Patient Empowerment Impact on the Surgical Safety Checklist

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BACKGROUND

The World Health Organization (WHO) introduced a standard Surgical Safety Checklist (SSC) in 2009. Effectiveness of the SSC hinges on the implementation and execution of the checklist. Reports of impact of SSC:

1. Rate of complications decreased from 11% to 7%.
2. Post-operative complication rates dropped by 36%.
3. In-hospital rate of death decreased from 1.5% to 0.8%.

Results from a Qualitative analysis:

1. Effectiveness of the checklist hinges on coordinated efforts to explain to patients why the checklist is being implemented.
2. Checklist implementation is improved by extensive education regarding SSC use and efforts to explain to patients why the checklist is being implemented.
3. Checklist implementation at other institutions has been met with mixed reactions. Therefore, this project aims to overcome these barriers by involving patients in their own care and informing clinicians of this in-volve.

METHODS

1. The subject population: patients > 18 years, excludes cognitively impaired & non-English speaking patients.
2. On the day of surgery, patients were presented with an information brochure on the SSC and a 5" x 8" card with the Tulane SSC.
3. The back of the card included a statement of confirmation of completion of the SSC signed by the circulator after surgery.
4. The SSC was explained to the patient prior to administration of any opioids, benzodiazepines or any other sedatives.
5. All phases of the SSC were discretely audited by volunteers in the operating room.
6. Postoperatively, the patient responded to 5-question survey that indicated whether they felt safer with the use of a checklist.

AIMS

1. To make the SSC an integral part of our OR.
2. To determine the degree of compliance with all aspects of the SSC.
3. To increase surgical team member compliance with a modified WHO surgical checklist (Figure 1.) in the operating rooms at Tulane Medical Center by empowering patients through increased awareness of the SSC and involvement in the patient safety process to ultimately decrease perioperative morbidity and mortality.

RESULTS

A total of 43 patients were studied in the pilot.

1. Compliance with the SSC was greater in all three sections.
2. Sign In compliance improved from 60% to 82%.
3. Time Out compliance improved from 51% to 71%.
4. Sign Out compliance improved from 14% to 28%.

A statistically significant difference was found in 19 of 26 categories.

33% of patients had heard of a SSC prior to their surgery.

100% of patients felt that the use of the SSC made them feel more comfortable going into their surgery.

DISCUSSION

• Most patients felt that the SSC should be used every time a patient went to the OR.
• Patients will request that a SSC be performed at any future surgery for themselves or their family.
• Patient involvement in the completion of the SSC: May increase surgical team member compliance with the SSC.
• May foster communication in the OR to reduce medical errors decreasing morbidity and mortality.
• Despite empowering patients and educating them on the SSC barriers to complete compliance remain.
• Patient empowerment had a positive impact on SSC compliance. This may be explained by increased awareness, an improved culture of safety, and observer expectancy bias.

CONCLUSION

• Empowering patients to participate in their own care may improve compliance with patient safety efforts and ultimately improve the quality of care.
• Compliance was still significantly less than 100%.
• Ongoing need for improvement.
• Barriers include: completion of the checklist from memory, time restraints, production pressure, non-cooperative physicians.
• Patients felt safer simply knowing the SSC was used.
• Future efforts will include expanded implementation of the Patient Empowerment Initiative.

REFERENCES