

Seguridad Asistencial en SSQQ

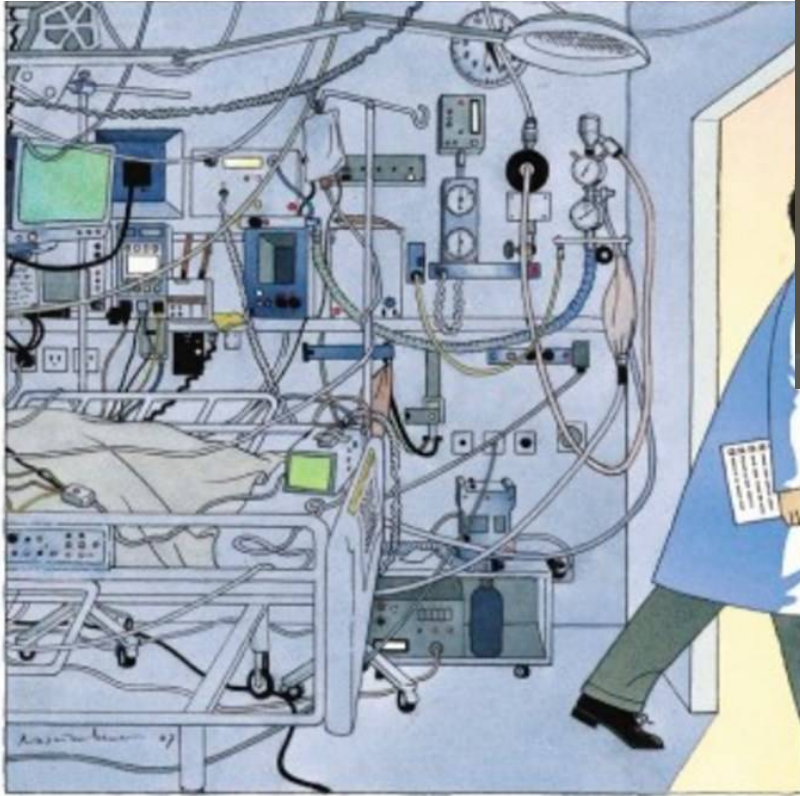


Dr Andrés Larach K.

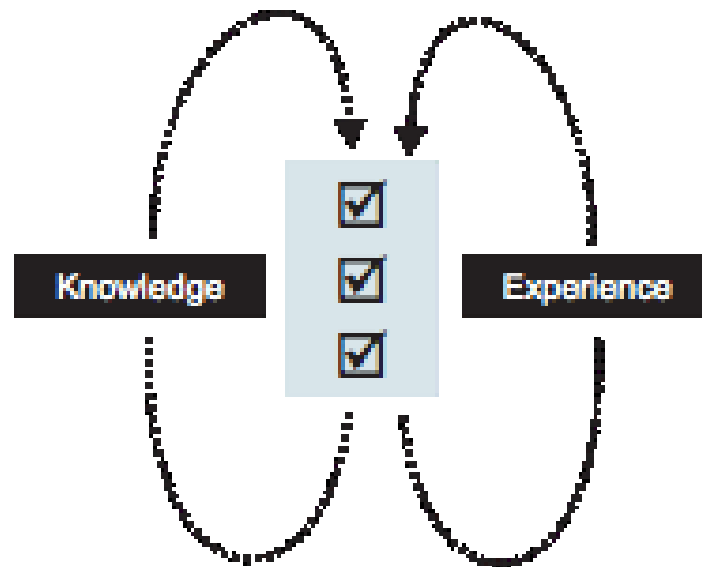


- 2006-2007
 - Pasaporte Preoperatorio
 - Pausa de Seguridad
 - Chequeo de Salida

- 2016
 - Breifing / DeBriefing



Utilidad de los Checklists



The Problem

Extreme complexity and specialization

The Solution

Develop checklists and then consistently use and improve them

Validation

Checklists have been in use in the aviation industry for many years and have recently generated some superior results in the medical field as well

