

4th World Congress on

Patient Safety & Quality Healthcare

June 27-28, 2019 | Vienna, Austria

Audit of compliance with WHO surgical safety checklist

James Todd

St. George's University of London, UK

Aim: To obtain quantitative and qualitative data on compliance with WHO surgical safety checklist during operations in a London hospital. The use of the checklist has been shown to reduce patient death and post-operative complications and is mandated for use with all NHS surgery.

Method: Data collection was by prospective observational audit of 34 operations using WHO checklist and 5 qualitative criteria to establish efficacy of use: staff stopped tasks to engage; staff attentive and listening; audible to all team; understanding was checked in briefs and questions/feedback asked and; all required staff present. Categorisation: Grade 3 (all criteria), Grade 2 (3-4 of criteria), Grade 1 (1-2 of criteria). Checklist use was recorded by stage use (brief, sign in, time out, sign out, debrief) and stage component steps.

Results: Checklist stages used were brief (63%), sign in (94%), time out (90%), sign out (57%), debrief (25%). Checklist component steps were completed more fully in major vs. minor operations (62% vs. 30%). Mean qualitative Grade was greatest in major surgeries (2.17 vs. 1.61) and using general anaesthesia (1.81 vs. 1.29).

Conclusions: Sign out and debrief compliance was low, as was full compliance with component steps of the WHO checklist, especially during minor operations. A focused checklist specific for minor operations and those using local anaesthesia should be introduced to remove unnecessary steps and avoid excessive omission. Improved qualitative use of the checklist is required to ensure it is carried out in an effective manner.