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QUANG NINH OBSTETRIC AND PEDIATRICS HOSPITAL

**EVALUATION OF THE PERFORMANCE OF SURGICAL
SAFETY CHECKLIST AT DEPARTMENT OF SURGERY IN
QUANG NINH OBSTETRIC AND PEDIATRICS HOSPITAL**

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PURPOSE

Patient safety has now become one of the greatest challenges in the medical field.

Armundo study in the Philippines, the rate of checklist usage was 24 to 100%, the complication rate was 0.38-2.3%. At Johns Hopkins Hospital, Baltimore, USA, the incidence of surgical site infections decreased from 27.3% to 18.2% using the surgical safety checklist

Launching a surgical checklist is a program of the Ministry of Health- At Quang Ninh obstetrics and Pediatrics hospital, there is also a surgical checklist

Evaluate the results of the surgery safety checklist at the Department of Surgery in Quang Ninh Obstetric and Pediatrics Hospital



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METHOD

TIME AND LOCATION OF RESEARCH

- Study site: Department of Surgery in Quang Ninh Obstetric and Pediatrics Hospital.
- Study time: From 01/06/2017 - 30/06/2017

RESEARCH DESIGN

- Descriptive and cross-sectional description of qualitative and quantitative combinations



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METHOD

SAMPLING

614 PATIENTS

FROM 01/6/2017 to 30/6/2017

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METHOD

QUALITATIVE

01 HOSPITAL LEADER

01 HEAD OF SURGERY DEPARTMENT

01 CHIEF NURSING OF SURGERY DEPARTMENT

03 SURGEONS

04 NURSES



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METHOD

STEP I

Collection of quantitative data according to the surgical safety checklist

STEP II

Interview :

- Hospital leader
- Surgeons
- Anesthesiologist
- Nurse

STEP III

Analyzing data:

- Data entry using Epidata software 3.1
- Data analysis using SPSS software 18.0

RESEARCH GEOGRAPHY

This study was approved by the Hospital Science Council on 15/01/2017

Participants are entirely voluntary and have the right to withdraw from study when they do not want to participate in the study

The information relating to the study participants is confidential and is only for research purposes



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METHOD

Evaluate the use of the surgical safety checklist at the hospital

"Some emergency patients need immediate surgery, which makes it difficult to use the surgical checklist." (Doctor)

"Many cases of surgery, surgeons and anesthesiologists have not fully tested the surgical checklist as required. The content of the test is still very sketchy, not serious "(Nurse).



The checklist is not completed immediately due to the fact that the evaluator has not volunteered (due to pressure or job requirements). For emergency patients, surgery should be performed immediately, so checklist performance is often not sufficiently performed or performed after surgery.



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METHOD

Evaluate the use of the surgical safety checklist at the hospital

"In fact, when doing this checklist, most anesthetists' work is done by nurses and when the nurse detects an abnormality, it is reported to the doctor." (Nurse)



Awareness in performing safety checklist in some staff is not high. The nurse does the checklist instead of the doctor.



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METHOD

Evaluate the use of the surgical safety checklist at the hospital

"The surgical safety checklist is filled in with information from the time the patient enters the ward until the patient leaves the clinic." (Doctor)

Most of the interviewees said that the surgical safety checklist was designed to be well-suited to the surgical procedures that help to control all procedures.

The use of a surgical checklist helps shorten the time it takes to record medical records, which helps medical staff spend time in the care of patients before, during, after surgery.