Ventajas de las Checklists

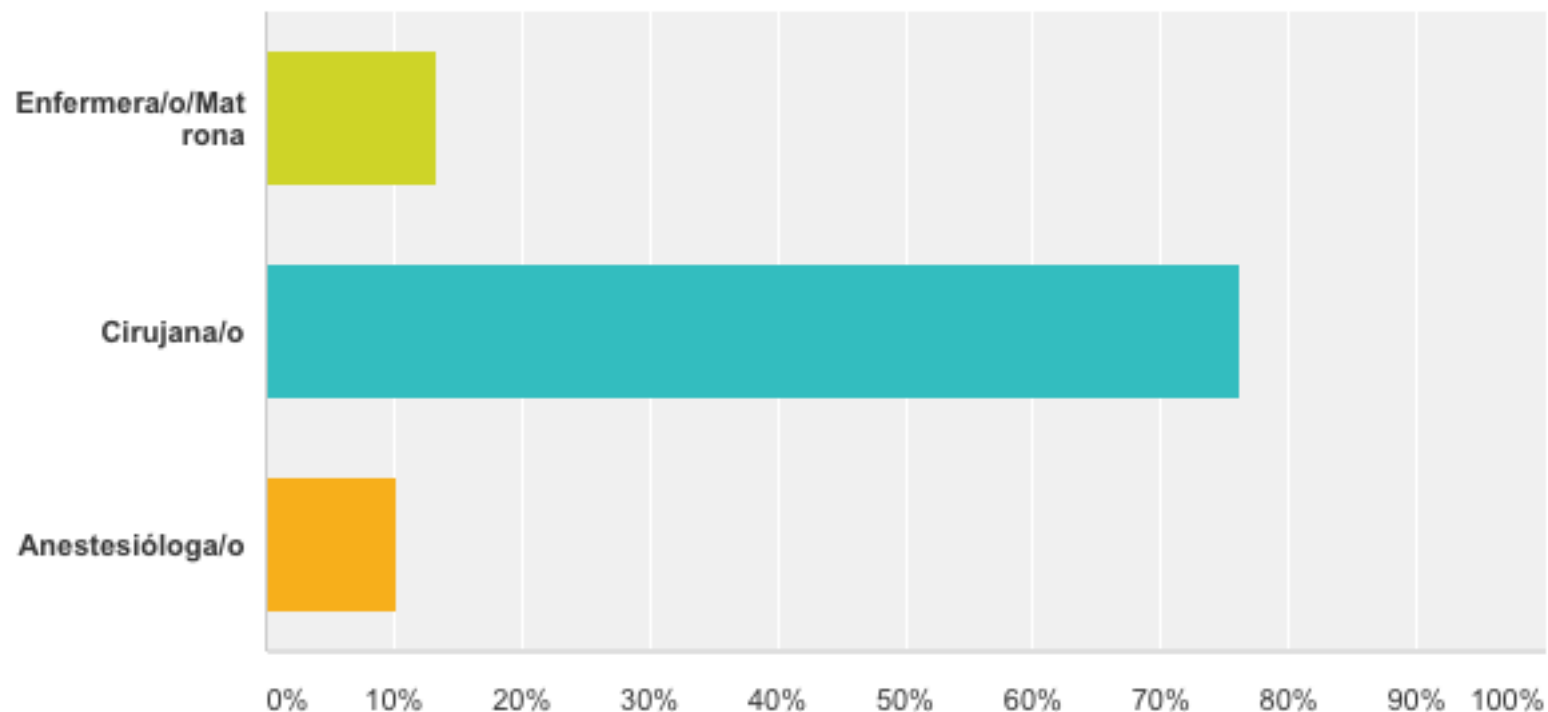
- Adherencia a practicas basadas en evidencia
- Mejora en Comunicación
- Trabajo en equipo
- Satisfaction con el trabajo
- Clima laboral
- Familiaridad

Problemas de las Checklists

- Estandarización vs Especialización
- Perdida de Tiempo
- Ningun Cambio...
- tantas preguntas tontas!
- Otra lista más!

Por favor, indícanos tu profesión

Respondidas: 194 Omitidas: 0



Opciones de respuesta	Respuestas
Enfermera/o/Matrona	13,40% 26
Cirujana/o	76,29% 148
Anestesióloga/o	10,31% 20
Total	194

Con respecto a la realización de la Pausa de Seguridad. Si no la realizas SIEMPRE, indique Por qué?

