the use of the Surgical Safety Checklist^{TR} (SSC^{TR})

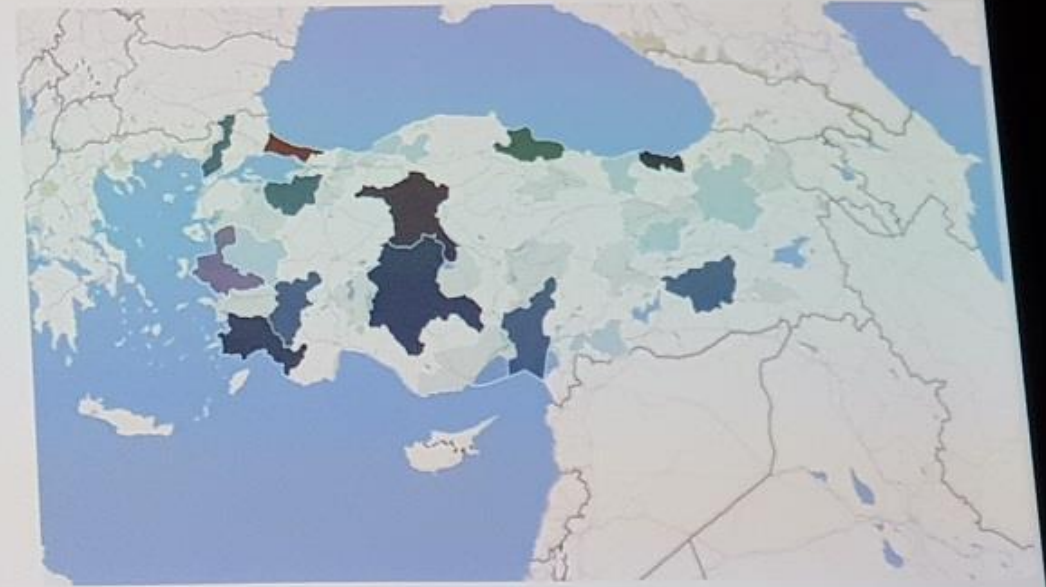


The Study Design

This is a descriptive and
cross-sectional study

The Study Sample

- The sample is composed of 378 surgical team members who are included from different provinces of Turkey



The surgical team members' occupations are;



Nurse



Physician



Anesthesiologist



Anesthesia technician

Data Collection

Characteristics Form

- Education
- Occupation
- City
- Hospital
- Working time in the operating room
- Training on The SSC



SSC Implementation Questionnaire

- Thoughts on the use of SSC
- Barriers
- Recommendations

After the questionnaire was formed, five experts' opinions were obtained

Data Collection

Through what?

Google form

When?

Between
September 2017
and July 2018

Population?

