THE ORIGINAL WHO SAFE SURGERY CHECKLIST : ARE ALL ITEMS APPROPRIATE ?

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BACKGROUND & GOAL

The WHO promotes the use of the Safe Surgery Checklist (SSC) in operating rooms (OR), to reduce the number of incidents and to save lives. The use of the SSC is part of the International Patient Safety Goals, and adopted by both accreditation organisms and the Flemish authorities.

The WHO stimulates individual organizations to modify the SSC to account for differences among facilities, meanwhile warning not to remove safety steps simply because they cannot be accomplished.

GOAL: to explore opinions of OR professionals on the appropriateness of the items in the original WHO SSC.

METHODS & MATERIALS

Online survey for OR professionals: anesthesiologists, surgeons & nurses.
Subgroup analysis: for professional groups & hospital size.
Statistical analysis: Chi-square & Fischer's exact tests, where appropriate.
Results with $p < 0.05$ were considered statistically significant.
Approved by the Committee for Medical Ethics of az Sint-Blasius.

RESULTS & DISCUSSION

PROFESSIONAL GROUPS

ANESTHESIOLOGISTS DISLIKE MORE THAN OTHERS

- allergy ($p < 0.005$)
- anesthesia medication ($p < 0.00001$)
- functioning pulse oxymeter ($p < 0.005$)
- imaging displayed ($p < 0.05$)
- concerns for recovery ($p < 0.001$)

SURGEONS DISLIKE MORE THAN OTHERS

- site marking ($p < 0.0001$)
- team members introduction ($p = 0.001$)
- confirm id/site/procedure ($p < 0.005$) during time out
- sterility confirmed ($p < 0.005$)
- instrument sponge & needle counts ($p = 0.0001$)

NURSES DISLIKE MORE THAN OTHERS

- anticipated duration ($p < 0.05$)

HOSPITAL SIZE (n beds): no differences

CONCLUSIONS

Flemish or professionals do not support all items of the who SSC to the same extent. Particularly, estimated blood loss, team member introduction, and anticipated duration are less supported. Judgement is clearly linked to direct professional interest.