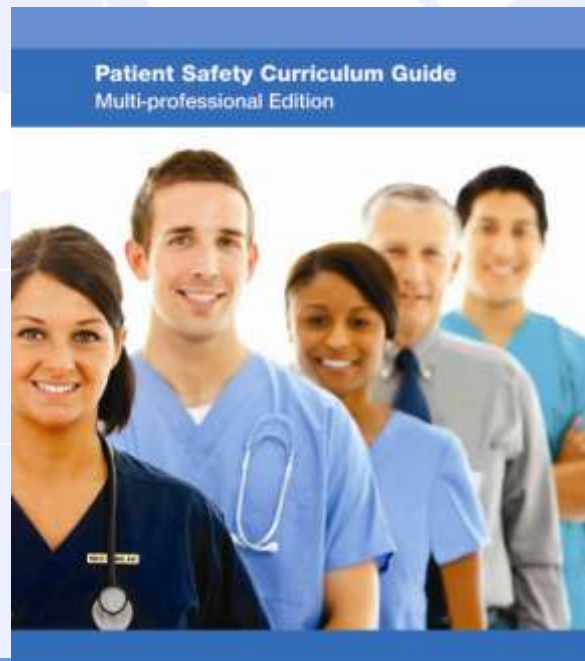


Topic 10

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)	Before skin incision → (with nurse, anaesthetist and surgeon)	Before patient leaves operating room (with nurse, anaesthetist and surgeon)
<p>Has the patient confirmed his/her identity, site, procedure, and consent?</p> <input type="checkbox"/> Yes	<input type="checkbox"/> Confirm all team members have introduced themselves by name and role	<p>Nurse Verbally Confirms</p> <input type="checkbox"/> The name of the procedure
<p>Is the site marked?</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	<input type="checkbox"/> Confirm the patient's name, procedure, and where the incision will be made.	<input type="checkbox"/> Completion of instrument, sponge and needle counts
<p>Is the anaesthesia machine and medication check complete?</p> <input type="checkbox"/> Yes	<p>Has antibiotic prophylaxis been given within the last 60 minutes?</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	<input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name)
<p>Is the pulse oximeter on the patient and functioning?</p> <input type="checkbox"/> Yes	<p>Anticipated Critical Events To Surgeon:</p> <input type="checkbox"/> What are the critical or non-routine steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss?	<input type="checkbox"/> Whether there are any equipment problems to be addressed
<p>Does the patient have a: Known allergy?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>To Anaesthetist:</p> <input type="checkbox"/> Are there any patient-specific concerns?	<p>To Surgeon, Anaesthetist and Nurse</p> <input type="checkbox"/> What are the key concerns for recovery and management of this patient?
<p>Difficult airway or aspiration risk?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available	<p>To Nursing Team:</p> <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns?	
<p>Risk of >500ml blood loss (7ml/kg in children)?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, and two IVs/central access and fluids planned	<p>Is essential imaging displayed?:</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	

The verification processes for improving surgical care

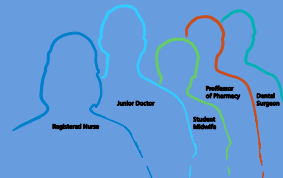
- What is a guideline, protocol or checklist
- Guidelines and checklists in surgical care

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

Revised 1/2009

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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