



CIBOSURG

Quality aspects of performing the WHO SSC – what do we need to know?

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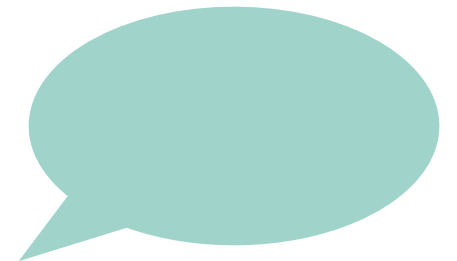
World Health Organisation Surgical Safety Checklist (WHO SSC)

- «Surgical Safety Checklist» as a tool to improve:
 - team communication and
 - continuity of care in the OR.
- WHO's Safe Surgery Saves Lives program (2007-2008)
 - 8 hospitals in 8 countries
 - Data collection before (N = 3'733) and after (N = 3'955) implementation of the SSC
 - Reduction of mortality rate from 1.5% to 0.8% (p=0.003)
 - Reduction of complication rate from 11% to 7% (p<0.001)



Experiences with WHO SSC

- Implementation as the main challenge
 - What is behind the checklist? Ideally a change in culture and behavior.
- Possible facilitators
 - Slow implementation, start with pilot phase to spread a positive seed
 - Create a sense of ownership and autonomy
 - Adapt the SSC to the environment (e.g. board on the wall)
 - Distribute the responsibility among all involved disciplines



Quality of performance

- Compliance *and* quality of performance are essential for success of the SSC.
- Measuring instruments:
 - Checklist Usability Tool (CUT): time-out und sign-out
 - WHO Behaviourally Anchored Rating Scale (WHOBARS): all 3 phases, developed with WHO SSC experts with a Delphi process.
 - «Compliance mit der chirurgischen Checkliste» (COM-Check)



WHO BARS

- What does WHO BARS comprise of?
 - Five behavior-specific domains
 - Scale ranging from 1-7, quality categories: poor (1), average (4), excellent (7)
 - Effective and ineffective examples
 - Score indicating overall quality and behavioral domain in need of improvement
- Why WHO BARS in the CIBOSurg project?
 - Comprises all phases of the SSC
 - Before / after measures for comparisons
 - Rigorously developed and validated instrument
 - High internal consistency and user-friendly



WHO BARS: 5 behavioral domains

1. Setting the stage: readiness

- The sign-out is initiated appropriately.

2. Team engagement: devoted attention

- All team members participate in the sign-out process in an engaged and attentive manner supportive of the process.

3. Communication, activation

- Activation of all individuals using directed communication and demonstrating inclusiveness by encouraging participation in the process.



WHO BARS: 5 behavioral domains



4. Communication, problem anticipation

- Critical patient information is reviewed and matters of concern are discussed and addressed appropriately.

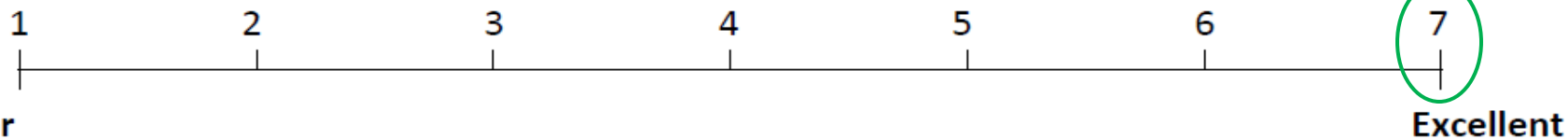
5. Communication, process completion

- Key safety processes and procedures are reviewed and verified as completed or addressed appropriately if not.