From different
provinces of
Turkey

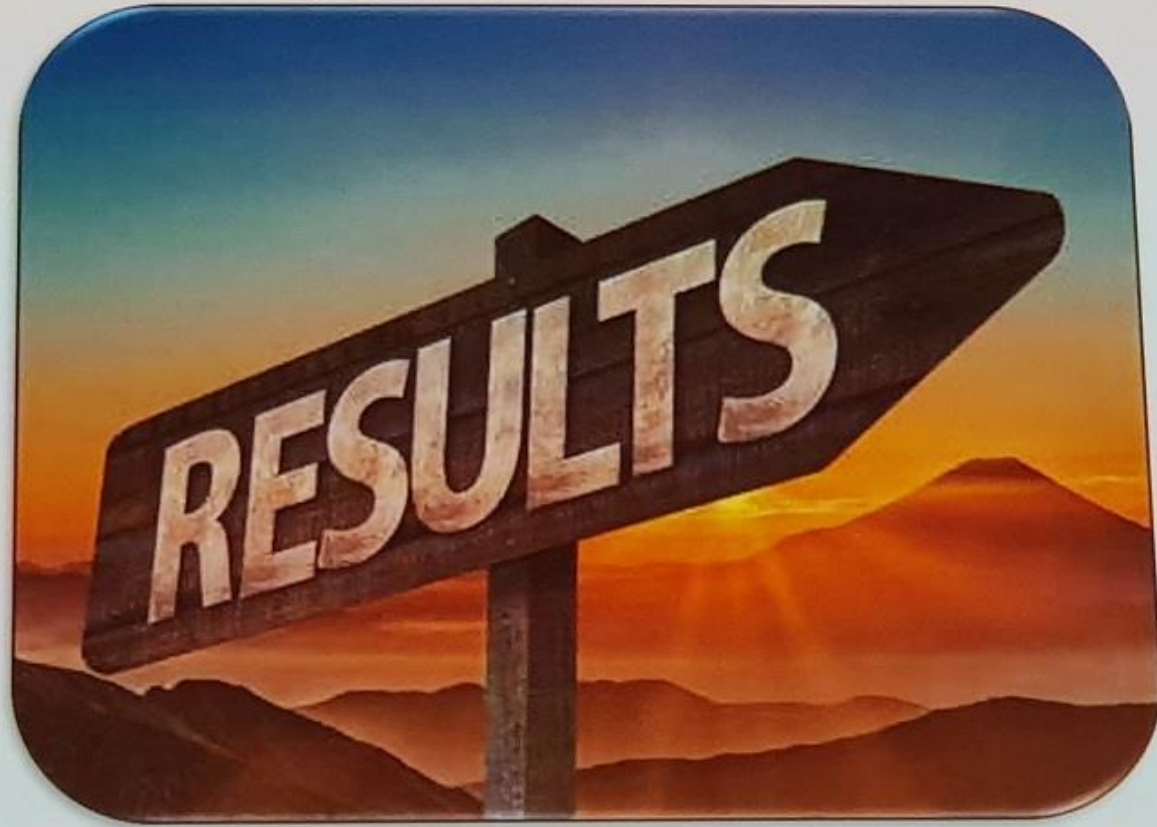
Data Analysis

- ✓ The data was analyzed with Statistical Package Program for Social Sciences (SPSS) version 22.00 with the descriptive statistical numbers, percentages, means.



Ethics of The Study

Ethics approval was obtained from the university ethics committee.

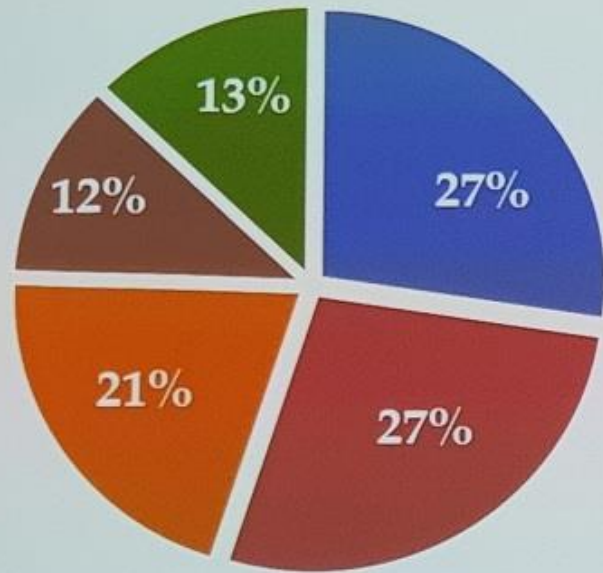


Sample Characteristics

	Characteristics % (n)
Occupation	
Nurse	261 (69.0)
Surgeon	101 (26.7)
Anesthesia technician	15 (4.0)
Anesthesiologist	1 (0.3)
Education	
High School	12 (3.2)
Two Year Degree	24 (6.3)
Undergraduate	134 (35.4)
Master	91 (24.1)
PhD	54 (14.3)
Specialty in Medicine	63 (16.7)

