



A Study to Assess the Compliance to Surgical Safety Checklist & Factors affecting on compliance among patient undergoing surgical interventions at selected Tertiary Care Hospital of the city

Ms. Swati Pawar

Assistant Professor, Baleshwar Institute of Nursing Parbhani

ABSTRACT

Introduction: - Background Patient safety has received much attention globally in recent years due to increasing incidence of adverse events during healthcare delivery. Surgical safety can be considered as an integral component of patient safety. **Aim:-**The aim of the study was to assess the compliance to surgical safety checklist and factors affecting on tertiary care hospital of the city. **Objectives of Study:-**Assess compliance to surgical safety checklist completion. To find out the factors affecting on compliance to surgical safety checklist. To find out association between compliance to surgical safety checklist with related factors. . **Results:-**The analysis and interpretation of data collected from 188 surgeries observed and adherence to surgical safety checklist was assessed The collected data are tabulated in the master sheet & analyzed using descriptive & inferential statistics to key concerns for recovery are analyzed & discussed in 174(92.55%) of surgeries. In 131(69.68%) surgeries, remaining drugs, consumable, implants are return to relative or pharmacy were checked and marked. In 125(66.49%) Information given to the patient's relatives about procedure performed, condition and specimen is shown. In 98(52.13%) surgeries, confirmation of specimens labeling (Read specimen labels including patient name) were checked marked. In 86(45.74%) surgeries, histopathology forms filled and in only 83(44.15) surgeries whether there are any equipment's problems to be addressed were checked and marked. **Conclusion:-**The study highlighted assess the compliance to surgical safety checklist and factors affecting on compliance. Consequent to improper use of the SSC, hospital may experience the full benefits of the surgical safety checklist.

KEYWORDS: - *Surgical Safety Checklist, Operating Room, Department Of Health, World Health Organization, Statistical Packages for Social Science.*

1. INTRODUCTION

Surgical service is one of the fundamental health care services given in the healthcare system. Over 234 million surgical operations are performed annually worldwide and complications are occurred in 3–16 % of surgical procedures.¹ Surgical complications are a major cause of morbidity and mortality and also pose a major financial burden to patients and providers. But it has been estimated that at least half of the complications that occur are avoidable. The importance of a strong safety culture that enhances patient safety initiatives has been reiterated for years in the healthcare system and the safety of surgical care therefore is a global concern. Studies have shown that structured briefings and checklists improve team communication, the sharing of information, decision making and planning³.

RESEARCH METHODOLOGY

Data analysis is conducted to reduce, the compliance to SSC & factors affecting on compliance the data. Descriptive & Inferential Statistical method were used for data analysis. Descriptive Statistical method was applied for the analysis of compliance to surgical safety checklist Inferential Statistical method were used to assess factors affecting on compliance to surgical safety checklist.

RESEARCH DESIGN

The study followed a quantitative approach with a descriptive design to investigate the compliance to surgical safety checklist and factors affecting on compliance in the operating room in the selected tertiary care hospital of the city .

STUDY POPULATION

The patient who are undergoing surgical interventions as by including the total population, each member had an equal chance to participate in the study.