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METHOD

Evaluate the use of the surgical safety checklist at the hospital

"Some items in the surgical safety checklist are not suitable for pediatric patients. In many cases, health workers do not communicate directly with the patient, but only through the patient's family." (Nurse)



Some of the content does not really fit the characteristics of the hospital



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RESULT

Evaluation using the surgical safety checklist

Classification of surgery	Emergency surgery		Programmatic surgery	
	n	%	n	%
Special surgery	2	0.3	18	2.9
Type 1 surgery	111	18.1	143	23.3
Type 2 surgery	182	29.8	138	22.5
Type 3 surgery	4	0.7	16	2.6
Sum	299	48.7	315	51.3

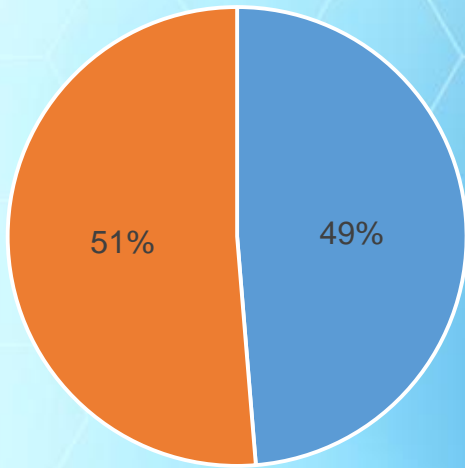


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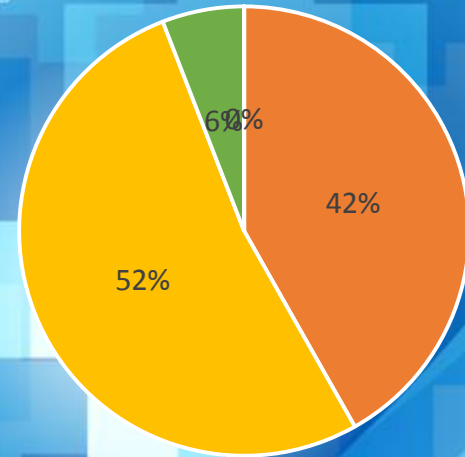
RESULT

Evaluation using the surgical safety checklist

CLASSIFICATION OF SURGERY



- Emergency surgery
- Programmatic surgery



- Type 1 surgery
- Type 2 surgery
- Type 2 and special surgery



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RESULT

Evaluation using the surgical safety checklist

Medical records and patients		n	%
Identify the right patient	Yes	614	100
	No	0	0
	Sum	614	100
Have written consent for surgery	Yes	614	100
	No	0	0
	Sum	614	100
Determine the surgical method	Yes	614	100
	No	0	0
	Sum	614	100
Prepare surgical area	Yes	601	97.9
	No	13	2.1

