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Surgical safety checklist: challenges & the way out

Abstract

Surgery is at the pinnacle of today's health care system. It is the only intervention that alleviates pain, disability and decreases the risk of death from common conditions. While surgeries are expected to save lives, negligence in carrying out them can cause substantial harm to the patients. Most adverse events reported from hospitals take place in the operating room (OR). Among these mishaps that take place in the OR, 40% were preventable, if the standard of care were used. One million patients die due to preventable surgical complications every year. WHO reports that the reported crude mortality rate after major surgery is 0.5-5%; complications after inpatient operations occur in up to 25% of patients; in industrialized countries, nearly half of all adverse events in hospitalized patients are related to surgical care; at least half of the cases in which surgery led to harm are considered preventable; mortality from general anaesthesia alone is reported to be as high as one in 150 in some parts of the world. Even with these data available, the need for SSC is unrecognized especially among the surgical providers in the rural parts of our country. A Checklist helps the surgical team to follow certain steps that ensures safety and diverts danger from patients. The 19-item checklist provides set of items that ensure patient safety and team communication. In 2009, the World Health Organization (WHO) published the Surgical Safety Checklist (SSC) as part of their Safe Surgery Saves Lives campaign. It was developed by WHO with the aim to decrease errors and adverse events and increase teamwork and communication in surgery. Over the years, this 19-item checklist has shown reduction in both morbidity and mortality among surgical patients and is now used by most of the surgical providers all over the planet. Though the checklist has improved surgical outcomes, many health-care providers are hesitant in implementing it in their everyday practice. Right utilization of this form can transform surgical care.

Biography:

Anita Kiruba Jeyakumar was completed her BSc Nursing at College of Nursing, CMC in 2004. She served as a Nursing Tutor/ Charge Nurse for 7 years at CMC, Vellore. Later she Completed MSc Nursing at College of Nursing, CMC, Vellore in 2011 and as a Nurse Manager Operating rooms for 8 years, CMC, worked in Internal Quality Assurance Cell, Co-Ordinator (IQAC)- Accreditation of the College NAAC for 2 years. She was awarded a research fellowship to Kansas University Medical Centre (KUMC), USA – Spent 5 months at KUMC, involved in conducting two research studies in the USA in 2016. She was awarded the Redford Fellowship by KUMC, Kansas, and USA for 4 weeks- August 29th, 2022- September 23rd, 2022- PACU and OR related.



Dr Anita Kiruba Jeyakumar,
College of Nursing, Christian Medical
College, Vellore in India

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