SAMPLING TECHNIQUE

Non-probability purposive

DATA COLLECTION PROCEDURE

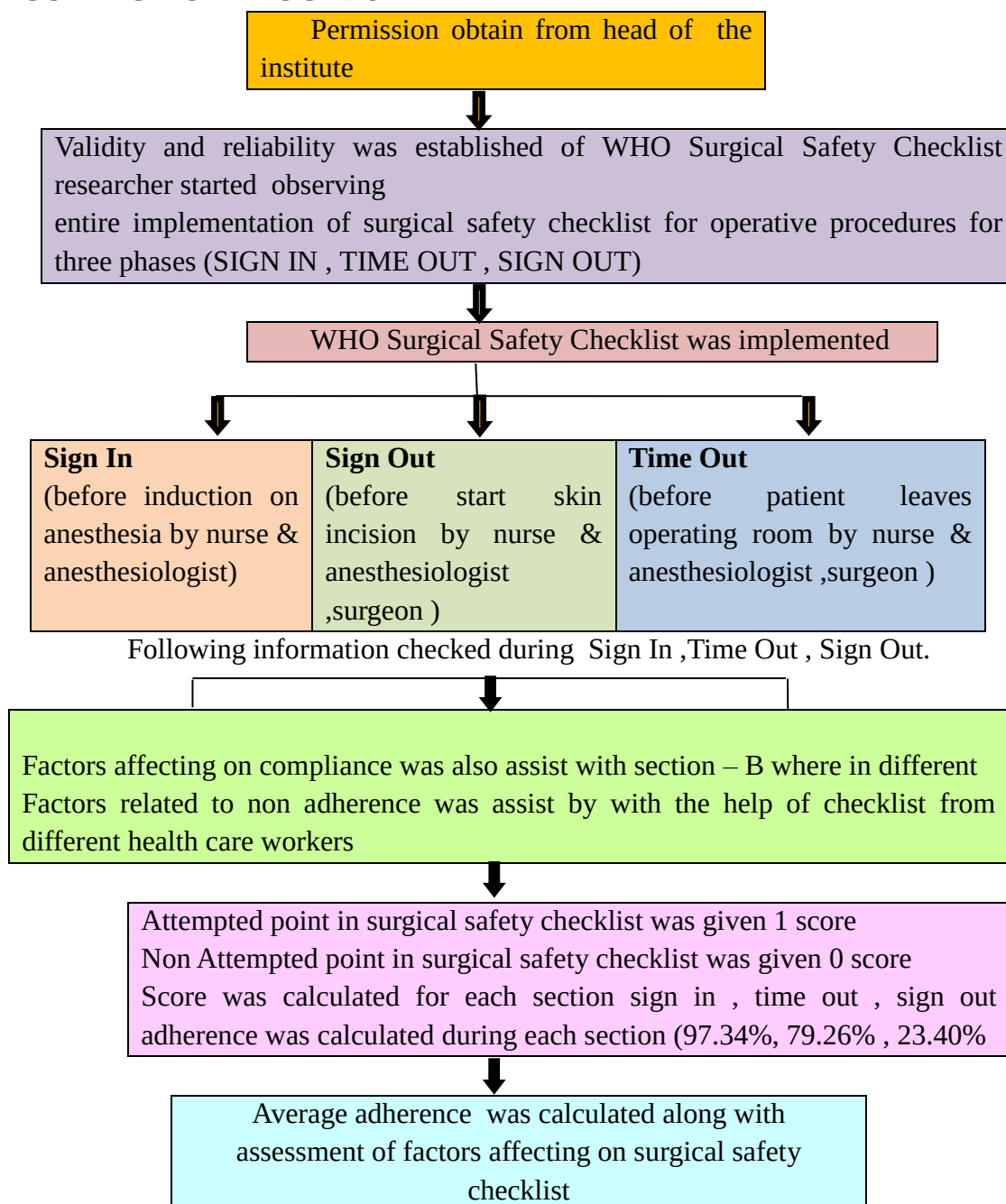


Figure No 2.2 :- Schematic Presentation of data collection procedure

STUDY FINDINGS

The data analyzed are presented under the following sections.

Section I: Frequency distribution of compliance to surgical safety checklist completion