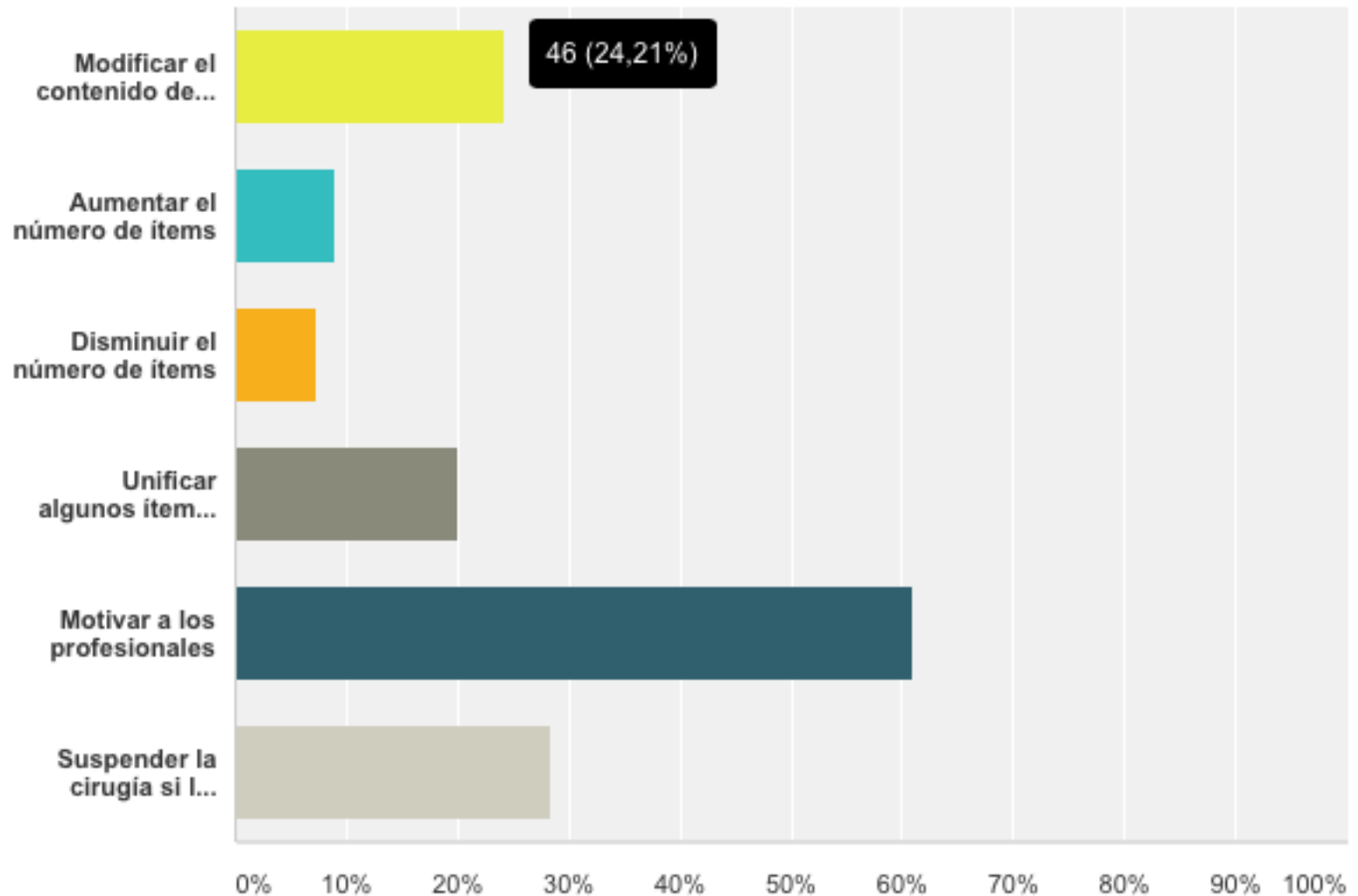
Respondidas: 194 Omitidas: 0



Opciones de respuesta	Respuestas
Siempre la realizo	94,33% 183
Pausa de Seguridad no disponible	1,03% 2
No completo los ítems que considero inútiles	2,06% 4
Falta de motivación	0,52% 1
Falta de información con respecto a la realización	2,06% 4
Total	194

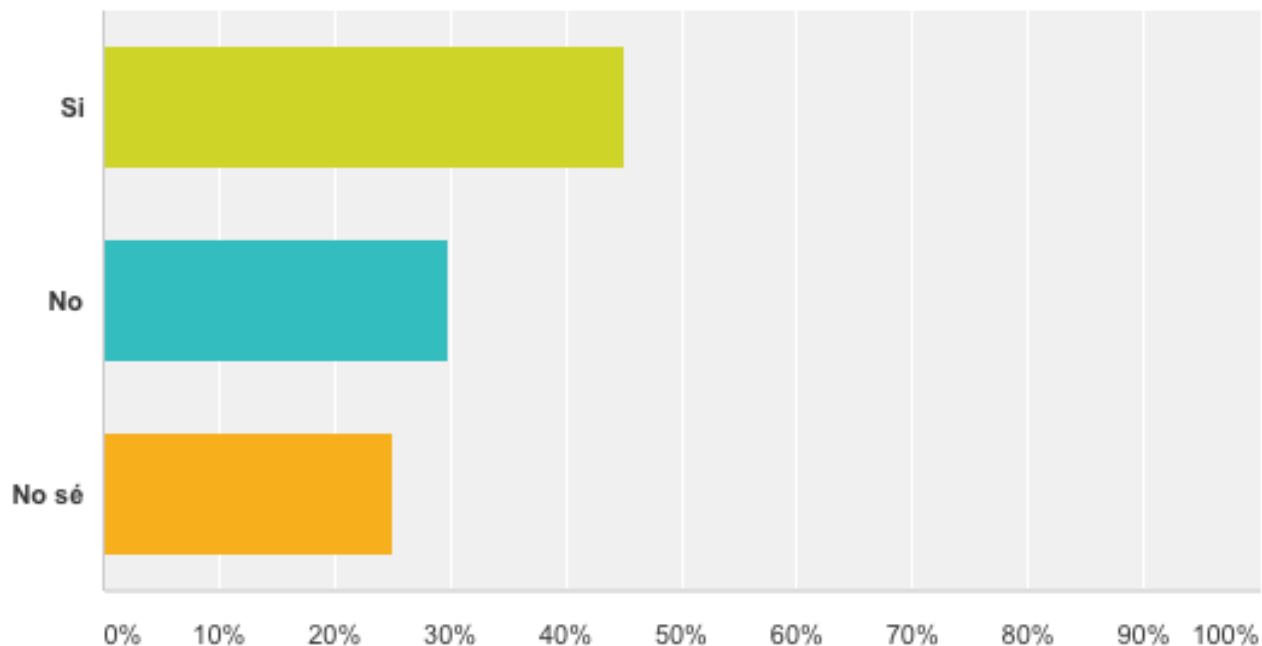
Para mejorar la utilidad de la Pausa de Seguridad, se debería (se puede seleccionar más de una alternativa)

Respondidas: 190 Omitidas: 4



En el tiempo en que se ha utilizado la Pausa de Seguridad en su organización, ¿Has observado que ha conseguido prevenir errores?