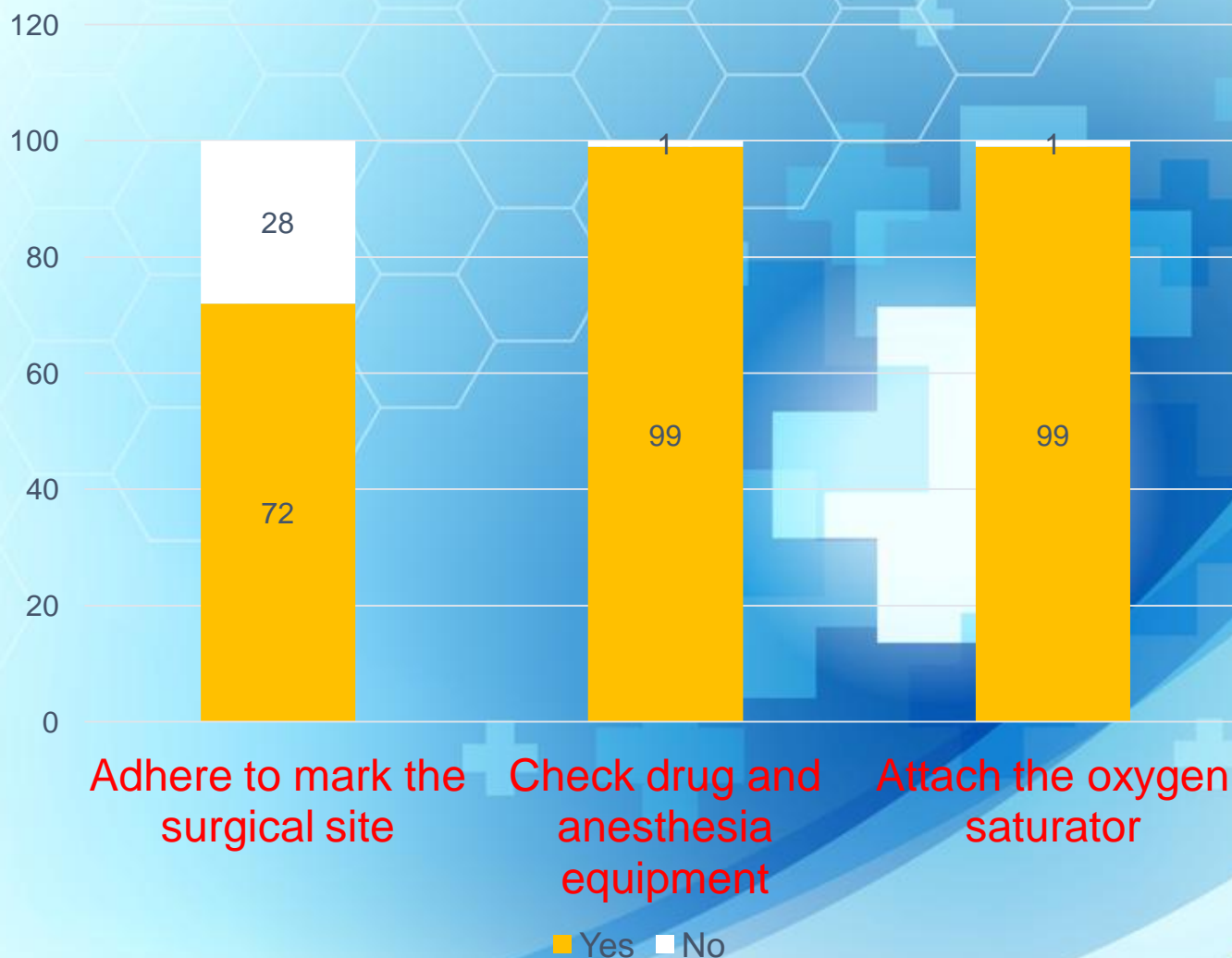
100% of the surgeries identified the patient, have records of surgery, surgical methods. 2,1% of patients were not prepared for surgery.