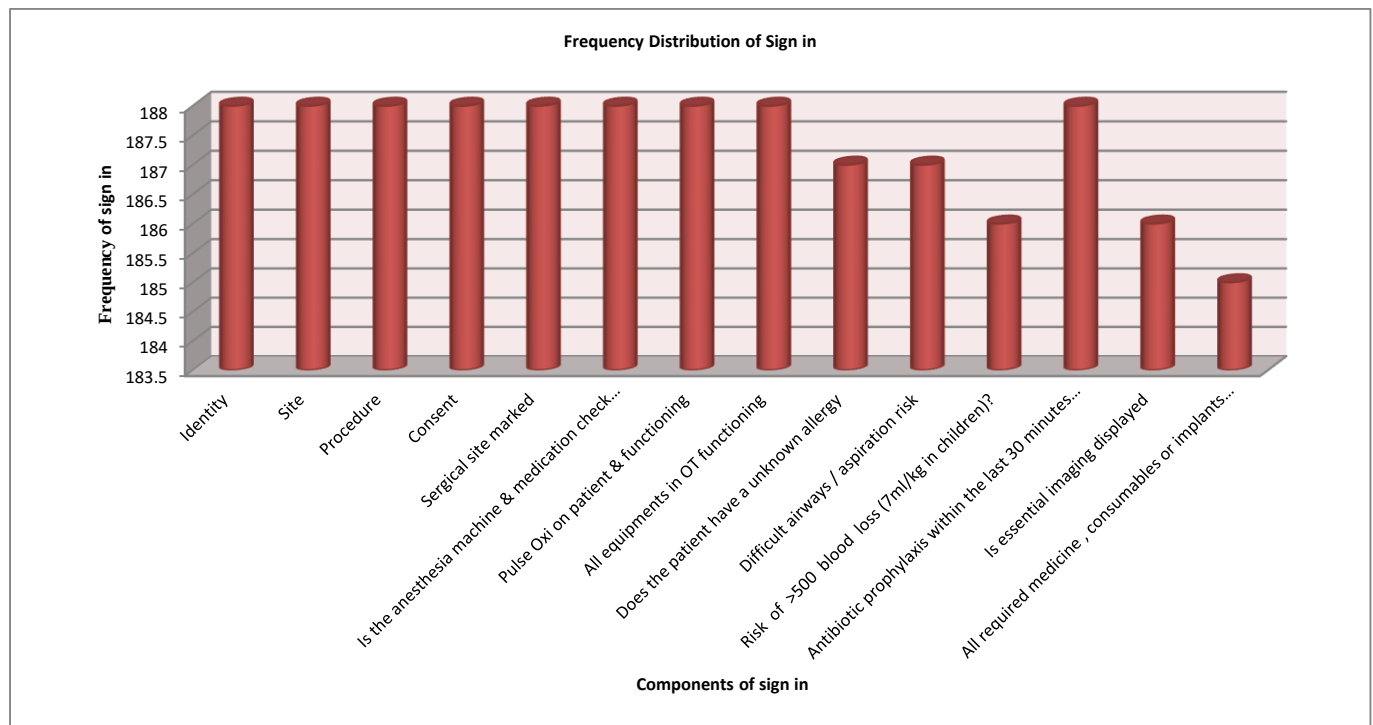


Figure No 1 Showing frequency distribution of Sign in

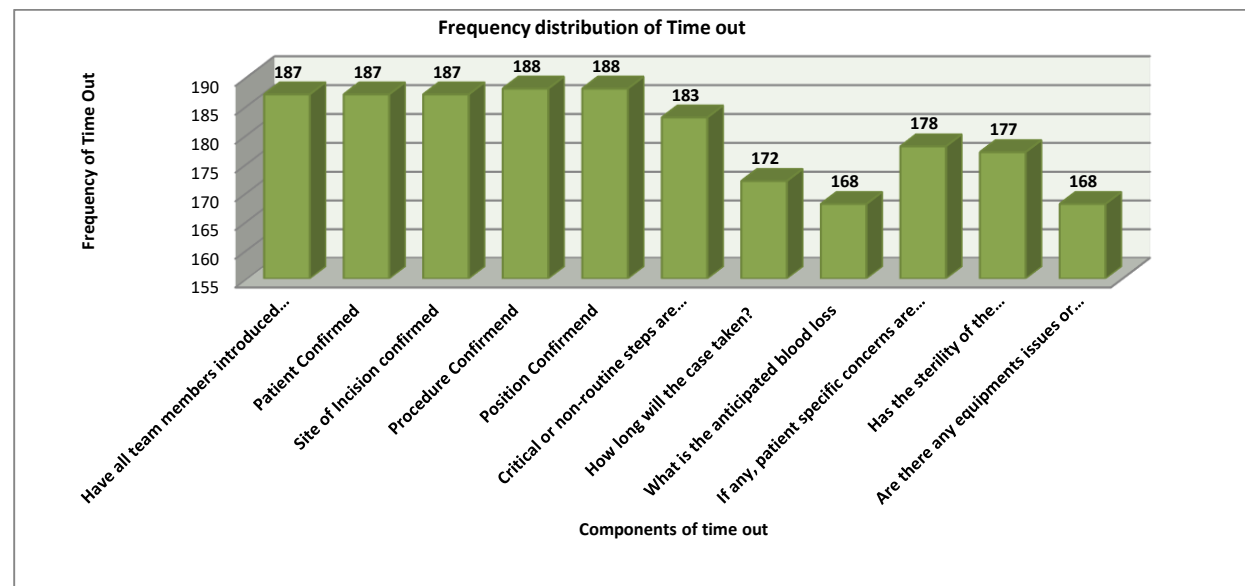


Figure No 2 Showing frequency distribution of time out

