WHO CREATES NEW SURGICAL TOOL TO MAKE OPERATIONS SAFER EVERYWHERE

With major surgery now occurring at a rate of 234 million procedures per year – one for every 25 people – and studies indicating that a significant percentage result in preventable complications and deaths, the World Health Organization (WHO) launched a new safety checklist for surgical teams to use in operating theatres, as part of a major drive to make surgery safer around the world.

"Preventable surgical injuries and deaths are now a growing concern," said Dr Margaret Chan, Director-General of WHO. "Using the Checklist is the best way to reduce surgical errors and improve patient safety."

Several studies have shown that in industrial countries major complications are reported to occur in 3–16% of inpatient surgical procedures, with permanent disability or death rates of approximately 0.4–0.8%. In developing countries studies suggest a death rates of 5–10% during major surgery. Mortality from general anaesthesia alone is reported to be as high as one in 150 in parts of sub-Saharan Africa. Infections and other postoperative complications are also a serious concern around the world. These studies suggest that approximately half of these complications may be preventable.

"Surgical care has been an essential component of health systems worldwide for more than a century," said Dr Atul Gawande, a surgeon and professor at Harvard. "Although there have been major improvements over the last few decades, the quality and safety of surgical care has been disappointingly variable in every part of the world. The Safe Surgery Saves Lives initiative aims to change this by raising the standards that patients anywhere can expect."

The Safe Surgery Saves Lives initiative is a collaborative effort lead by the Harvard School of Public Health today and involving more than 200 national and international medical societies and ministries of health in an effort to meet the goal of reducing avoidable deaths and complications in surgical care. Now, the WHO Surgical Safety Checklist, developed under the leadership of, Dr Gawande identifies a set of surgical safety standards that can be applied in all countries and health settings.

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Preliminary results from a thousand patients in eight pilot sites worldwide indicate that the checklist has nearly doubled the likelihood that patients will receive proven standards of surgical care. Use of the checklist in pilot sites has increased adherence to these standards of care from 36% to 68% and in some hospitals to levels approaching 100%. This has thus far resulted in substantial reductions in complications and deaths in this group. Final results on the checklist effect are anticipated within the next few months.

The checklist identifies three phases of an operation, each corresponding to a specific period in the normal flow of work: before induction of anaesthesia ("Sign In"), before skin incision ("Time Out") and before the patient leaves the operating room ("Sign Out"). In each phase a checklist coordinator must be permitted to confirm that the team has completed its tasks before it proceeds with the operation. For example, during the "Sign in" phase was the surgical site marked and the patient’s known allergies checked, or during the "Sign out" phase where instruments, sponges and needles counted.

* More information about the second Global Patient Safety Challenge Safe Surgery Saves Lives can be seen at http://www.who.int/patientsafety/

* The World Alliance for Patient Safety is a World Health Organization programme launched in 2004. The Alliance is chaired by Sir Liam Donaldson, Chief Medical Officer of the United Kingdom. Further information on the work of the Alliance is available at www.who.int/patientsafety/en/


For more information, please contact: Edward Kelley, Mobile: +41 79 509 0645, E-mail: kelleye@who.int

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