A PROJECT REPORT ON DOCUMENTATION COMP LIANCE OF OPRATION THEATER CHECKLIST

Presented by: Sandeep verma

Roll no: 0816

MBA Hospital And Health Management 23

Introduction

- One of the most difficult areas to prepare for accreditation is Operation Theater It's a complex department where multiple critical functions happen and many categories of staff are involved. Besides, infrastructure of OT is also very important for accreditation preparation. Based upon commonly observed things during NABH assessments and standards & objective elements under different chapters, here is a checklist that can be used for preparing OT for accreditation
- Participants thought most patients regarded using the checklist as a safeguard or did not notice its use at all. However, there was concern that some patients might become anxious when the checklist was consulted, and that patients who were nervous or needed close attention might feel left alone on the operating table while the health care personnel concentrated on the checklist. One participant speculated that stressed patients might think
- To reduce these problems, participants reported that they avoided turning their backs to the patient when reading the checklist. Furthermore, when patients needed special attention, the participants conducted much of the checklist before the patient arrived some participants said they informed patients of the checklist in advance. One nurse told patients that a checklist would be used in the same way that pilots use them before takeoff. Participants emphasized that they believed that most patients would have a positive experience with the checklist when the focus on the patient was not compromise
- Nurses found that introduction of the checklist interrupted their streamlined pre-induction workflow and caused stress to both the patients and themselves, especially when the physician rushed into the OR and immediately started reading the checklist. The checklist was also said to cause redundant checks by the nurse and the physician. Those problems were reported to occur initially, but diminished over time, as physicians and nurses became accustomed to the checklist and managed to integrate it into their normal working routine. It was also a common experience that the workflow went more smoothly after the involved personnel were able to decide how the checklist should be read

- A surgical safety checklist is a patient safety communication tool that is used by a team of operating room professionals (nurses, surgeons, anaesthesiologists, and others) to discuss important details about each surgical case.
- In many ways, the surgical checklist is similar to an airline pilot's checklist used just before take-off. It is a final check prior to surgery used to make sure everyone knows the important medical information they need to know about the patient, all equipment is available and in working order, and everyone is ready to proceed.
- **The Pre-Procedure Phase:**
- Verify with patient name and procedure to be done
- Allergy check
- Medications check
- Operation site, side and procedure
- Lab tests, x-rays
- **The "Time Out" Phase:**
- Patient position
- Operation site and side and procedure
- Antibiotics check
- **The Sing Out Phase:**
- Surgeon reviews important items
- Anaesthesiologist reviews important items
- Nurse reviews correct counts
-

Methodology

- **AIM:**
- The aim is to study, analyse and improve the documentation system in operation theatre and reduce the non compliance r0ate in ot checklist and improve the quality of work in the OT for the patient safety

- **RATIONALE:**
- Due to increase in number of complaints regarding the documentation in operation theatre and incompleteness of document of operation procedure

- **OBJECTIVES:**
- Towards assess the compliance rate of documentation in Operation theatre and to measure the appropriateness and completeness of the checklist in Operation theatre of the hospital and giving recommendations for further improvement for the safety in hospital environment.

- **STUDY DESIGN:**
- The type of study performed in Mahatma Gandhi Hospital was observed. Firstly, the study was based on observation the compliance of Operation Theatre checklist through NABH standards. Secondly after the observation of Operation Theatres checklist questionnaire was formulated for 80 patients to improve the compliance