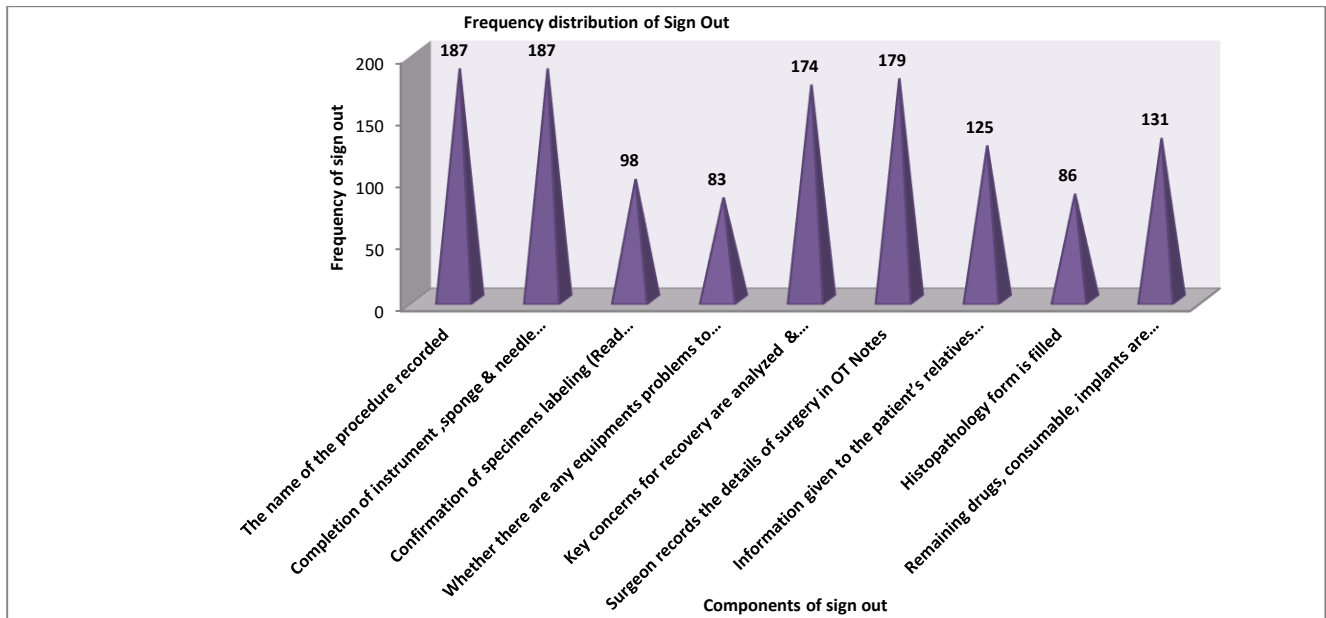


Figure No 3 Showing frequency distribution of Sign

Section II: Assessment of factors affecting on compliance to surgical safety checklist