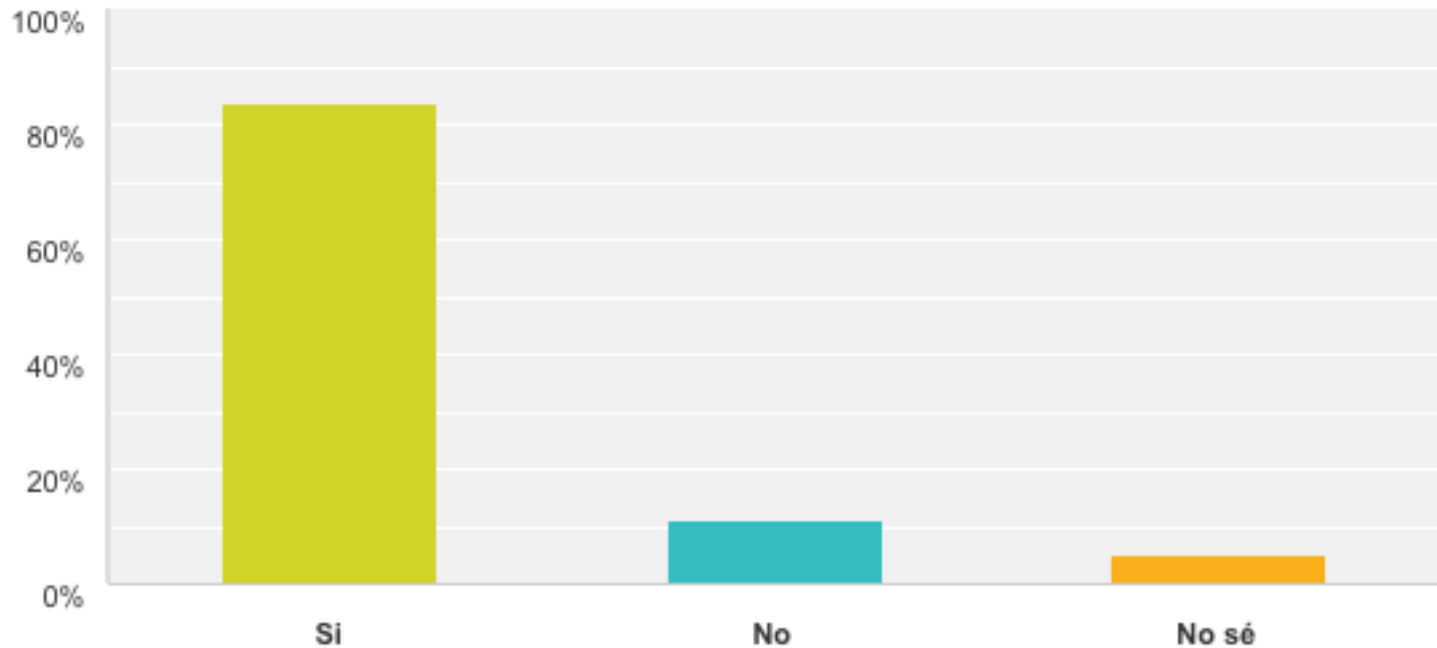
Respondidas: 191 Omitidas: 3



Opciones de respuesta	Respuestas	
Si	45,03%	86
No	29,84%	57
No sé	25,13%	48
Total		191

¿Crees que la utilización de la Pausa de Seguridad mejora la comunicación de los profesionales implicados?