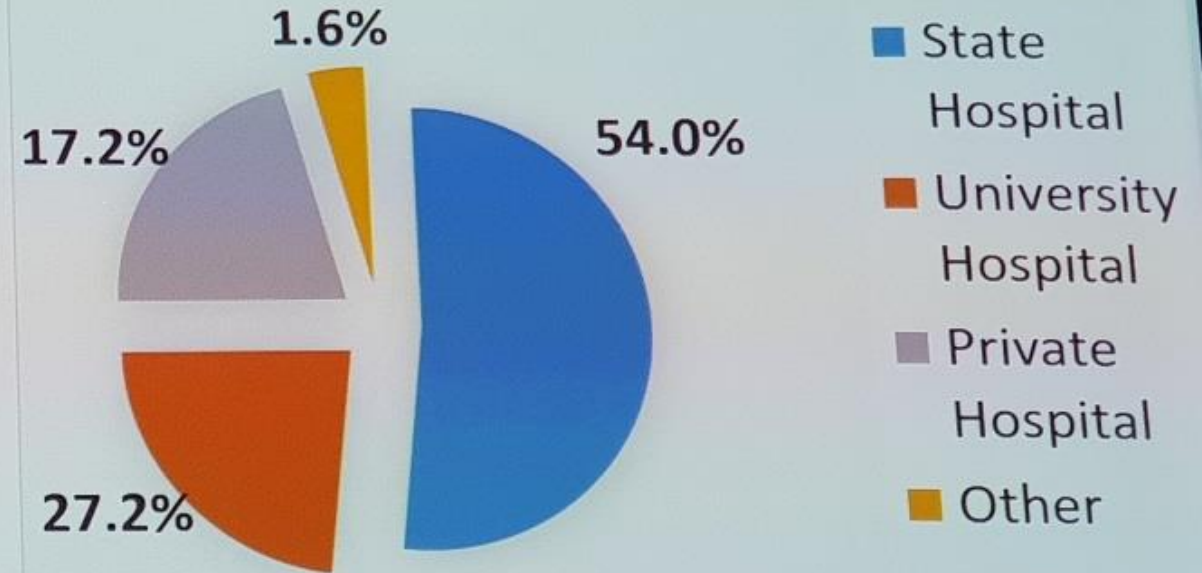
Sample Characteristic

Operating Room Experience



- 0-4 year
- 5-9 year
- 10-14 year
- 15-19 year
- 20 years and above

Participating Institutions



- State Hospital
- University Hospital
- Private Hospital
- Other

Question: Did you received any training related to checklist?

Where the participants got training for Surgical Safety Checklist

Training on Surgical Safety Checklist

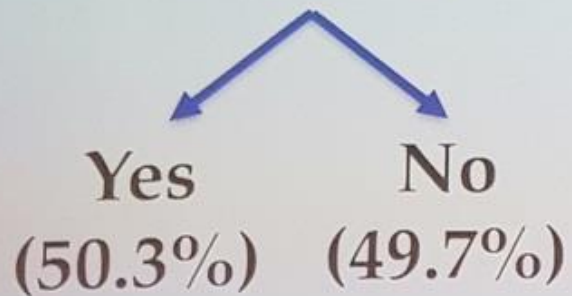
Trained
(68.8%)

Untrained
(31.2%)

