CHAPTER: 12

A PROJECT REPORT ON DOCUMENTATION COMPLIANCE OF OPERATION THEATER CHECKLIST

¹Sandeep Verma
Student, IIHMR University

²Dr. Anoop Khanna
Professor, IIHMR University

INTRODUCTION

Accreditation preparation for the Operation Theater is particularly challenging due to its complex nature, involving multiple critical functions and various categories of staff. Additionally, the infrastructure of the Operation Theater plays a crucial role in accreditation readiness. To assist in this preparation, a checklist has been devised based on commonly observed elements during NABH assessments and standards across different chapters [3].

However, there is a potential drawback associated with the checklist, as participants expressed concerns that it might divert attention away from the patient. Most patients were perceived to view the checklist as a safety measure, while others may not notice its use. Nevertheless, there was apprehension that some patients, particularly those who were anxious or required close attention, might feel neglected on the operating table while healthcare personnel focused on the checklist.

Participants addressed this issue by avoiding turning their backs to the patient during checklist review and conducting much of the checklist before the patient's arrival, especially when special attention was needed. Some participants proactively informed patients about the checklist in advance, likening its use to the way pilots employ checklists before takeoff. Participants emphasized that, when the checklist did not compromise the focus on the patient, they believed that most patients had a positive experience with its implementation [1,2].

RESEARCH OBJECTIVES

To evaluate the documentation compliance in the operation theatre, and to gauge the adequacy and thoroughness of the checklist within the hospital's operation theatre, with the aim of providing recommendations for enhancing safety in the hospital environment.

RESEARCH METHODOLOGY

To assess the compliance rate in operation theatre documentation files, a standard checklist was employed to identify both compliance and

non-compliance. The study, conducted from February 3, 2019, to May 3, 2019, utilized a structured closed-ended questionnaire for the assessment. Data analysis was carried out using an Excel sheet. A total of 80 files were selected from the operation theatre for auditing the compliance of operation theatre documentation. In the majority of parameters, a 100% compliance rate was observed in the documentation, while some parameters exhibited a non-compliance rate of 0% with the operation theatre documentation.

RESULTS & DISCUSSION

Comprehensive local expert interviews revealed that the application of the checklist was influenced by individual, procedural, and contextual variables. Facilitating factors included well-informed specialists advocating for the Checklist, along with teams dedicated to both the intended process and content of the checklist. Conversely, hindering factors such as staff insecurity, a generally negative attitude towards the checklist, a lack of teamwork, and hesitance to complete the checklist were identified.

The checklist's application underwent evaluation through 104 on-site observations, consisting of 72 Team Time Out (TTO) and 32 Team Sign Out (TSO) sections. Adherence to the protocol ranged from 96 to 100% in TTO and 22% in TSO, respectively. The limited implementation of TSO was primarily attributed to the absence of a key OR team member, who was either engaged in other tasks or no longer present in the operating room.

CONCLUSION

The research highlights factors that support or impede the consistent utilization of the WHO surgical safety checklist, including individual, procedural, and contextual aspects. Additionally, it emphasizes the consistent and accurate application of the Team Time Out (TTO), contrasting with the frequent omission or incomplete use of the Team Sign Out (TSO), primarily due to the unavailability of key operating room team members during sign-out time.

REFERENCES

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