---

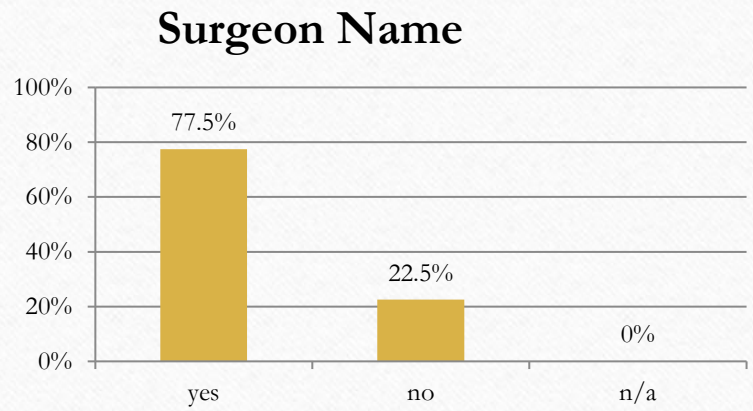
- **DATA COLLECTION**

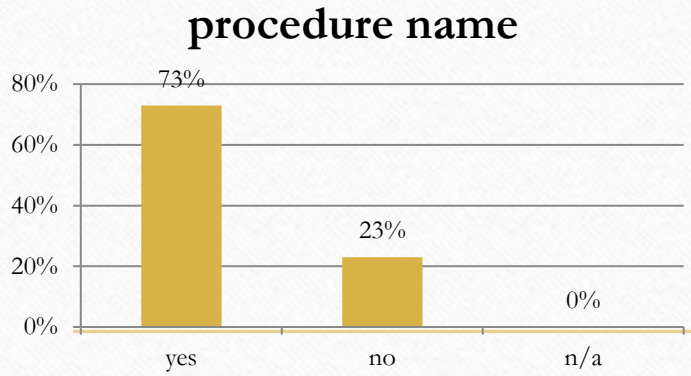
- Primary data: Direct Observation, survey in the form of checklist
- Data tool- Operation Theatres checklist of the hospital
- Data Analysis- Ms excel
- Sampling – Convenient
- Sample Size- 80

Data analysis

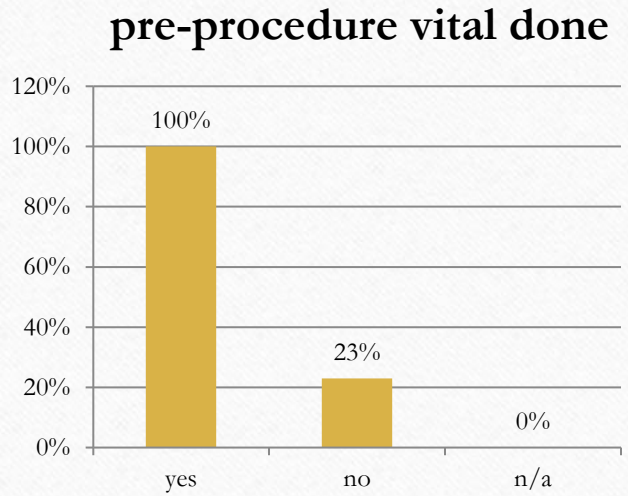
- **Documentation Compliance of operation theatre checklist**

INTERPRETATION: Highest compliance rate of surgeon name is 77.5% and 22.5% files were non compliance rate in documentation out of 80 files



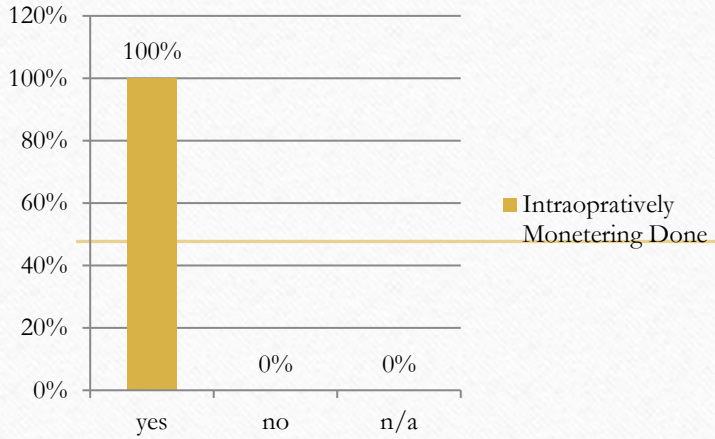


INTERPRETATION: 73% files were found to be compliance and 23% files which were non-compliance with procedure name out of 80 files