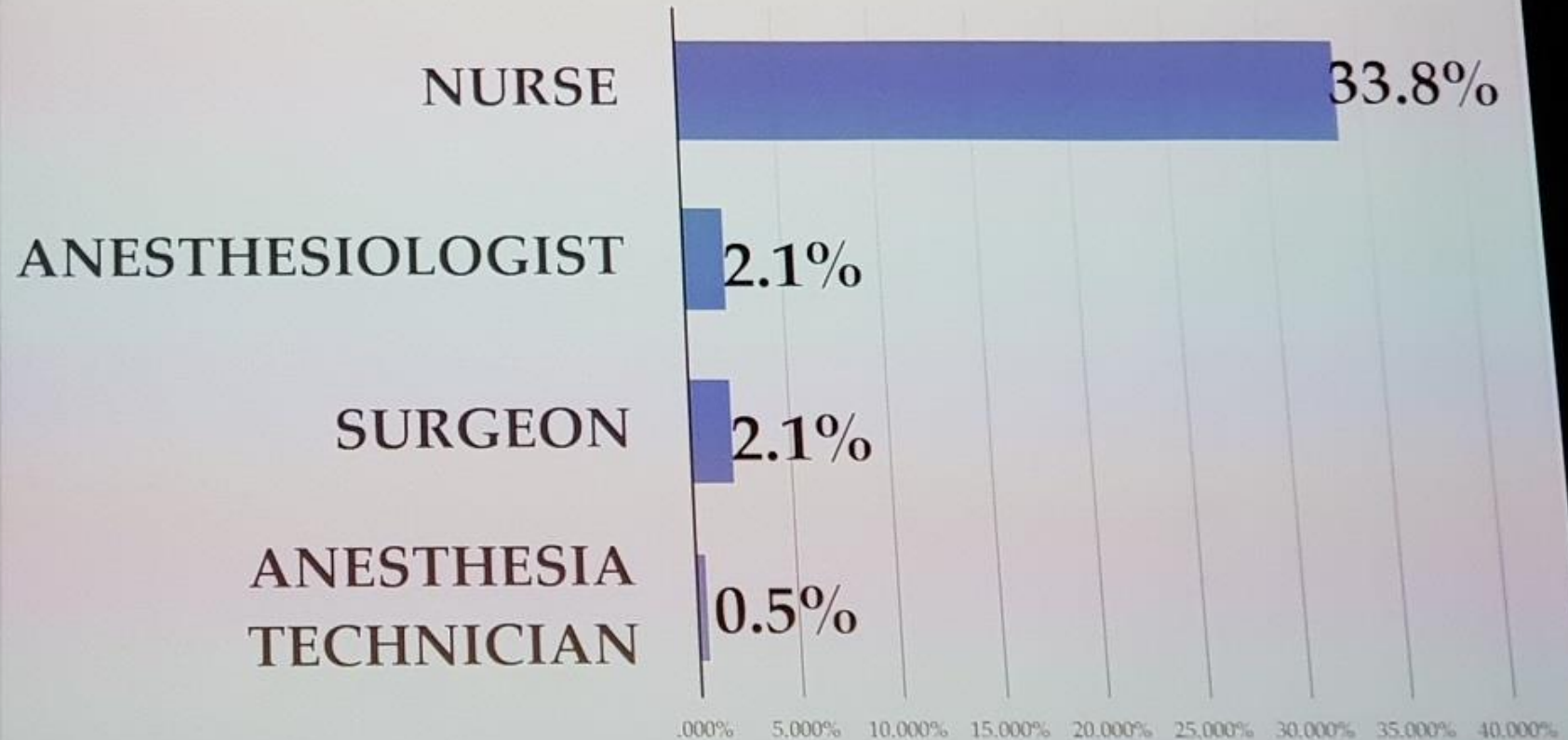


Question: Does a coordinator work in the operating room that you work?

Presence of
Coordinator
Assignment for
Implementation of
Surgical Safety
Checklist



Surgical Safety Checklist Coordinators in the Operating Room(n:146)



Question: How often the Surgical Safety Checklist is used in your institute?