1. Setting the stage



- ✓ Appropriate time (before suture, main surgeon still present)
- ✓ Someone says: «Sign-out, please»
- ✓ Everyone is ready and able to pay attention
- ✓ Motivational and encouraging tone



2. Team engagement



- ✓ Everyone is still present
- ✓ Everyone is attentive and not busy with other activities
- ✓ There are interactions (e.g. observations are shared, questions are asked)

1

2

3

4

5

6

7

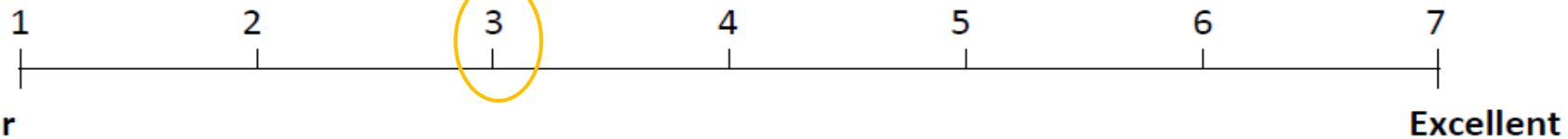
Poor

Excellent

3. Communication, activation



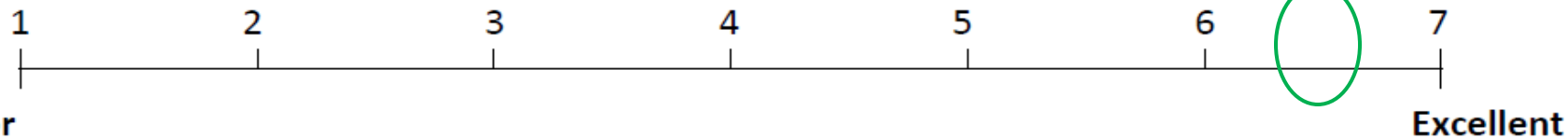
- Everyone is involved
- There are verbal or non-verbal requests to be involved (e.g. people are addressed directly or looked at)
- The atmosphere is appreciative and encouraging



4. Communication, problem anticipation



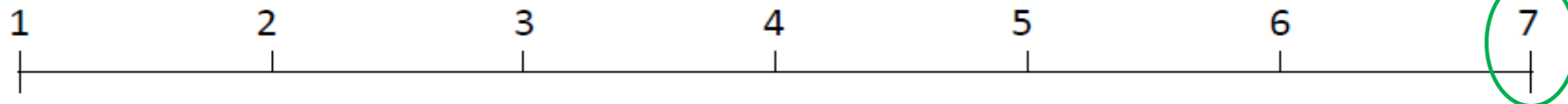
- ✓ Concerns are addressed in the team
- ✓ Potential problems are anticipated
- ✓ Points raised are adequately addressed



5. Communication, process completion



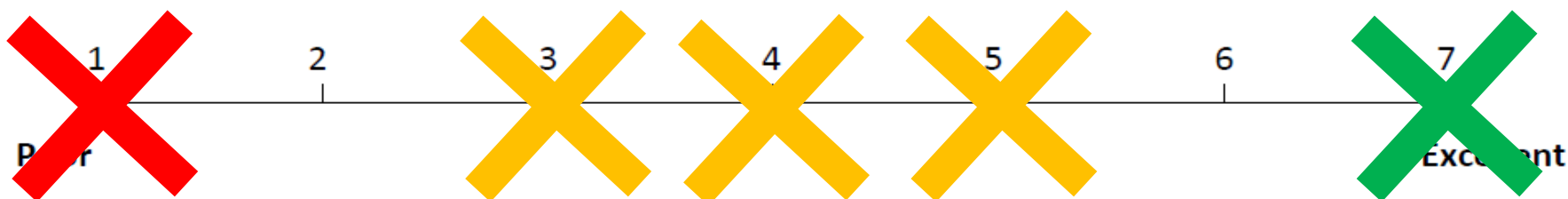
- Count (instruments, cloths, etc.) is carried out and checked
- Correct labeling of samples is checked
- If not: the team reacts accordingly



Poor Excellent

Conclusion

- Compliance and quality of performance essential to achieve reduced mortality and complication rate
- WHO BARS is a solid instrument to measure the challenging aspect of quality of performance
- Not all situations are clear to rate from 1-7, which emphasizes the importance of the quality categories:



Thank you for your attention



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