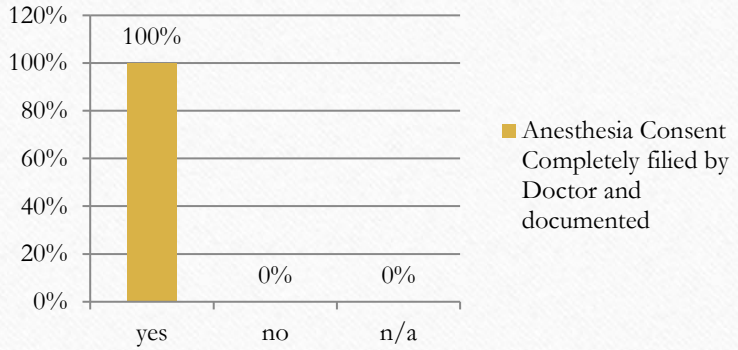
INTERPRETATION: 100% files were found to be compliance and no one file were found with non-compliance with pre-procedure vital out of 80 files

Intraopratively Monetering Done

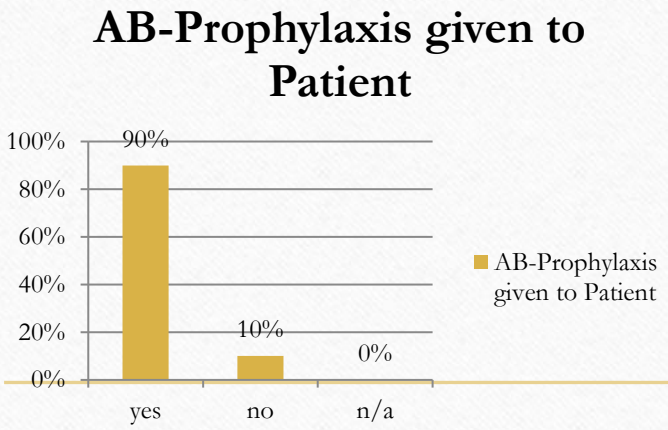


INTERPRETATION: 100% files were found to be compliance and no one file were found with non-compliance in checklist of intra operatively monetering out of 80 files

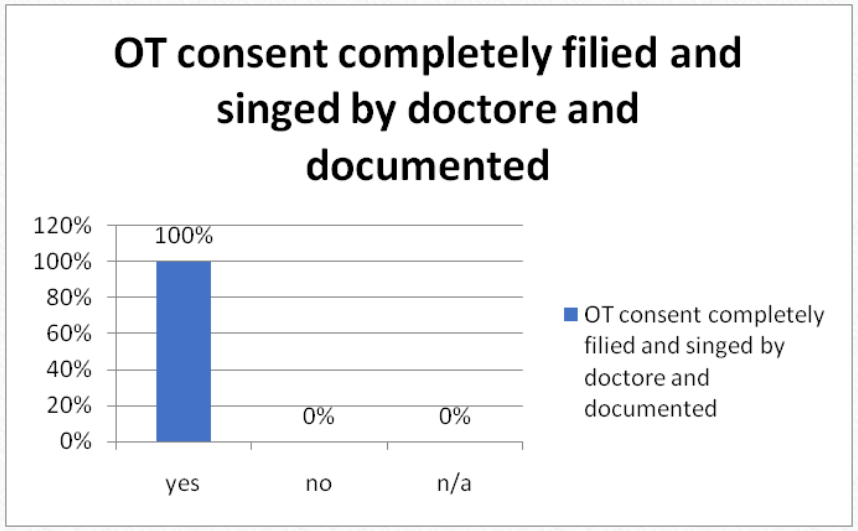
Anesthesia Consent Completely filied by Doctor and documented



INTERPRETATION: 100% files were found to be compliance and no one file were found with non-compliance in checklist of anaesthesia consent completely filed by doctor and documented out of 80 files