Always

SOMETIMES

NEVER

**89.9 %
(n=340)**
It is always
used for each
patient

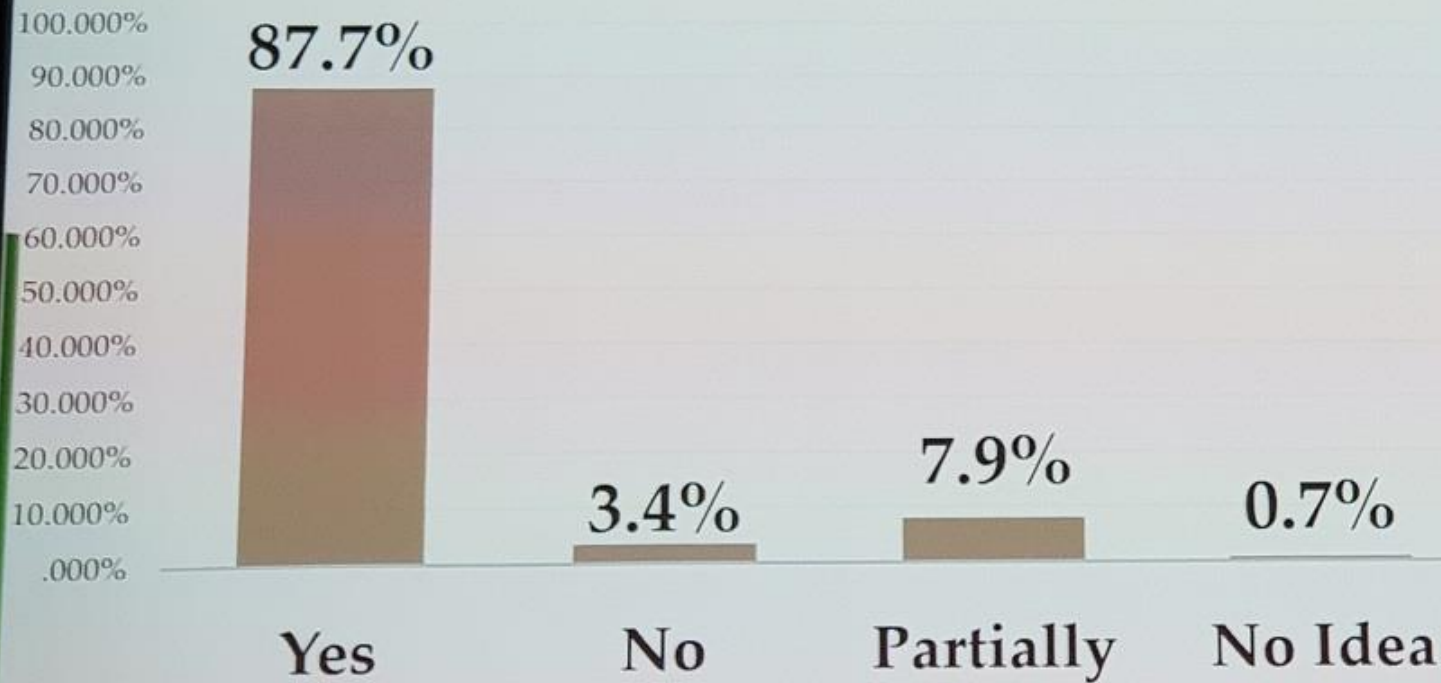
**%6.08
(n=23)**
It is used
sometimes

%3.7 (n=14)
It is never
used

Existing applications for the four steps Surgical Safety Checklist^{TR}

	1. Step Before patient leaves the clinic	2. Step Before induction of anesthesia	3. Step Before skin insicion	4. Step Before patient leaves operating room
The person who applies the each step	% (n)	% (n)	% (n)	% (n)
Clinical Nurse	75.3 (285)	-	-	-
Surgeon	31.6 (25)	3.4 (13)	11.6 (44)	11.3 (43)
Anesthesiologist	1.3 (5)	26.4 (100)	13.7 (52)	7.4 (28)
Operating Room Nurse	3.9 (15)	32.2 (122)	59.7 (226)	58.7 (222)
SSC Nurse	-	1.3 (5)	1.3 (5)	1.3 (5)
Anesthesia Technician	-	22.4 (85)	2.1 (8)	1.5 (6)
Together	12.6 (48)	14.0 (53)	6.3 (24)	8.9 (34)
The person who applies the each step is suitable?				
Yes	98.1 (317)	74.6 (282)	71.9 (272)	79.8 (302)
No	16.1 (61)	25.3 (96)	22.7 (86)	14.8 (56)
No Idea			5.2 (20)	5.2 (20)

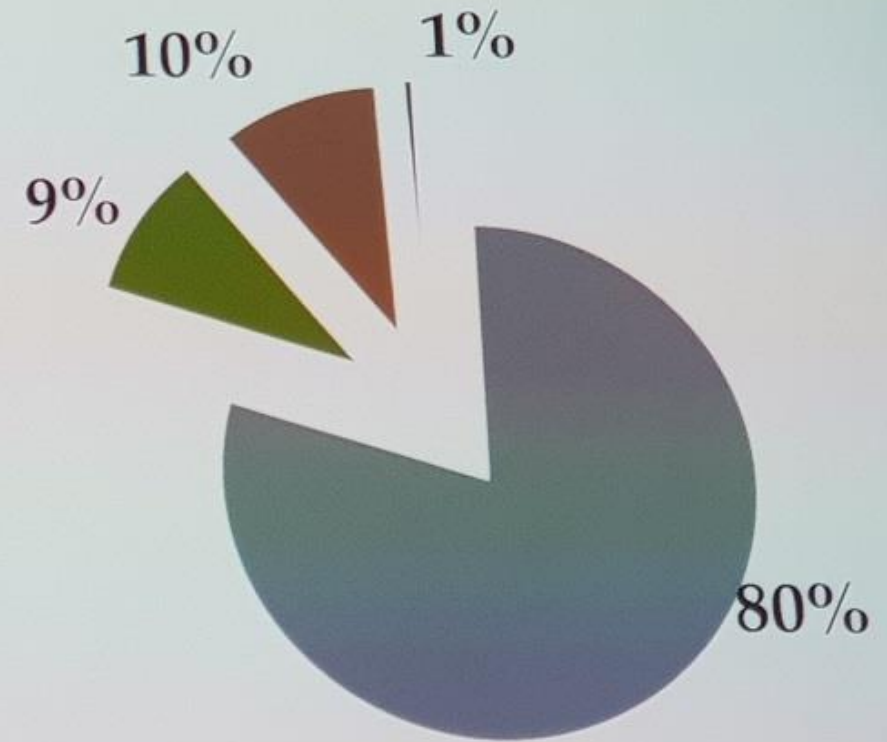
RESULTS



I believe that the use of a
Surgical Safety Checklist
contributes to patient
safety

