

CLINICAL AUDIT: IMPLEMENTING WHO SURGICAL CHECKLIST IN A TERTIARY CARE HOSPITAL

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INTRODUCTION

In 2008, WHO introduced the 19-item Surgical Safety Checklist to improve surgical outcomes through three phases: Sign In, Time Out, and Sign Out. While it reduces complications by up to 30%, consistent implementation remains challenging, especially in resource-limited settings, highlighting the need for focused efforts to ensure adherence

OBJECTIVES

To conduct the closed loop clinical audit on implementation of WHO surgical safety checklist in a tertiary care hospital.

DESIGN

This prospective study examined the implementation of the WHO Surgical Safety Checklist in OB/GYN theatres. The 19-item checklist improves surgical outcomes, but consistent use across key phases remains challenging, particularly in resource-limited settings, highlighting the need for targeted interventions.

METHODOLOGY

60 surgical procedures were observed in OB/GYN operation theatres for WHO SSC implementation. The study was carried out from September 1, 2024, to November 1, 2024. WHO SSC forms were provided in both emergency and elective operation theatres and. Data was analyzed and interventions were carried out by a series of rigorous meetings and discussions with medical and nursing staff. Results were re-audited after two weeks.

CONCLUSION

Implementation of the WHO Surgical Safety Checklist improved after targeted interventions. Training and regular audits enhanced compliance, though some gaps remained. Ongoing education is vital to ensure adherence and reduce surgical errors.

REFERENCES

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RESULTS

After targeted training, compliance with the WHO Surgical Safety Checklist rose significantly from 65% to 90%. The weakest phases, Time Out and Sign Out, saw the largest improvements, increasing to 85% and 92% respectively.

