

Knowledge & opinions of Flemish health care professionals about the WHO Safe Surgery Checklist.

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> Introduction

Since 2009, the WHO worldwide promotes the use of the Safe Surgery Checklist (SCC) in operating rooms, to reduce the number of incidents and to save lives. The use of the SCC has been included in the list of International Patient Safety Goals, and adopted by both hospital accreditation organisms and the Flemish authorities.

However, evidence suggests that implementing the SCC is a laborious process with lots of obstacles. Gaps in knowledge and differences in opinions of health care professionals (HCP) determine whether or not the SCC will be used.

> Methods

A SurveyMonkey® survey was open for all surgeons, anesthesiologists, and OR nurses in 55 hospitals in Flanders (Belgium), between February 15th and March 29th 2016. The study was approved by the Committee for Medical Ethics of the az Sint-Blasius, Dendermonde.

This part of the survey searched for knowledge and opinions about the SCC. Subgroup analysis looked at differences between professional groups, experience in OR, hospital size and hospital accreditation status.

Statistical analysis: Chi-square tests and Fisher's exact tests. Results with $p < 0.05$ are statistically significant.

> Results

After exclusion of 22 (incompleteness), 668 answers were analyzed. 649 correspondents (97,2%) use a SCC (no SCC 0,7%, don't know 2,1%). The majority (61%) uses an adapted SCC, only 6% use the original WHO SCC. 33% ignores the format of the SCC, reflecting gaps in education.

Figure 1 shows the estimated use of the SCC. Only two-thirds state the use in >90% of cases, leaving a lot of room for improvement.

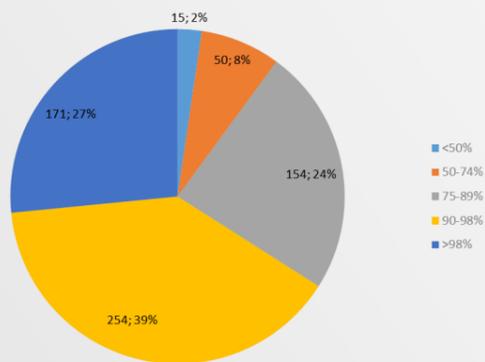


Figure 2 shows the professional group of the participants.

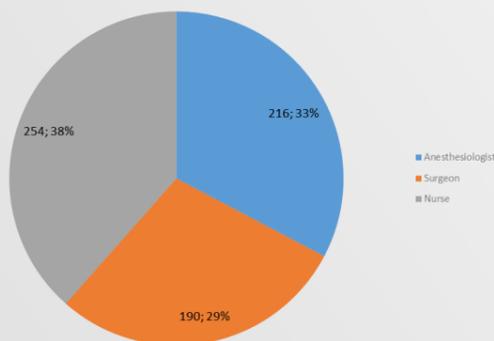


Figure 3 shows the experience of the participants.

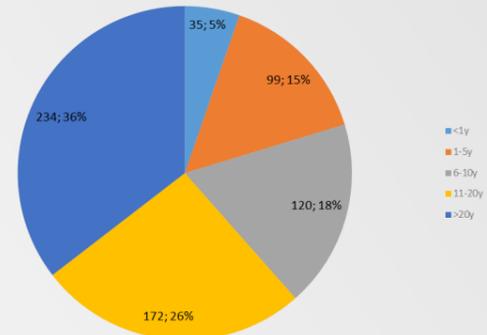


Figure 4 shows the hospital size.

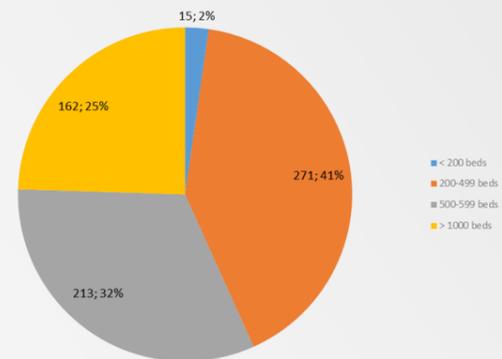
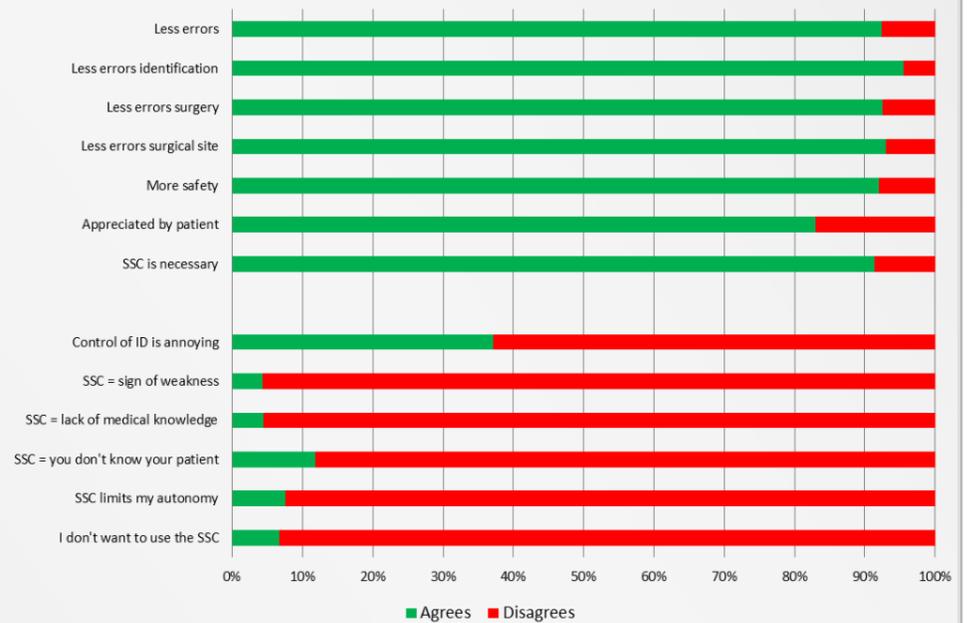


Figure 5 shows the opinions about the SCC.



Subgroup analysis shows no differences for hospital accreditation status, nor hospital size. Surgeons are less convinced than nurses and anesthesiologists that the SCC leads to less errors ($p=0.03$), about the necessity to use the SCC ($p<0.0001$), and more considered it a sign of weakness ($p=0.02$). Anesthesiologists fear that the use of the SCC is not appreciated by the patient, but nurses claim the opposite ($p=0.04$).

> Conclusions

Although this study shows important room for improvement in the use of the SCC, Flemish HCP universally have adopted the SCC. The positive impact of the SCC outweighs largely the classical negative opinions.

