National Policy and Procedure for Safe Surgery

17/07/2013
Safe Surgery Saves Lives
Why need national policy?

- Quality and Patient Safety Audit of Correct Site Surgery 2011
- Wide variation in practice
- Adverse incidents
WHO's 10 objectives for Safe Surgery

1. The team will operate on the correct patient at the correct site.
2. The team will use methods known to prevent harm from administration of anaesthetics, while protecting the patient from pain.
3. The team will recognize and effectively prepare for life-threatening loss of airway or respiratory function.
4. The team will recognize and effectively prepare for risk of high blood loss.
5. The team will avoid inducing an allergic or adverse drug reaction for which the patient is known to be at significant risk.
WHO's 10 objectives for Safe Surgery (cont.)

6. The team will consistently use methods known to minimize the risk for surgical site infection.

7. The team will prevent inadvertent retention of instruments or sponges in surgical wounds.

8. The team will secure and accurately identify all surgical specimens.

9. The team will effectively communicate and exchange critical information for the safe conduct of the operation.

10. Hospitals and public health systems will establish routine surveillance of surgical capacity, volume and results.
Reality Check

• Currently, hospitals do MOST of the right things, on MOST patients, MOST of the time.

• The Checklist helps us do ALL the right things, on ALL patients, ALL the time.
Advantages of using a Checklist

- **Supported** by evidence
- **Evaluated** in diverse settings around the world
- **Promotes** adherence to established safety practices
- **Minimal resources** required to implement a far-reaching safety intervention
The Safe Surgery Checklist addresses each of the 10 objectives outlined by the WHO.
1. The team will operate on the correct patient at the correct site

1. Before induction of anaesthesia:
   - Has the patient confirmed his/her identity, site, procedure, and consent?
     - Yes □ Yes □ Confirmed with Advocate/Parent/Guardian
   - Is the site marked? (check verification overleaf) Check with surgeon if problem
     - □ Yes □ Not applicable

2. Before skin incision:
   - □ Verify the patient’s name, DOB, MRN number, procedure and visually check where the incision will be made.
   - □ Verify the patient is positioned correctly
   - Is essential imaging displayed and checked?
     - □ Yes □ Not applicable

3. Before patient leaves operating room:
   - Checklist Co-ordinator verbally confirms:
     - □ The name of the procedure
2. The team will use methods known to prevent harm from administration of anaesthetics, while protecting the patient from pain.

3. The team will recognize and effectively prepare for life-threatening loss of airway or respiratory function.

4. The team will recognize and effectively prepare for risk of high blood loss.

5. The team will avoid inducing an allergic or adverse drug reaction for which the patient is known to be at significant risk.
6. The team will consistently use methods known to minimize the risk for surgical site infection.

- **Minimize risk of infection**
  - Giving antibiotics within one hour before incision can cut the risk of surgical site infection by 50%\(^1, 2\)
  - In the eight evaluation sites, failure to give antibiotics on time occurred in almost one half of surgical patients who would otherwise benefit from timely administration.

7. The team will prevent inadvertent retention of instruments or sponges in surgical wounds.
8. The team will secure and accurately identify all surgical specimens.

- Completion of instrument, sponge and needle counts
- Specimen identified and labelled (read specimen labels aloud, including patient name and hospital number)
9. The team will effectively communicate and exchange critical information for the safe conduct of the operation.

Before skin incision:

- Confirm that new team members have been introduced to all of the team?

Before patient leaves operating room:

- To Surgeon, Anaesthetist and Nurse
  - Any patient specific post-op concerns?
    - Anaesthetist
    - Surgeon
    - Nurse/ Midwife
10. Hospitals and public health systems will establish routine surveillance of surgical capacity, volume and results.