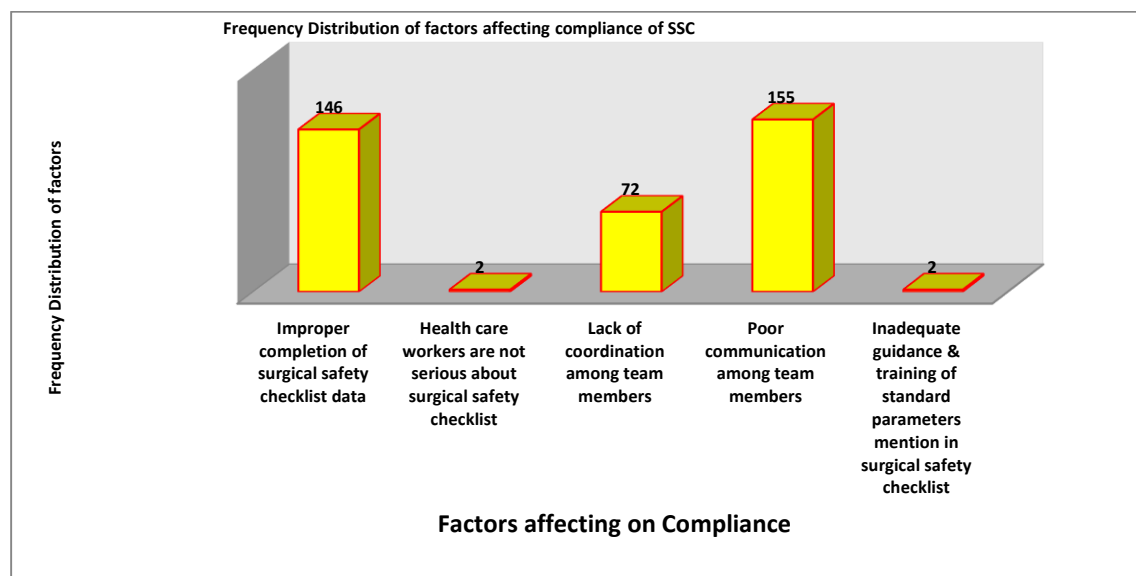


Figure no 4 showing frequency distribution of factors affecting compliance of SSC

Section III: Determine the association between compliance to surgical safety checklist with related factors. Association between compliance to surgical safety checklist with factors resembling to health care worker not serious about surgical safety checklist as a variables. In order to compute the association between implicit variables chi-square was applied and the value was observed with 5% significance level. The obtained chi square value was $\chi^2 = 0.582$ with 1 degree of freedom, statistically not significant with factor as a variable. Association between compliance to surgical safety checklist with factors resembling to lack of coordination among team members as variables. In order to compute the association between implicit variables chi-square was applied and the value was observed with 5% significance level. The obtained chi square value was $\chi^2 = 18.949$ with 1 degree of freedom, statistically significant with factor as a variable.

CONCLUSION:

The SSC involves a multi-team approach, moving through a logical sequence of steps to ensure the safe and uneventful transit of a patient through the operating theatre. To achieve successful implementation and full adherence, it takes time and a change in the safety culture. However, this study found areas for improvement on the process completing the SSC by the surgical team. Congruent with other studies examining attitudes towards a surgical checklist these hospital and patients might not have experienced all the benefits associated with proper implementation of the SSC.

REFERENCES

- 1) Winter Griffith MD , Stephen More , Kenneth Yoder M 01-Mar-2006. Available At: URL: [Http://Books.Google.Co.In/Books](http://books.google.co.in/books): (Cited On 5-11-2012).
- 2) BT Basavanthappa Surgery Is The Art And Science .Available At:URL:[Http://Books Google .Co.In/Books](http://books.google.co.in/books):(Cited On 5-2-2012).[Http://Knowledge.Wharton.Upenn.Edu/India](http://knowledge.wharton.upenn.edu/india):July 01, 2010 In India Knowledge @Wharton: (Cited On 5-11-2012).
- 3) Sanjay K. Bhasin, Rupali Roy, S. Agrawal, And R. Sharma. Indian J Surgery, V.73(2); Apr 2011. Available At: URL: [Http://Www.Ncbi.Nlm.Nih.Gov/Pmc/Articles](http://www.ncbi.nlm.nih.gov/pmc/articles): (Cited On 5-11-2012)
- 4) Hales BM, Pronovost PJ. The Checklist—A Tool For Error Management And Performance Improvement. J Crit Care. 2006;21:231–5.
- 5) Cooper K. Errors And Error Rates In Surgical Pathology: An Pathol Lab Med. 2006;130:607–9.
- 6) Haynes AB, Weiser TG, Berry WR, Et Al. A Surgical Safety Checklist To Reduce Morbidity And Mortality In A Global Population. N Engl J Med. 2009;360:491–9.
- 7) Ginsburg LR, Tregunno D, Norton PG, Mitchell JI, Howley H. (CAN-PSCS) . BMJ QualSaf. 2013;1
- 8) World Alliance for Patient Safety. WHO Guidelines for Safe Surgery. Safe surgery Saves Lives. World Health Organization. Geneva. 2008
- 9) Dinesh HN et al. IntSurg J. 2018 International Surgery Journal Nov;5(11):3640-3643 <http://www.ijurgery.com> pISSN 2349-3305 | eISSN 2349-2902.
- 10) Treadwell JR, et al. BMJ QualSaf 2014;23:299–318. doi:10.1136/bmjqs-2012-001797.
- 11) Amadoru SDS, et al. User related factors in implementation of WHO surgical safety checklist (SSC). DOI: <http://doi.org/10.4038/jrcs.v24i1.65>