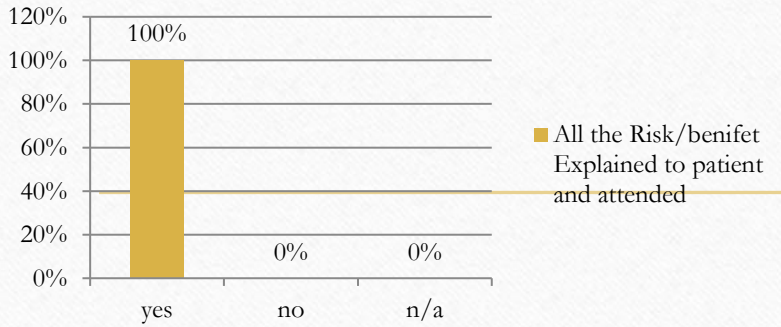


INTERPRETATION: 90% files were found to be compliance and 10% file were found with non-compliance in checklist of AB-prophylaxis given to patient out of 80 files



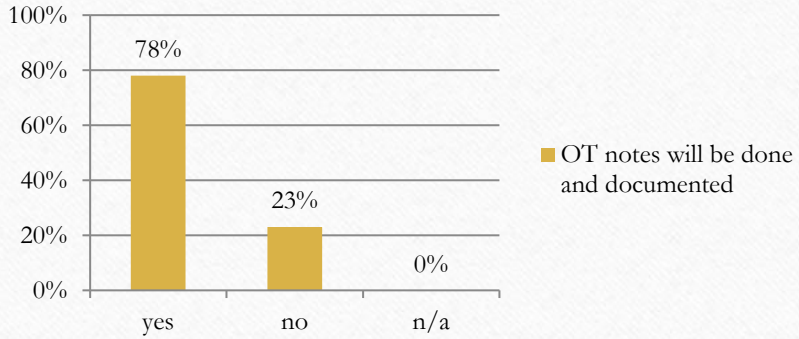
INTERPRETATION: 100% files were found to be compliance and no one file were found with non-compliance in checklist of OT consent completely filed and singed by doctor and documented out of 80 files

All the Risk/benifet Explained to patient and attended

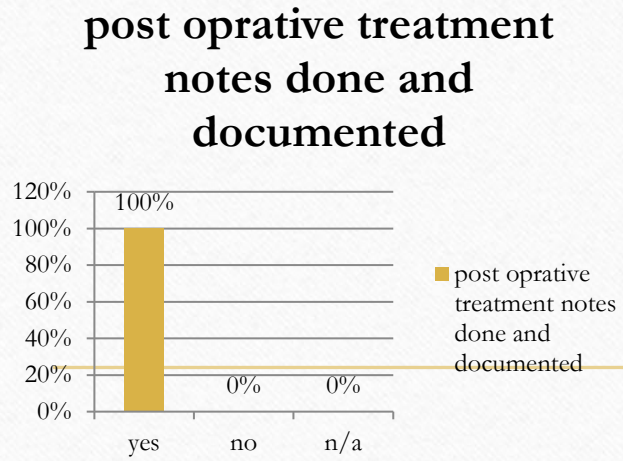


INTERPRETATION: 100% files were found to be compliance and no one file were found with non-compliance in checklist of all risk / benefit explained to patient and attended out of 80 files