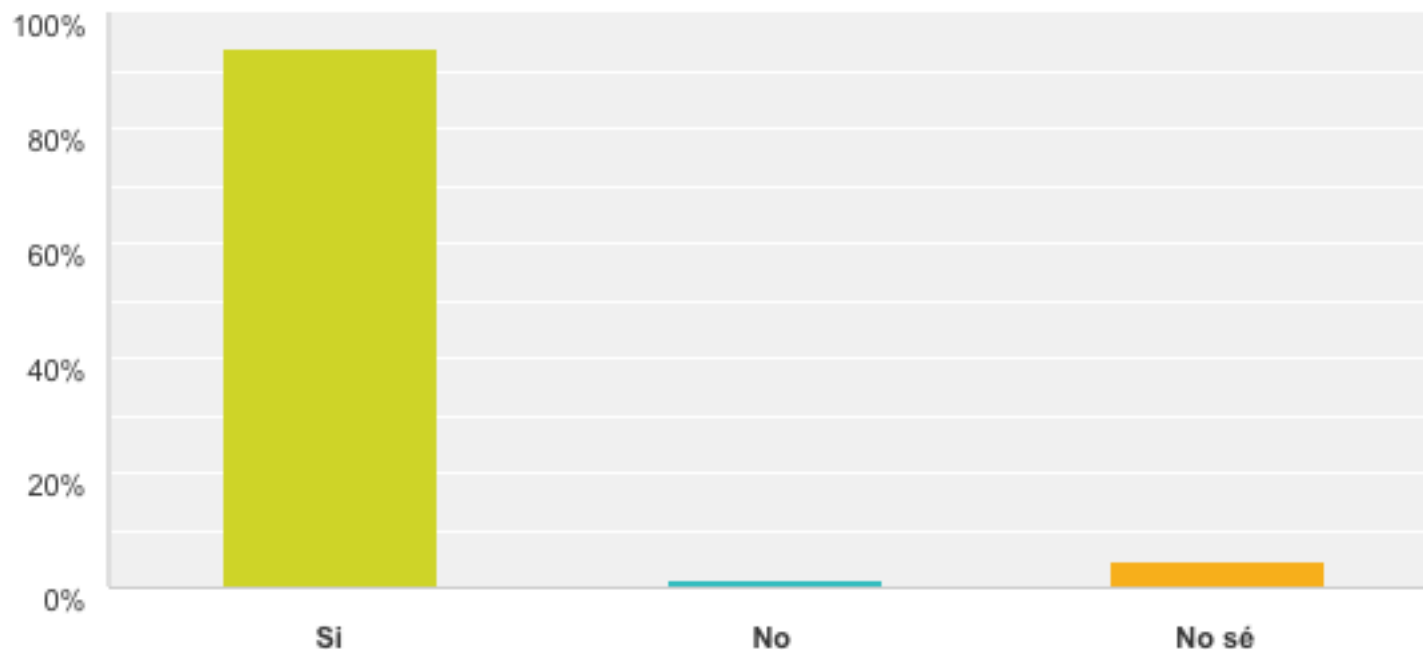
Respondidas: 194 Omitidas: 0



Opciones de respuesta	Respuestas
Si	83,51% 162
No	11,34% 22
No sé	5,15% 10
Total	194

Si te fueras a realizar una intervención quirúrgica en esta organización, ¿Te sentirías seguro?

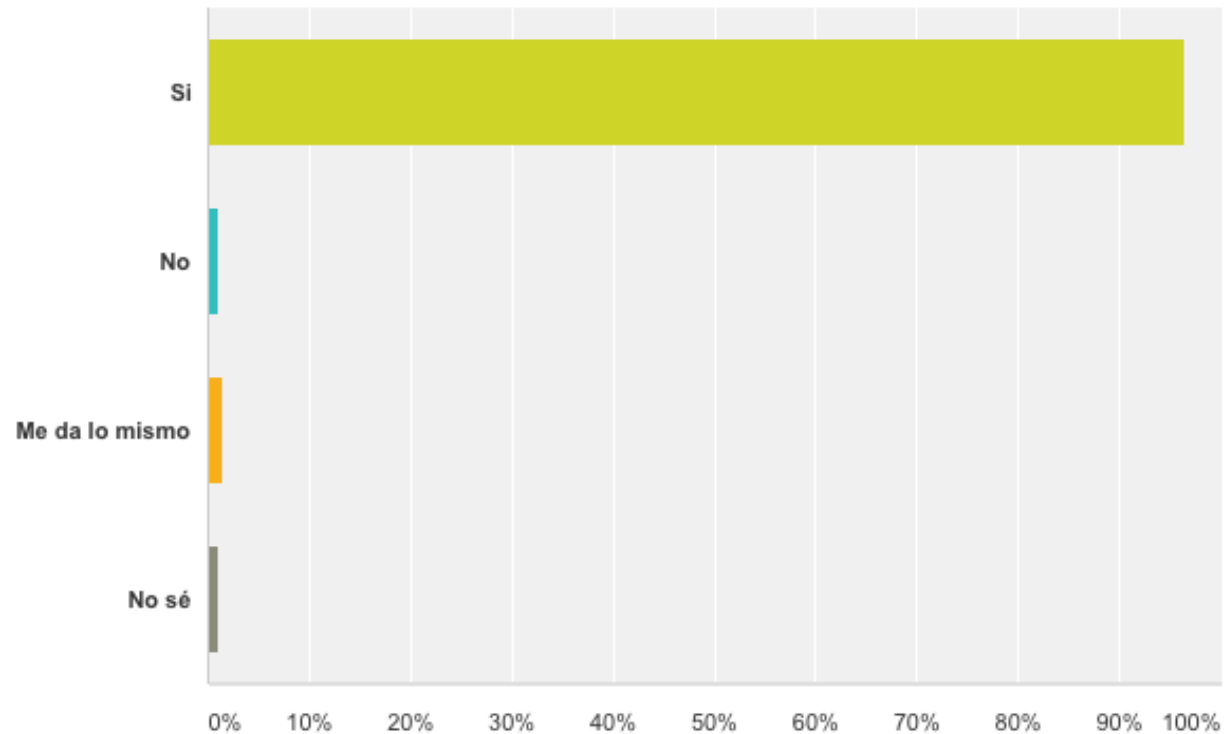
Respondidas: 194 Omitidas: 0



Opciones de respuesta	Respuestas
Si	93,81% 182
No	1,55% 3
No sé	4,64% 9
Total	194

