



Service Priorities and Programmes
Electronic Presentations

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To evaluate the effectiveness of preoperative briefing and postoperative debriefing in improving team members' communication during surgical procedures to enhance patient surgical safety.

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Introduction

Surgical safety is an area of particular concern because patients are uniformly vulnerable especially in the operating room where it is regarded as one of the complex settings in hospital. Despite the introduction of WHO surgical checklist to our hospital in 2009, wrong-site surgeries, unintended retention of foreign bodies, operative and postoperative complications, and medical-related sentinel events remain among those most frequently reported. Given the unpredictable and complex nature of the operating room and the risk of severe harm or death should an error occur, it is imperative to take steps to prevent harm. Therefore, the strategy of preoperative briefing and postoperative debriefing is integrated into the surgical checklist to further improve the interdisciplinary communication and teamwork in the operating room; and most importantly to prevent patient harm. In October 2012, our hospital started piloting this revised surgical checklist for all elective patients who were under the care of anaesthetists.

Objectives

To evaluate the effectiveness of preoperative briefing and postoperative debriefing in improving team members' communication during surgical procedures to enhance patient surgical safety.

Methodology

A double-sided patient surgical checklist integrated with briefing and debriefing tool was used by the surgical teams during elective surgeries at PYNEH to identify any hazard or defect in surgical care before patient harm occurs. A pre-printed form was used to mark down the defects during the study period. Defects were coded into categories such as equipment performance, communication including patient's management (e.g. antibiotic prophylaxis, correctness of surgical site); continuity of care (e.g. redose of antibiotic) to help the OT personnel facilitating improvement efforts in each surgical service. A 2-week survey will start in mid Feb to interview a

sample of 40 caregivers regarding the perceived effectiveness of the tool in emerging the defects before patient gets harm.

Result

We observed the operating team is getting used to briefing as a tool to enhance peri-operative communication. Issue is picked up and solved. The antibiotics are given in timely manner as reviewed by the report of bundle care of prevention of surgical site infection. However, team debriefing on matters concerned during the procedures are not so actively reported as not many debriefing issue report forms are being received.