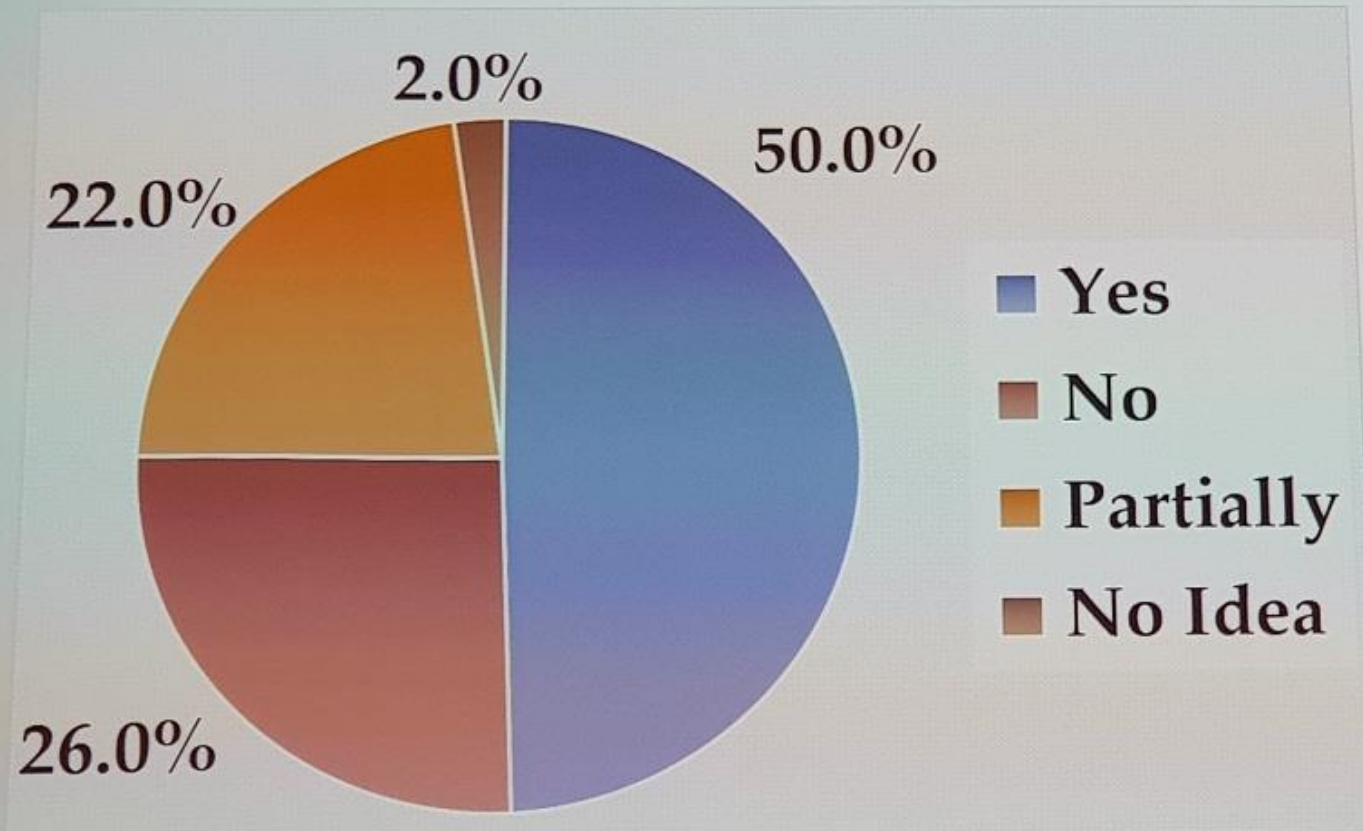
RESULTS

I think that it is necessary to assign a coordinator for the SSC application.



