

Enabling scale-up implementation of Patients` Safety Checklist in surgery – investigating implementation mechanisms

HILDE VALEN WAEHLE^{1, 2, 3}, KRISTIN HARRIS^{1, 4}, ANETTE STORESUND^{1,2}, STIG HARTHUG¹, RANDI J. TANGVIK^{1, 5}, ÅSHILD TEIGLAND TEPSTAD^{1, 6}, ANN KRISTIN SANDSBAKK AUSTARHEIM^{1, 7}, ARVID STEINAR HAUGEN^{1, 7} on behalf of the PASC study investigators

¹Department of Anaesthesia and Intensive Care, Haukeland University Hospital, Bergen, Norway,²Department of Research and Development, Haukeland University Hospital, Bergen, Norway,³ Department of Global Public Health And Primary Care, University of Bergen, Bergen, Norway, ⁴Department of Health and Caring Sciences, Western Norway University of Applied Sciences, Bergen, Norway, ⁵Centre for Nutrition, Faculty of Clinical Medicine, University of Bergen, Bergen, Norway, ⁶Department of Clinical Nutrition, Haukeland University Hospital, Bergen, Norway, ⁷Department of Nursing and Health Promotion Acute and Critical Illness, Oslo Metropolitan University, Oslo, Norway

Isqua2024-ABS-3570

ePoster:39a0644

INTRODUCTION

- Patient safety is a cornerstone of quality care delivery.
- Patients are often discarded from developing new safety processes, resulting in missed opportunities for initiative-taking engagement and error prevention.¹
- A checklists for surgical patients (PASC) have been developed, validated, and its feasibility has been evaluated.²⁻⁴
- PASC consists of a PRE- and a POST surgery part.
- For potential patient safety outcomes to materialize, implementation mechanisms need to be identified and effectively addressed during the scale-up implementation process of PASC.

AIM

To investigate implementation enablers from patients' and healthcare workers' perspectives

The overall aim of the PASC study is to investigate the impacts of PASC on patient and implementation outcomes across surgical specialties in Norwegian hospitals, covering:

- Morbidity, mortality, readmissions, length of hospital stay, and patients' experiences
- Malnutrition self-screening prior to admission
- Feasibility of implementation scale-up
- Health economic for patients and society
- Health literacy

PRELIMINARY RESULTS

Identified PASC/ePASC implementation enablers at:

Patient level:

- Justify the use of ePASC - a possibility, not a requirement.
- Ensure ePASC is received at the appropriate time, ideally before surgery.
- Set expectations of ePASC report review and assessment by care providers.
- Healthcare workers should drive the use of ePASC.
- Encourage healthcare workers to promote and discuss ePASC before admission and discharge.

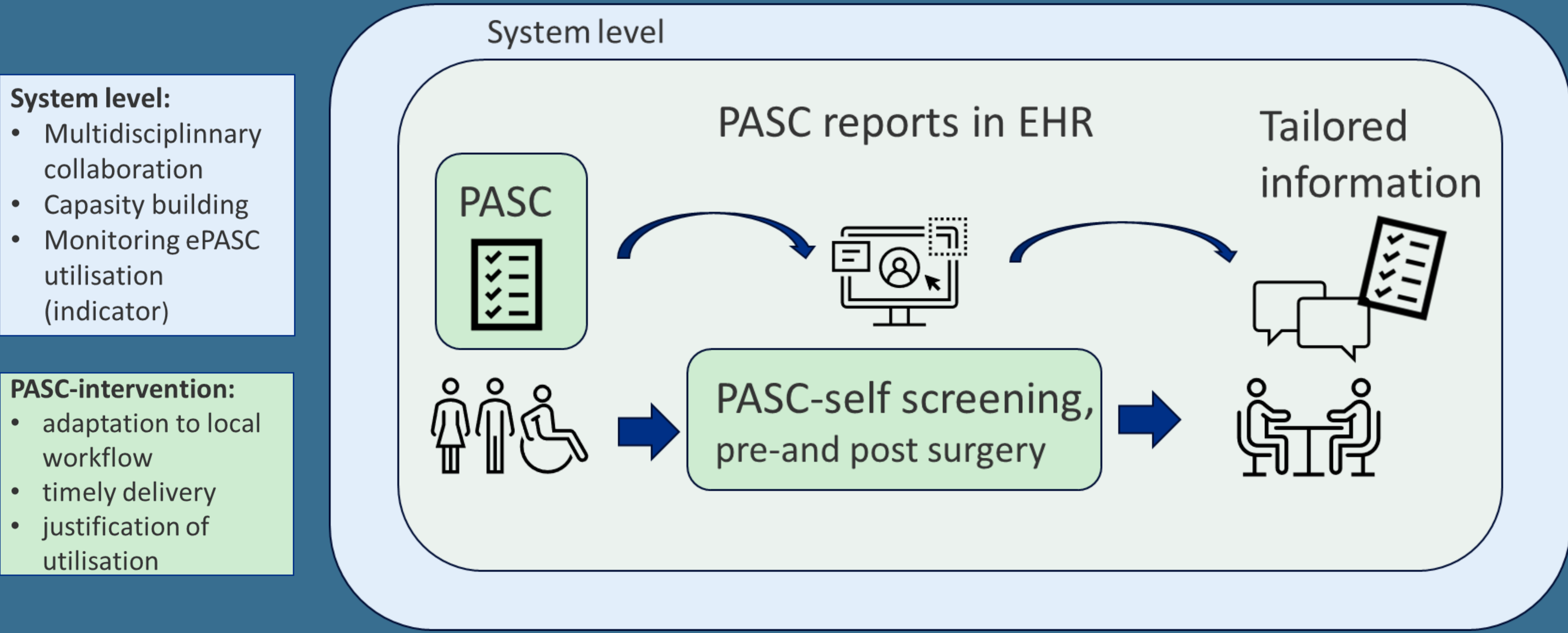
Healthcare Worker (HCW) level:

- Adapt PASC/ePASC items to fit the local workflow.
- Ensure a multidisciplinary approach and collaboration.
- Build capacity at the organizational level for PASC/ePASC implementation.
- Monitor ePASC usage along with performance and quality care indicators



Photo: Katrine Sundt, Haukeland University Hospital 2021

PASC/ePASC implementation enablers across surgical pathways



METHOD

Study design: Stepped Wedge Cluster Randomized Controlled Trial including elective patients from seven surgical specialties from three Norwegian hospitals. Data on implementation enablers were collected from January 2022- March 2024:

Pre-intervention activities:

- Transformation of PASC (paper) to digital version (ePASC)
- Enabling ePASC reports in patients` Electronic HR
- Educational and information stakeholder meetings
- Mapping of roles and responsibilities along the different surgical pathways

Intervention experience interviews (N=69)

- 9 Focus-group interviews with healthcare workers (N= 25)
- 44 Individual in-depth interviews with surgical patients

CONCLUSIONS

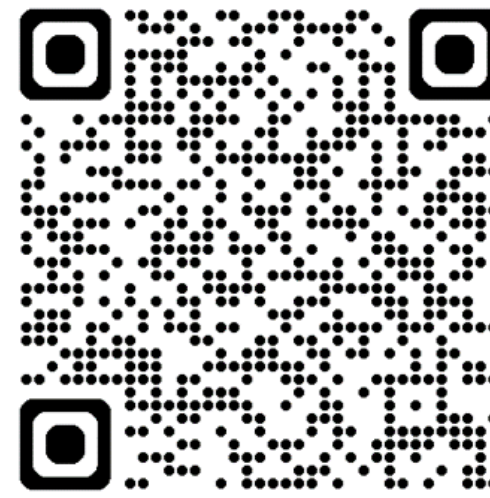
Possible PASC implementation outcomes (measured by):

- Individual patient level:** Degree of patient involvement by PASC/ePASC fidelity (items and parts of PASC utilisation).
- Collaborative level:** Interactive information exchange between patient and care-provider (work process fidelity/ patient satisfaction at individual- and surgical speciality-level).
- System level:** Patient ePASC reports as system feedback to improve organisational learning and improve quality of patient safety information.

ACKNOWLEDGEMENT

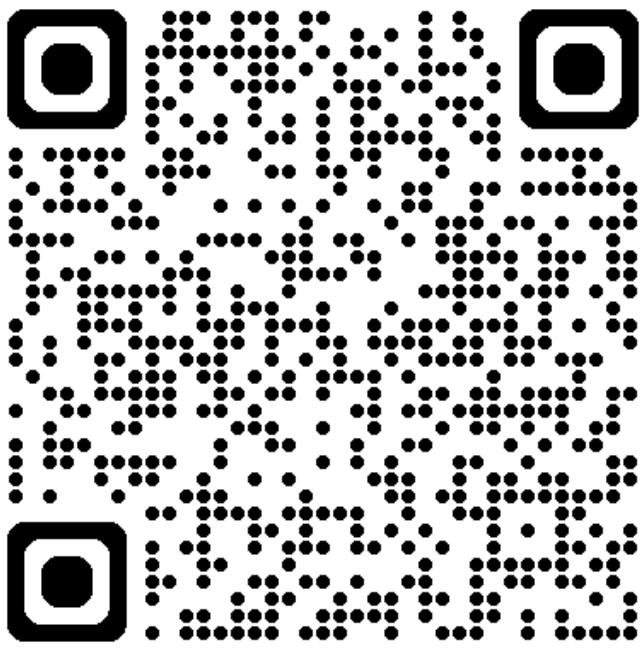
Grateful acknowledgements to patients, healthcare workers, and colleagues at collaborative surgical departments at Helse Førde and Helse Bergen, and our scientific collaborative partners. The study is registered in ClinicalTrials.gov: ID: NCT03105713 and funded by the Norwegian Council of Research: ID: 320475

HELSE VEST HELSE VEST IKT



REFERENCES

1. Harris K, et al. Patients' and healthcare workers' recommendations for a surgical patient safety checklist. *BMC Health Serv Res.* 2020 Jan 16;20(1):43.
2. Harris K, Søfteland E, Moi AL, et al. Development and validation of patients' surgical safety checklist. *BMC Health Serv Res.* 2022; Feb 25;22(1):259. <https://doi.org/10.1186/s12913-022-07470-z>
3. Harris K, Søfteland E, Moi AL, et al. Feasibility of implementing a surgical patient safety checklist: prospective cross-sectional evaluation. *Pilot Feasibility Stud* 9, 52 (2023). <https://doi.org/10.1186/s40814-023-01277-3>
4. Tangvik et al. Is self-screening for 'at risk of malnutrition' feasible in a home setting? *PLoS One.* 2024 Apr 16;19(4):e0299305



PASC checklist

CONTACT INFORMATION

Corresponding author:

Hilde Valen Wæhle
hilde.valen.waehle@helse-bergen.no

Mob: +47 92086090

HELSE BERGEN
Haukeland University Hospital