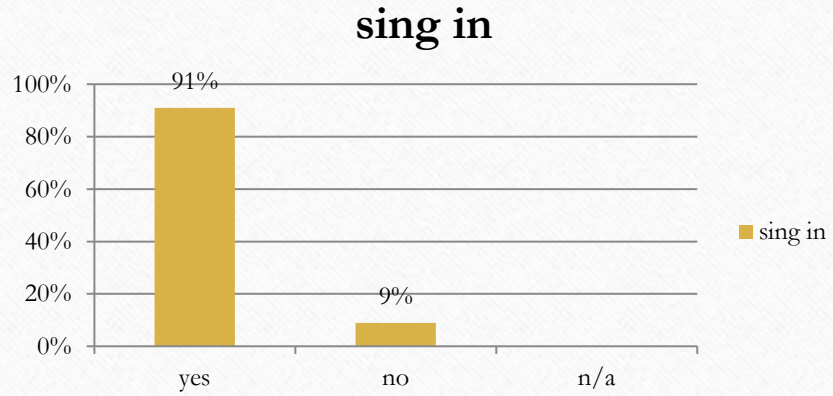
OT notes will be done and documented



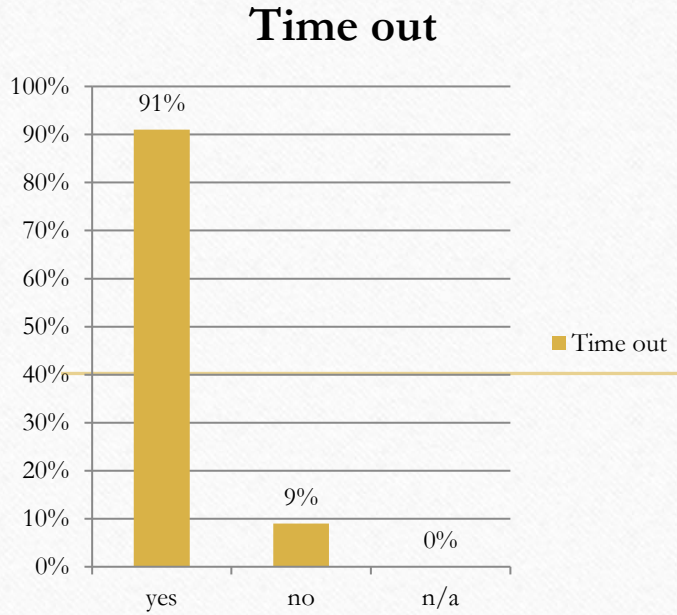
INTERPRETATION: 78% files were found to be compliance and 23% file were found with non-compliance in checklist of OT notes will be done and documented out of 80 files



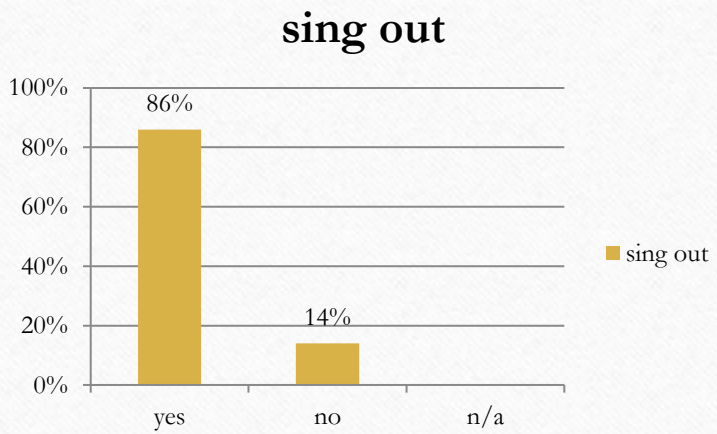
INTERPRETATION: 100% files were found to be compliance and no one file were found with non-compliance in checklist of post operative treatment notes done and documented out of 80 files



INTERPRETATION: 91% files were found to be compliance and 9% file were found with non-compliance in checklist of sing in of 80 files