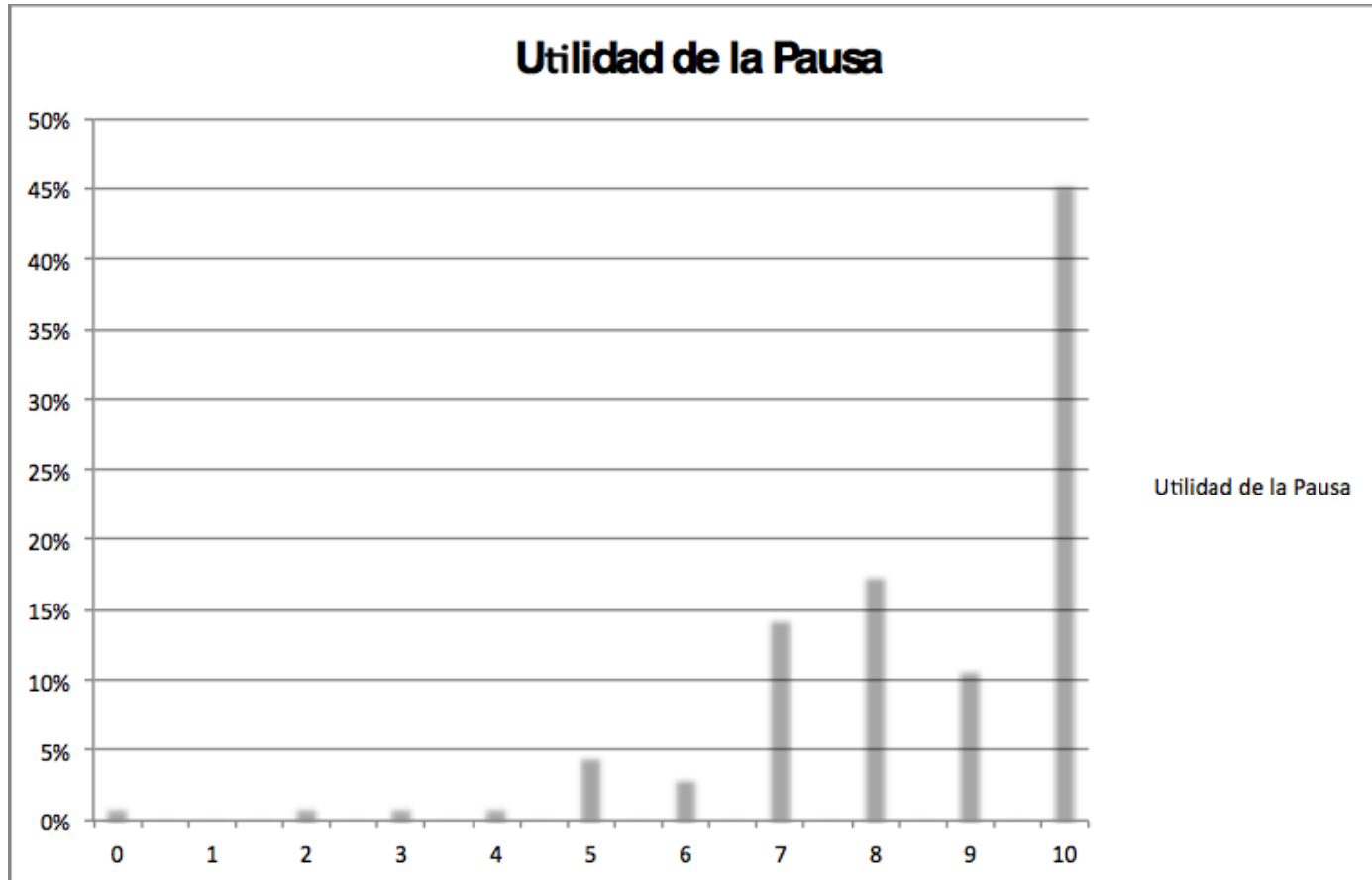
Si te fueras a realizar una intervención quirúrgica en esta organización , ¿Te gustaría que los profesionales realizaran la Pausa de Seguridad?