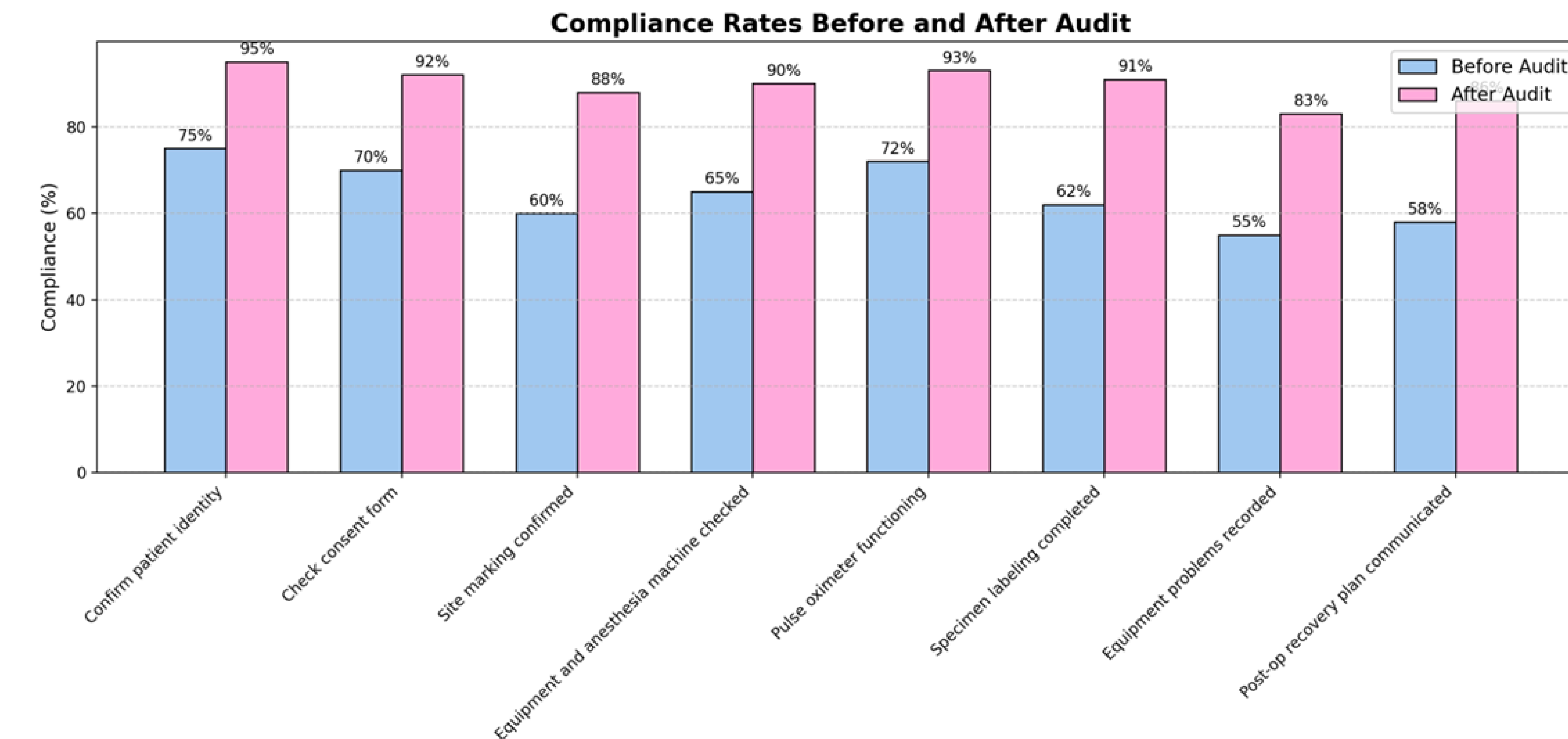
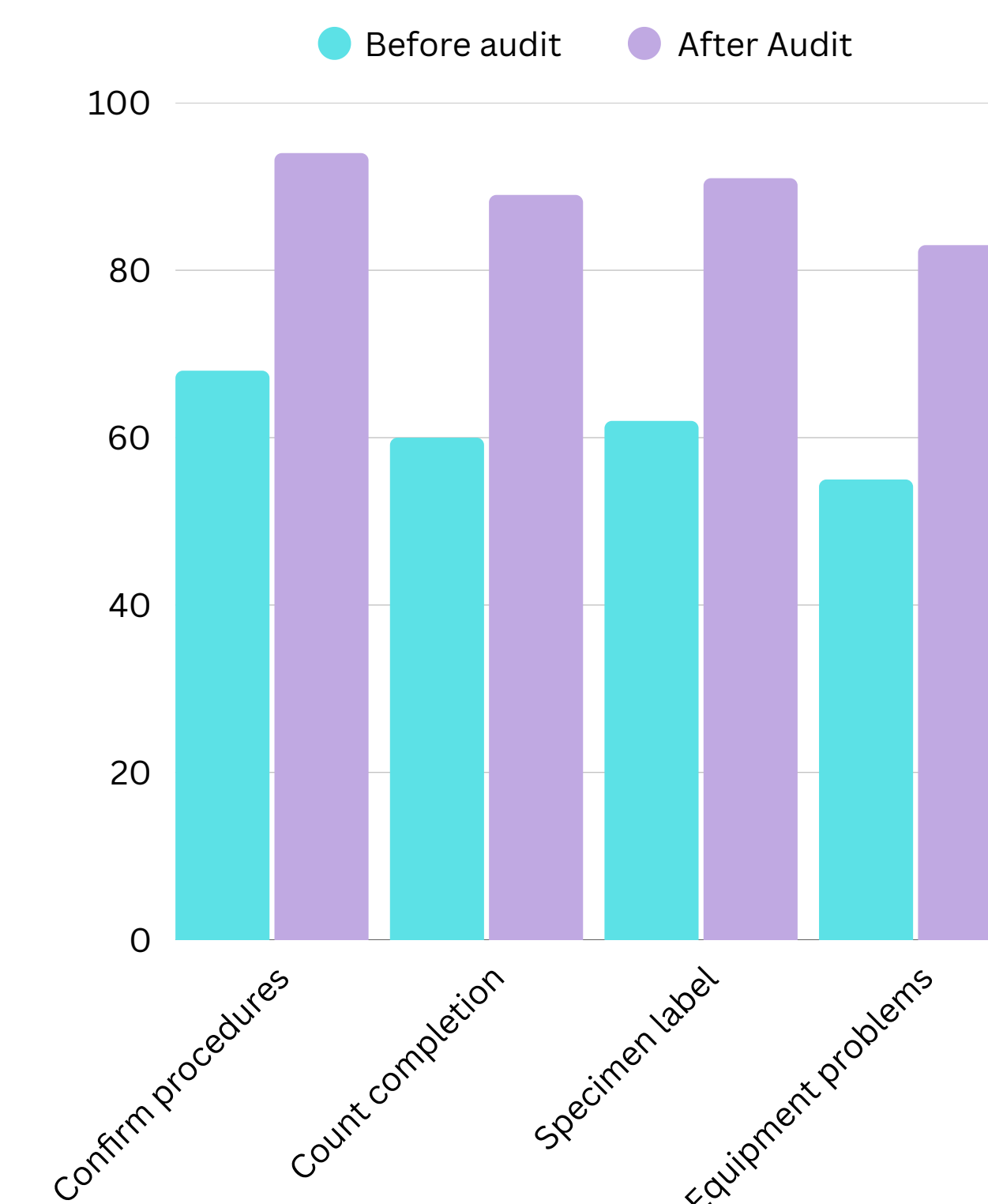
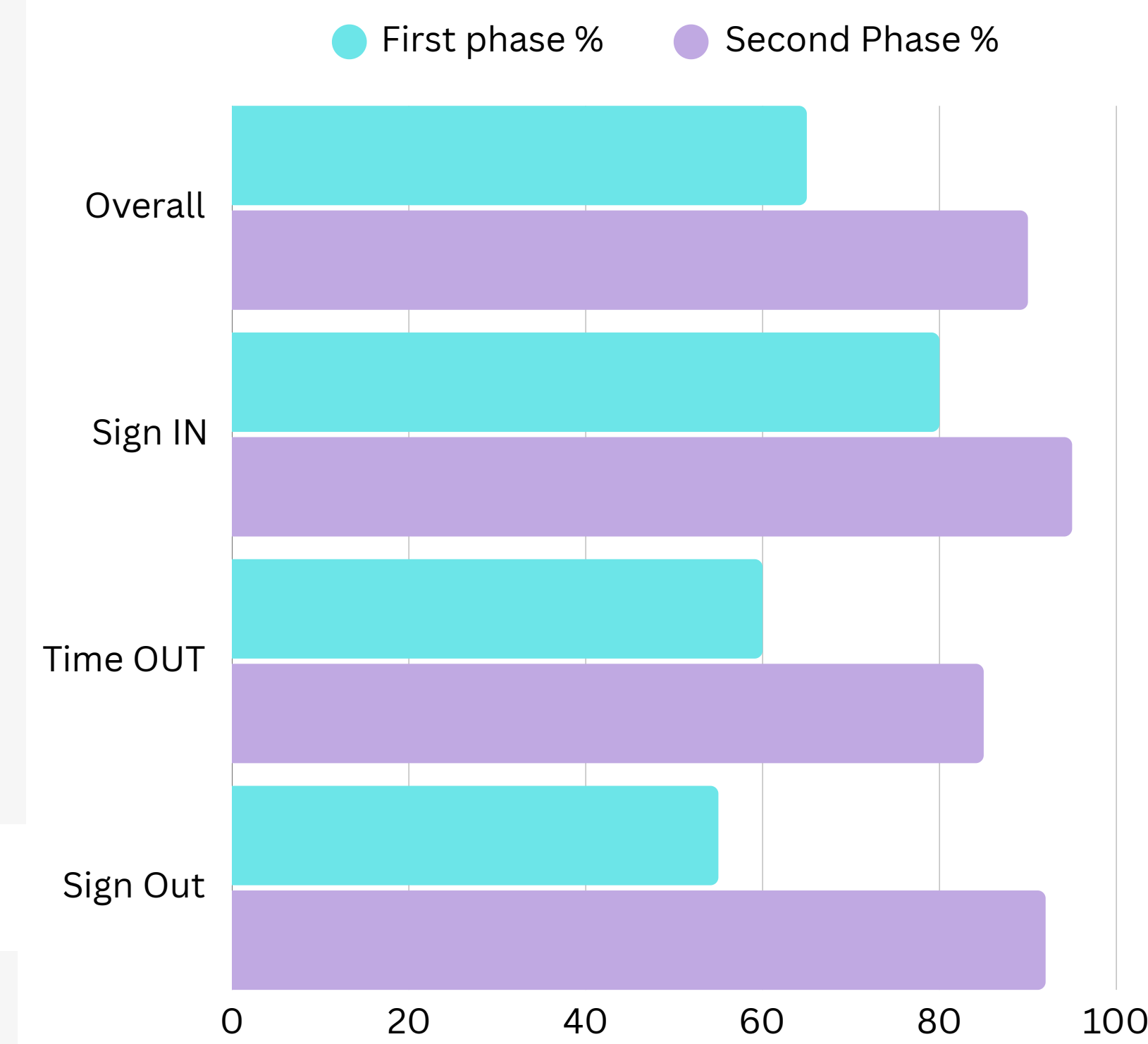


Figure 1: Meeting of SSC at Gynae skill lab



Figure 2: Meeting of SSC at Surgeons room with Anaesthetist, OTAs and Staff Nurses



Figure 3: Checking the SSC at a surgical procedure



Figure 4: completing count at sign out

Surgical Safety Checklist



World Health Organization
a member agency of the United Nations

Patient Safety

Before induction of anaesthesia

(with at least nurse and anaesthetist)

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

☐ Yes

☐ No

Is the site marked?

☐ Yes

☐ Not applicable

Is the anaesthesia machine and medication check complete?

☐ Yes

☐ No

Is the pulse oximeter on the patient and functioning?

☐ Yes

☐ No

Does the patient have a:

Known allergy?

☐ No

☐ Yes

Difficult airway or aspiration risk?

☐ No

☐ Yes, and equipment/assistance available

Risk 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 applicable

Anticipated 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?