■ Yes ■ No ■ Partially ■ No Idea

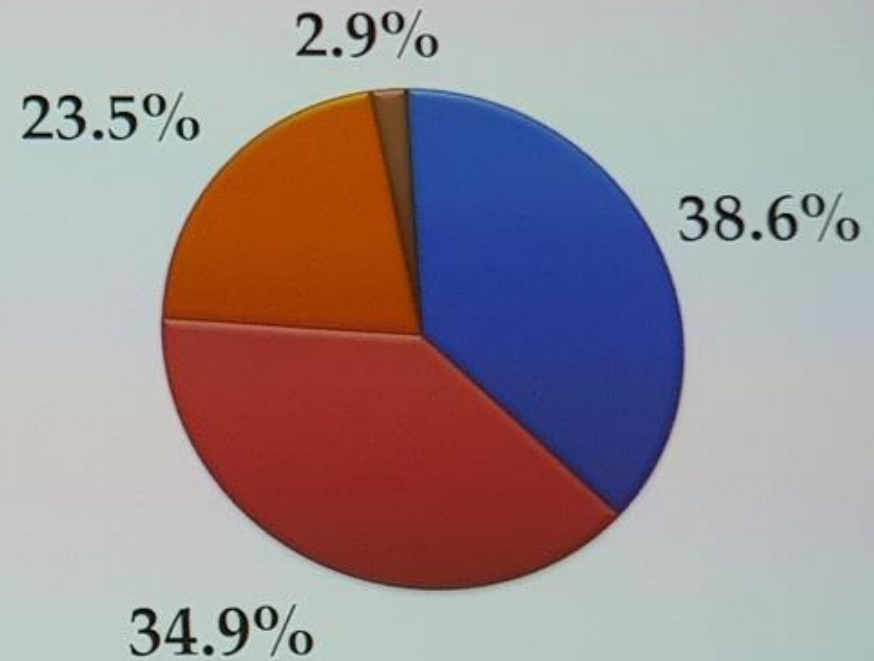
RESULTS



I think that the SSC is being used correctly in the operating room where I work with.

RESULTS

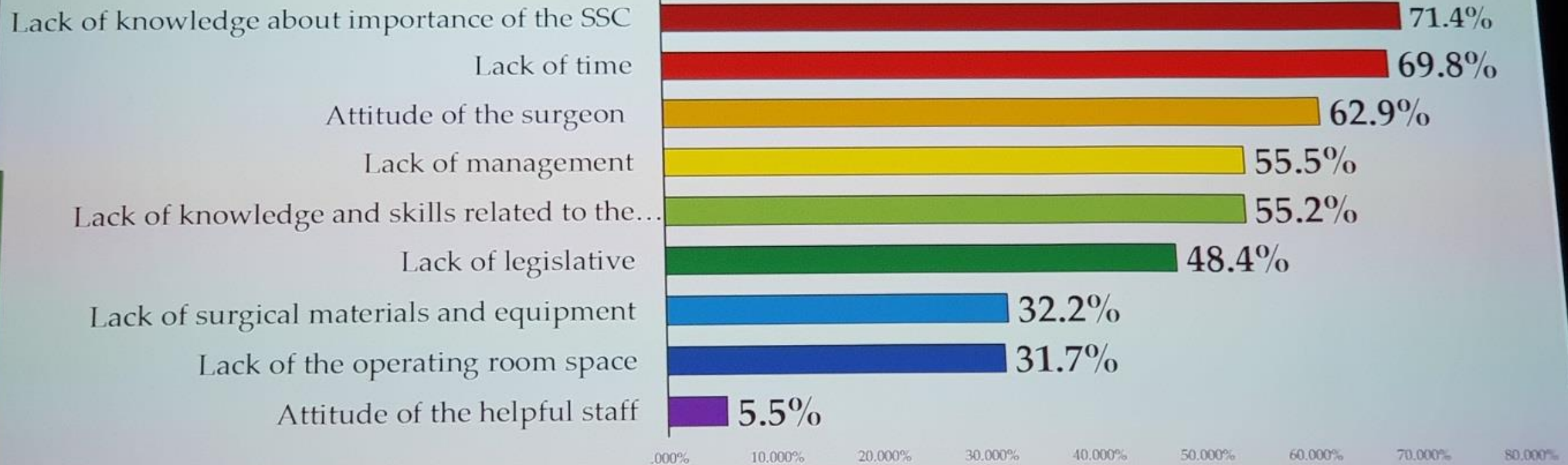
The implementation of SSC as required should vary depending on whether the operation is urgent or planned



■ Yes ■ No ■ Partially ■ No Idea

RESULTS

Barriers in the implementation of the the Surgical Safety Checklist ^{TR}



RESULTS

Do you think enough time is allocated to the implementation of Surgical Safety Checklist?



First five reasons for not allocating sufficient time on the Surgical Safety Checklist

Reasons	% (n)
The person who apply the list prepares for following surgery	64.5 (147)
The lack of knowledge of the surgical team	48.7 (111)
The person who apply the list wants to relax before the operation	21.5 (49)
Troublesome use	13.6 (31)
Workload	3.0 (7)

Recommendations in the implementation of the Surgical Safety Checklist ^{TR}

The questions that you think should be added to the SSC.

- "No" option to the side marked
- Question related to frozen biopsy
- Question related to drain

The questions that you think should take out from the SSC.

- Recommendations of the anesthesiologist and the surgeon
- Introducing of the team members name and the role

RESULTS

Questions you often think of as being neglected during the implementation of the SSC.

- Is there a risk of more than 500 ml of blood loss?
- Is deep vein thrombosis prophylaxis required?
- Questions related to blood sugar and prophylactic antibiotics

Our results are similar to the literature. In some studies, it was found that the vast majority of the participants found the use of SSC is helpful; It is stated to the attitude of the surgical team and the surgeon affect the application of SSC.

