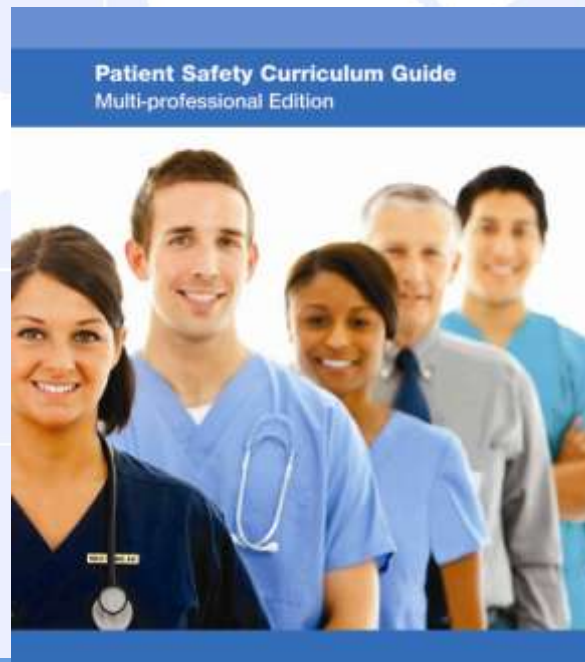


Topic 10

Patient safety and invasive procedures



Learning objectives

To understand

- The main causes of adverse events in surgical and invasive procedural care
- How the use of guidelines, verification processes and teamwork can facilitate the correct patient receiving the correct treatment at the appropriate time and place

Knowledge requirements

- The main types of adverse events associated with surgical and invasive procedural care
- The verification processes for improving surgical and invasive procedures' care

Performance requirements

- Follow verification processes to avoid wrong patient, wrong side and wrong procedure errors (e.g. a surgical checklist)
- Practise techniques that reduce risks and errors (e.g. time-outs, briefings, debriefings, stating concerns)
- Participate in an educational process for reviewing mortality and morbidity
- Actively engage as a team member
- Actively engage with the patient at all times

The main types of adverse events associated with invasive procedural and surgical care

- Poor infection control methods
- Inadequate patient management
- Failure by health-care providers to communicate effectively before, during and after operative procedures

Before Induction of anaesthesia →

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

☐ Yes

Is the site marked?

☐ Yes☐ Not applicable

Is the anaesthesia machine and medication check complete?

☐ Yes

Is the pulse oximeter on the patient and functioning?

☐ YesDoes the patient have a:
Known allergy?☐ No☐ Yes

Difficult airway or aspiration risk?

☐ No☐ Yes, and equipment/assistance availableRisk of >500ml blood loss
(7ml/kg in children)?☐ No☐ Yes, and two IVs/central access and fluids planned

Before skin incision →

(with nurse, anaesthetist and surgeon)

☐ Confirm all team members have introduced themselves by name and role☐ Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

☐ Yes☐ Not applicableAnticipated Critical Events
To Surgeon:☐ What are the critical or non-routine steps?☐ How long will the case take?☐ What is the anticipated blood loss?

To Anaesthetist:

☐ Are there any patient-specific concerns?

To Nursing Team:

☐ Has sterility (including indicator results) been confirmed?☐ Are there equipment issues or any concerns?

Is essential imaging displayed?:

☐ Yes☐ Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms

☐ The name of the procedure☐ Completion of instrument, sponge and needle counts☐ Specimen labelling (read specimen labels aloud, including patient name)☐ Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse

☐ What are the key concerns for recovery and management of this patient?

The verification processes for improving surgical care

- What is a guideline, protocol or checklist
- Guidelines and checklists in surgical care

This checklist is not intended to be comprehensive.
Additions and modifications to fit local practice are encouraged.

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Source: WHO Safe Surgery Saves Lives, 2006 <http://www.who.int/patientsafety/safesurgery/en/index.html> [6].

Practise operating room techniques that reduce risks and errors

- Participating in team briefings and debriefings
- Appropriately sharing information
- Asking questions
- Asserting oneself appropriately
- Stating or sharing intentions
- Teaching
- Managing workload

Surgical mortality and morbidity meetings

- Is the meeting structured?
- Is there an emphasis on education and understanding?
- Is prevention the goal of the discussion?
- Are these meetings considered a core activity?
- Is everyone involved?
- Are juniors, including students, encouraged to attend?
- How are deaths handled?
- Is a written summary of the discussions kept?

Summary

- The value of guidelines
- Health-care professionals need to understand the reasons for the guidelines
- Protocols and verification steps can minimize mistakes in patient identity
- The use if everyday techniques can improve communication and minimize errors