Respondidas: 194 Omitidas: 0

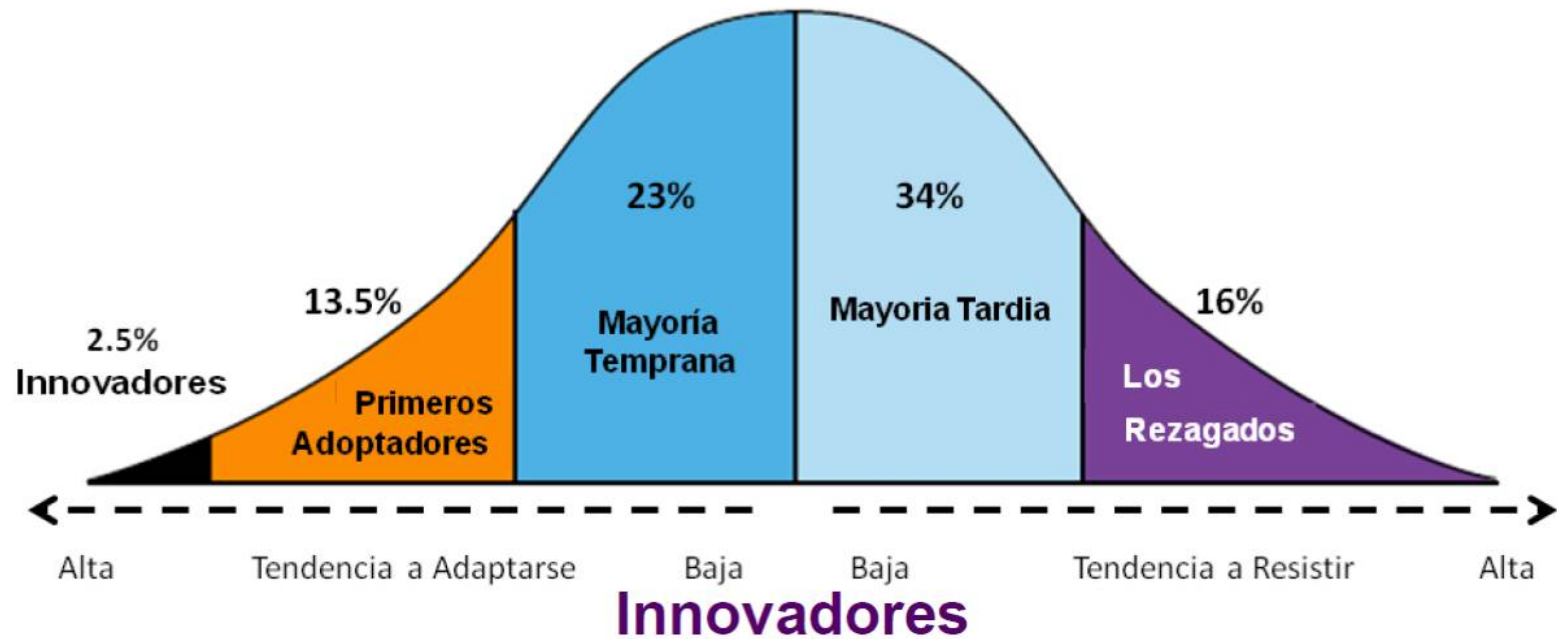


Opciones de respuesta	Respuestas
Si	96,39% 187
No	1,03% 2
Me da lo mismo	1,55% 3
No sé	1,03% 2
Total	194

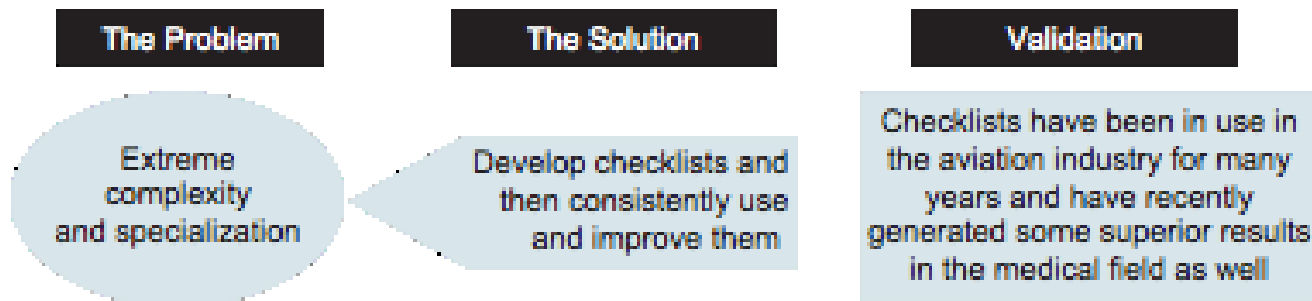
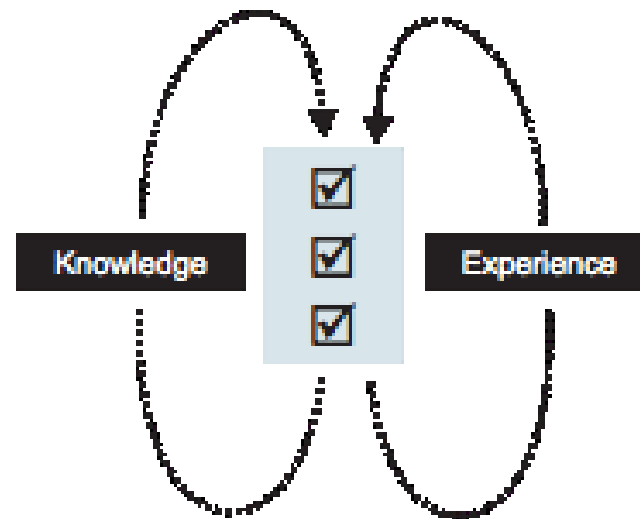
Percepción de Utilidad de la Pausa, de 0-10



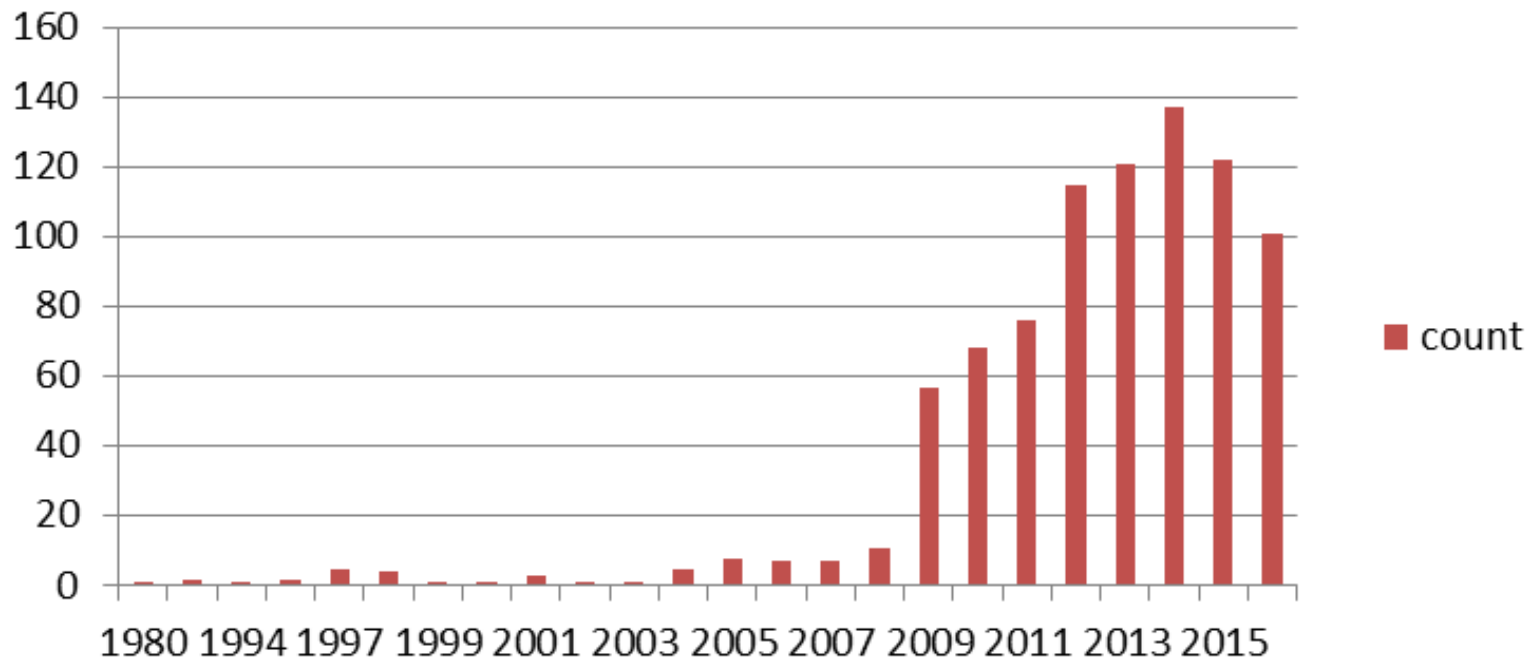
10 años después.....