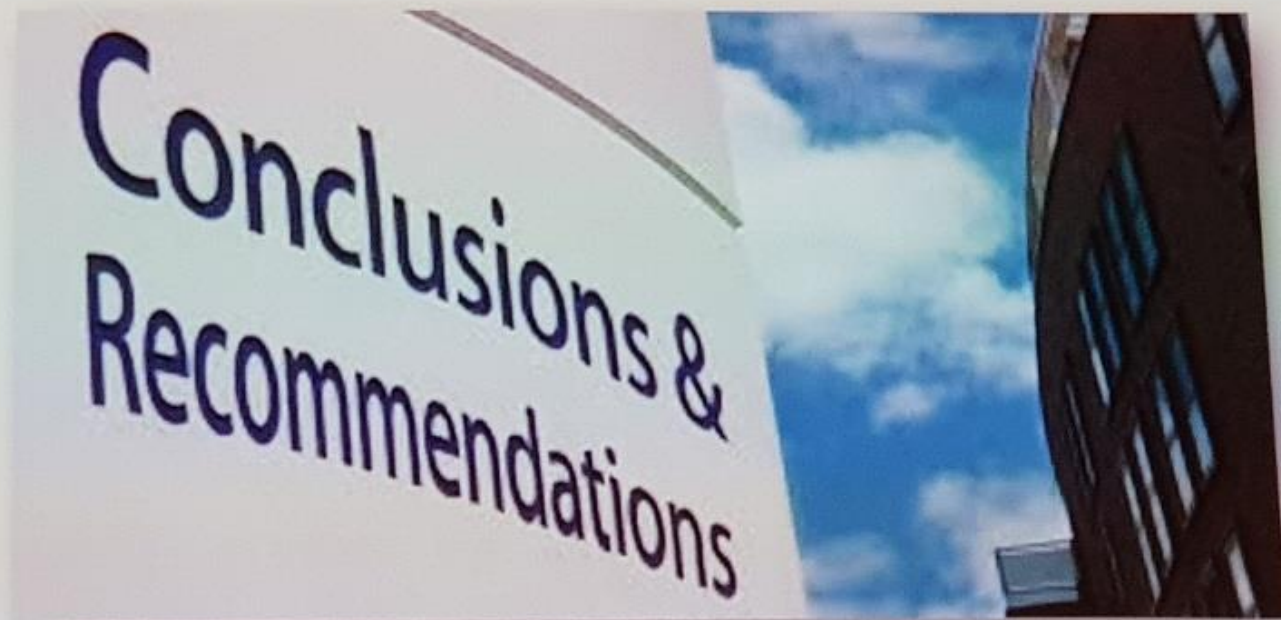
Conley et al. 2011; Delgado-Hurtado et al. 2012; Tang et al. 2014; Sendlhofer et al. 2015; Gökay et al 2016; Prado Tostes et al. 2016

It is reported in some studies that SSC use is difficult, waste of time and increases the workload.

Fourcade et al. 2012; Cullati et al. 2013; Bashford et al. 2014

Similar to our study result, in some studies, it is stated that the attitude that hinder the use of the list are a lack of time, staff and policy within the institution.

Fourcade et al., 2012, Cullati et al. 2013

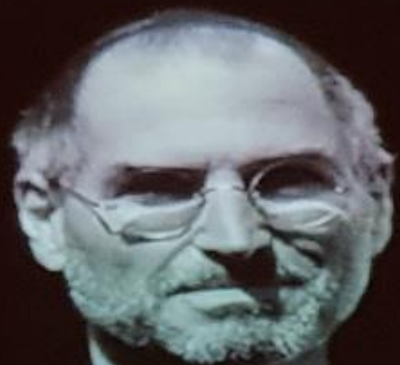


CONCLUSIONS

- ✓ It is understood that the SSC in hospitals is usually applied and the responsibility is on nurses in Turkey.
- ✓ It is believed that whereas the use of a surgical safety checklist contributes to patient safety, there are some deficiencies in practice.

RECOMMENDATIONS

- ✓ It is needed to organize adaptation programs for the surgical team members to improve surgical safety checklist awareness and safety culture in the operating rooms.
- ✓ Also in order to increase the rates of application, it is recommended to plan in cooperation with the surgical team, to plan in-service training and to establish sanctions for SSC use of institutions.



Great things in business
are never done by one
person. They're done by
a team of people.

Steve Jobs



Thank you for your
interest...