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RESULT

Evaluation using the surgical safety checklist





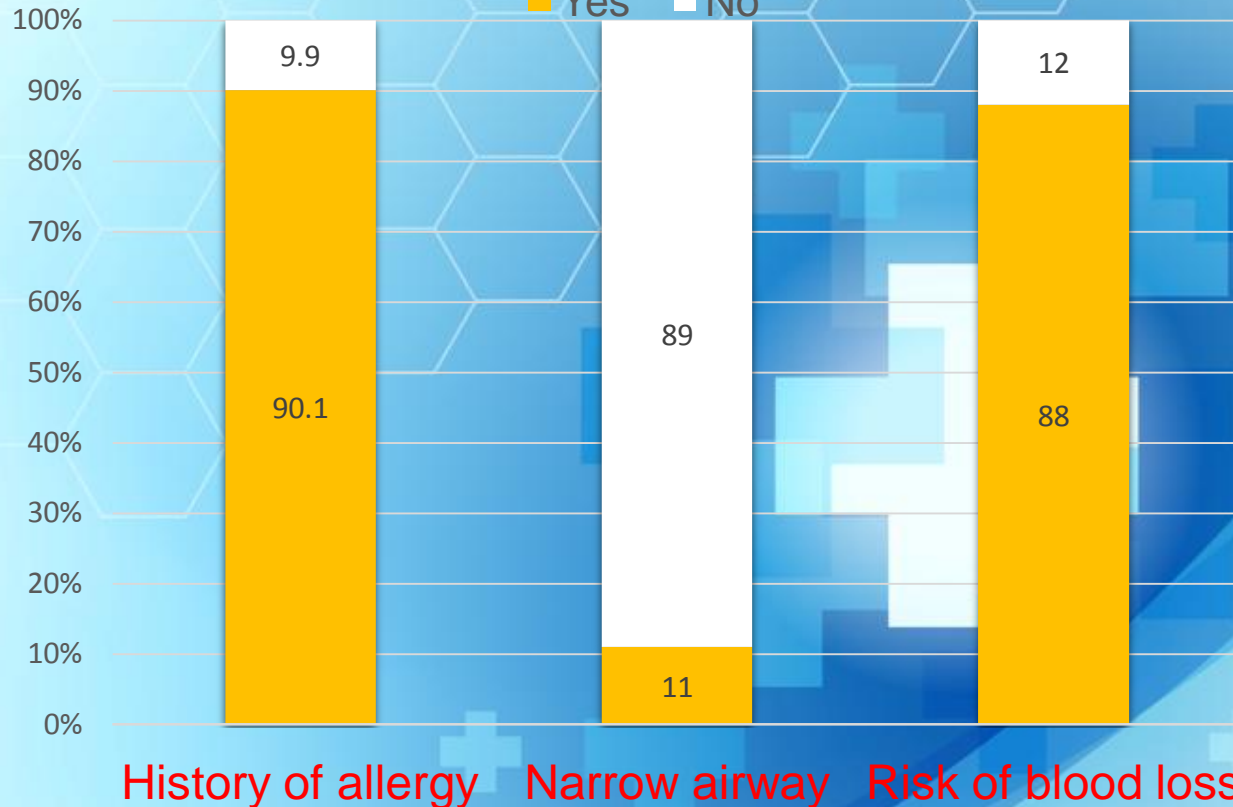
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RESULT