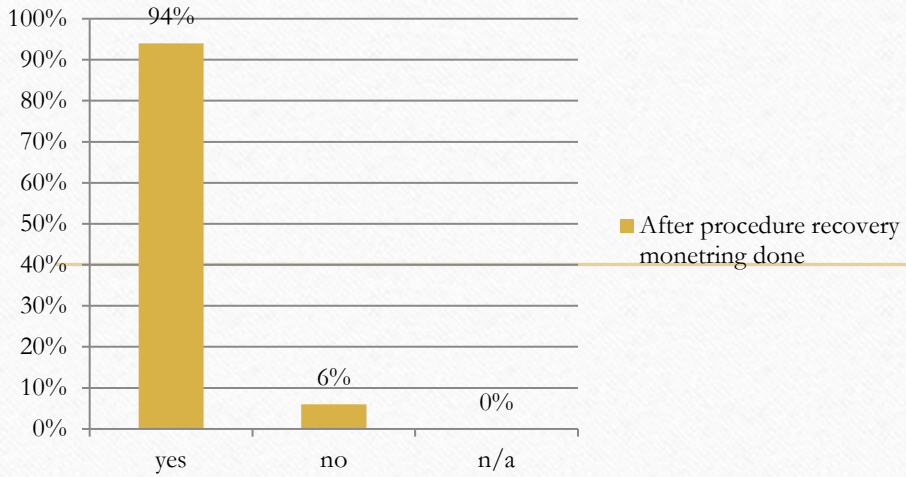


INTERPRETATION: 91% files were found to be compliance and 9% file were found with non-compliance in checklist of Tim-out of 80 files



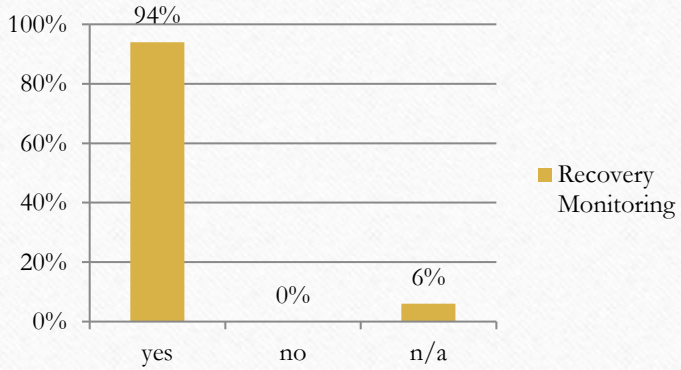
INTERPRETATION: 86% files were found to be compliance and 14% file were found with non-compliance in checklist of Sing-out of 80 files

After procedure recovery monetring done



INTERPRETATION: 94% files were found to be compliance and 6% file were found with non-compliance checklist of After procedure recovery monitoring out of 80 files

Recovery Monitoring



INTERPRETATION: 94% files were found to be compliance and 0% file were found with non-compliance and 6%files were found with n/a because patient directly transferred to icu from ot room checklist of recovery monitoring out of 80 file.

Discussion

- Data regarding compliance is essential when interpreting any impacts observed, as those with a higher compliance are more likely to be demonstrating a true impact as the checklist is properly implemented, whereas impacts observed in studies with low compliance could actually be the result of other factors. Compliance rates between studies showed extreme variation, 0-100% in one study alone (Fourcade et al 2012). This was largely due to the varying definitions of what was deemed compliance. Interestingly, Pickering et al (2013) reported that whilst their compliance data showed one level of compliance, administrative audits carried out at the same institutes while their study was ongoing reported much higher levels of compliance of more than 95% in all cases, compared to their findings of 38.5% which is similar to the findings made by Levy et al (2012). This once again demonstrates varying levels but also highlights the differing ways in which compliance is being defined and measured, even within the same institute. It also illustrates the growing concern that the checklist is becoming a ‘tick box’ exercise rather than fulfilling its purpose. This could actually endanger patient safety by introducing complacency and a false sense of security.

Suggestion

- Proper documantion should be nessecry
- All the component should be filed by doctor and nurse
- Every month aduit should be do done
- Provied class for the staff any quality changes and improvements
- For the patient safety all the documentation is nessecery
- SSC is also compulsory for the patient safety it should be nessery to follow
- Proper monetraing is also required
-

Conclusion

- The study to audit the OT file compliance of OT documentation concluded that compliance rate is relatively very high in some parameters. And in some of the parameters 0% non-compliance. Proper patient identity card helps to reduce redundant patient records, improve accuracy for patient recognition and enhance organization's branding. Non-compliance in the files of OT checklist in some of parameters non-compliance in documentation very low but primarily since it plays a significant role in documentation.
- Although efforts are being made to improve OT documentation for the medical record and patient safety. These are not sufficient, and more attempts are needed. All the surgeon and nurses appeared to be familiar with the required documentation knowledge, but still there are certain areas which we need to work on like making the documentation immediately and the files to be FACT a requirement rather than formality

Thank you