Evaluation using the surgical safety checklist

PATIENT INFORMATION

■ Yes ■ No



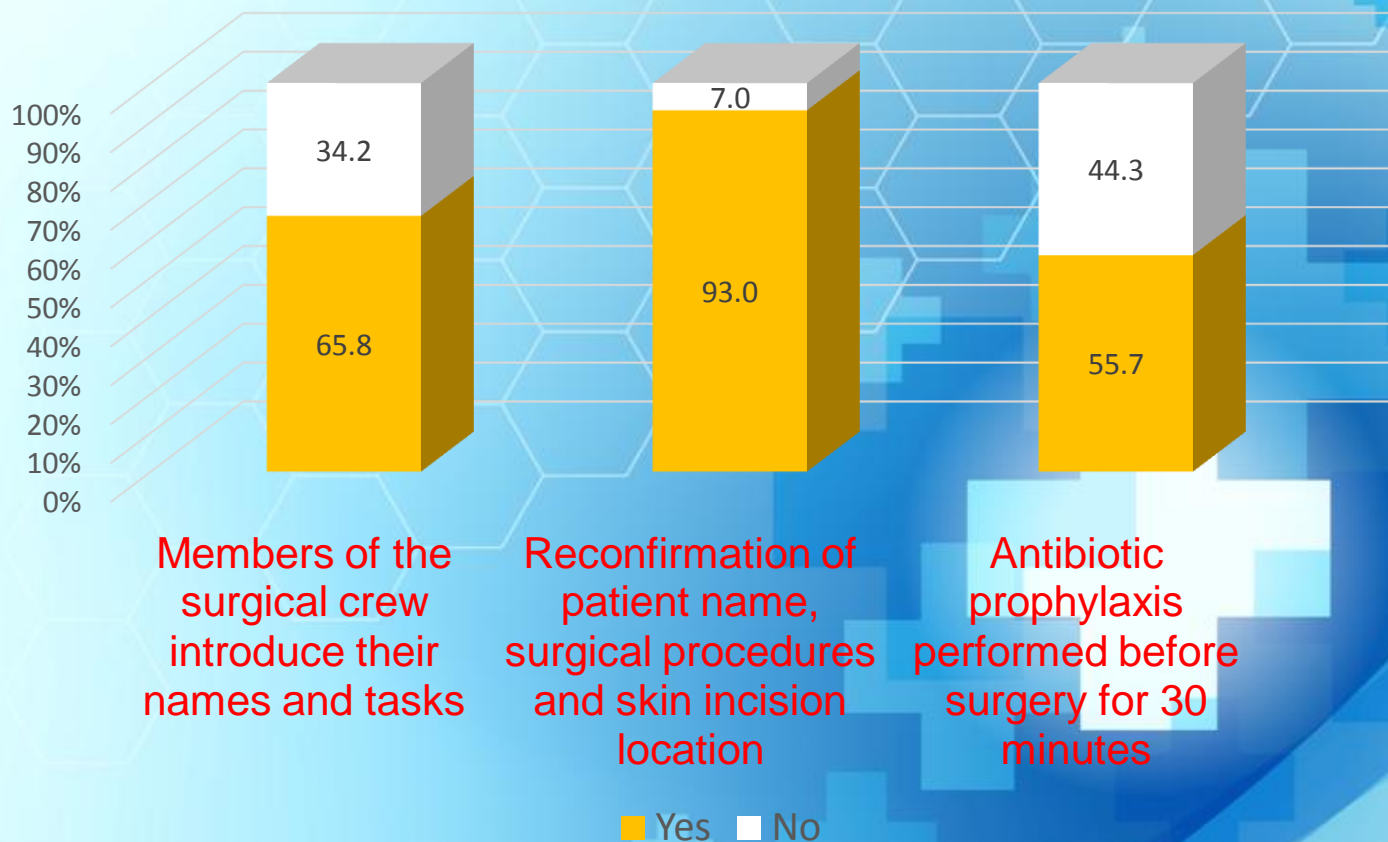
90.1% of patients were asked for a history of allergy. Through the assessment of patients before anesthesia, patients were thoroughly explored in the history of the disease, the risks involved.



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RESULT

Evaluation using the surgical safety checklist



Prior to skin incision, 34.2% of surgical staff members did not introduce their names and tasks before surgery. In 93% of patients, the patient's name, surgical procedure and skin incision were confirmed. 44.3% did not perform the prophylactic antibiotic before surgery for 30 minutes



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RESULT

Evaluation using the surgical safety checklist

Expected before incision of the surgeon		n	%
Abnormalities can occur	Yes	107	17.4
	No	507	82.6
	Sum	614	100
Time of surgery	Yes	483	78.7
	No	131	21.3
	Sum	614	100
Blood loss	Yes	145	23.6
	No	469	76.4
	Sum	614	100



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RESULT

Evaluation using the surgical safety checklist

Pre-anesthesia assessment by anesthetist		n	%
Special issues for patients to pay attention	Yes	55	9
	No	559	89
	Sum	614	100

Identify possible problems and prevent possible complications in anesthesia. (Before anesthesia, the anesthesiologist assesses the patient for problems such as Malapati, gastric ulcer, abnormal ECG, factors affecting the patient during anesthesia). In 614 surgeries, the anesthetist diagnosed 55 patients (9%) with abnormalities.



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RESULT

Evaluation using the surgical safety checklist

Nurse confirmed before incision		n	%
Confirm the tools and facilities to ensure sterility	Yes	614	100
	No	0	0
	Sum	614	100
Check the gauze and instruments	Yes	594	97
	No	20	3
	Sum	614	100
Is there a problem with the device (quality)	Yes	51	8.3
	No	563	91.7
	Sum	614	100

Nurses determine the tools and facilities to ensure sterility before incision is 100%. Nurses tested gauze and tools accounted for 97%, and 8.3% of equipment is not satisfactory.



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RESULT

Evaluation using the surgical safety checklist

Verbal nurse identification		n	%
Complete check: needles, gauze, instruments	Yes	606	98.7
	No	8	1.3
	Sum	614	100
Labeling samples: Read out loud the labels Check name of patient	Yes	500	81.4
	No	114	18.6
	Sum	614	100
Is there a problem with the equipment to be solved?	Yes	23	3.7
	No	591	96.3
	Sum	614	100
Take note main issues of resuscitation and care of patients after surgery	Yes	594	97
	No	20	3
	Sum	614	100

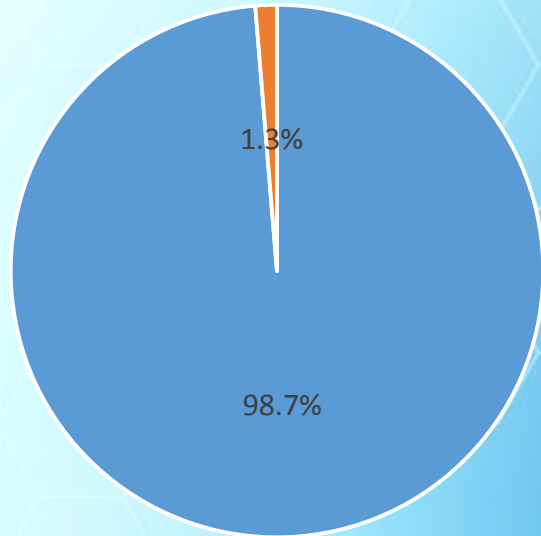


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RESULT

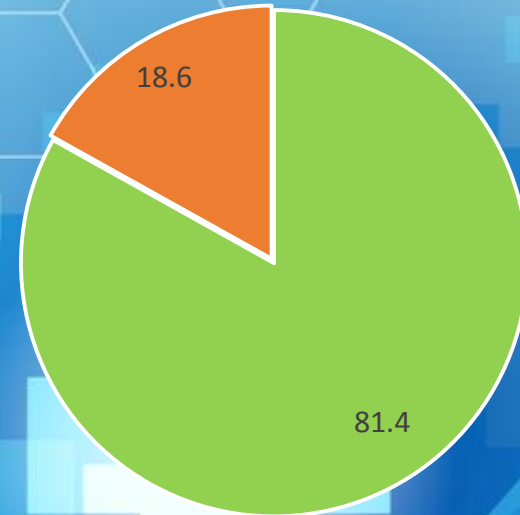
Evaluation using the surgical safety checklist

CHECK GAUZE, NEDLES, EQUIPMENT



■ Complete ■ Failed to complete

READ OUT LOUD THE LABELS, CHECK NAME OF PATIENT



■ Regulatory compliance ■ Non-compliance regulations

The nurse completed the examination of gauze, needles, tools before closing the wound accounted for 98.7%. 18.6% did not strictly follow the regulations to read labels and patient names



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CONCLUSION

The assessment shows that the hospital has good control information related to patients before and during surgery.

Anesthesia nurses have well prepared drug control and anesthesia equipment

Mounting of oxygen saturation equipment is fully implemented



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CONCLUSION

Patients were thoroughly questioned about the history of the disease

Perform well identification of the sterility of instruments and vehicles

The surgical site markings were lower than the others due to the fact that some types of surgery were unable to perform surgical site marking.

The introduction of names and tasks of surgical crews is difficult due to the particularity of the hospital with pediatric patients.



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RECOMMENDATION

Ministry of Health:

- Implementing the surgical checklist is one of the criteria for assessing the quality of hospital operations.

Hospital:

- Modify some items in the surgical safety checklist to suit the actual situation. Strengthen the inspection and supervision of the quality management department of the implementation of the check list.

THANK YOU!