Utilidad de los Checklists



PubMed: Checklist Surgery Safety / años



- [Med Instrum.](#) 1980 Sep-Oct;14(5):261-3.
- **Electrosurgical quality assurance: the view from the OR table.**
- [Skreenock JJ.](#)
- **Abstract**
- Because of the potential hazards involved in electrosurgery, a number of tasks must be performed by the clinical staff when an electrosurgical unit is used. The tasks can be broken down into three groups--those that must be carried out before commencing with the electrosurgical procedure, those that must be checked during the course of the procedure, and those that must be attended to at the end of the procedure. The author recommends preparing a checklist to ensure proper completion of these tasks, to enhance the safety and efficacy of the ESU.
- PMID: [7453599](#)

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population

Alex B. Haynes, M.D., M.P.H., Thomas G. Weiser, M.D., M.P.H.,
William R. Berry, M.D., M.P.H., Stuart R. Lipsitz, Sc.D.,
Abdel-Hadi S. Breizat, M.D., Ph.D., E. Patchen Dellinger, M.D.,
Teodoro Herbosa, M.D., Sudhir Joseph, M.S., Pascience L. Kibatala, M.D.,
Marie Carmela M. Lapitan, M.D., Alan F. Merry, M.B., Ch.B., F.A.N.Z.C.A., F.R.C.A.,
Krishna Moorthy, M.D., F.R.C.S., Richard K. Reznick, M.D., M.Ed., Bryce Taylor, M.D.,
and Atul A. Gawande, M.D., M.P.H., for the Safe Surgery Saves Lives Study Group*

Table 2. Characteristics of Participating Hospitals.

Site	Location	No. of Beds	No. of Operating Rooms	Type
Prince Hamzah Hospital	Amman, Jordan	500	13	Public, urban
St. Stephen's Hospital	New Delhi, India	733	15	Charity, urban
University of Washington Medical Center	Seattle, Washington	410	24	Public, urban
St. Francis Designated District Hospital	Ifakara, Tanzania	371	3	District, rural
Philippine General Hospital	Manila, Philippines	1800	39	Public, urban
Toronto General Hospital	Toronto, Canada	744	19	Public, urban
St. Mary's Hospital*	London, England	541	16	Public, urban
Auckland City Hospital	Auckland, New Zealand	710	31	Public, urban

* St. Mary's Hospital has since been renamed St. Mary's Hospital–Imperial College National Health Service Trust.

Table 5. Outcomes before and after Checklist Implementation, According to Site.*

Site No.	No. of Patients Enrolled		Surgical-Site Infection		Unplanned Return to the Operating Room		Pneumonia		Death		Any Complication	
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
1	524	598	4.0	2.0	4.6	1.8	0.8	1.2	1.0	0.0	11.6	7.0
2	357	351	2.0	1.7	0.6	1.1	3.6	3.7	1.1	0.3	7.8	6.3
3	497	486	5.8	4.3	4.6	2.7	1.6	1.7	0.8	1.4	13.5	9.7
4	520	545	3.1	2.6	2.5	2.2	0.6	0.9	1.0	0.6	7.5	5.5
5	370	330	20.5	3.6	1.4	1.8	0.3	0.0	1.4	0.0	21.4	5.5
6	496	476	4.0	4.0	3.0	3.2	2.0	1.9	3.6	1.7	10.1	9.7
7	525	585	9.5	5.8	1.3	0.2	1.0	1.7	2.1	1.7	12.4	8.0
8	444	584	4.1	2.4	0.5	1.2	0.0	0.0	1.4	0.3	6.1	3.6
Total	3733	3955	6.2	3.4	2.4	1.8	1.1	1.3	1.5	0.8	11.0	7.0
P value			<0.001		0.047		0.46		0.003		<0.001	

* The most common complications occurring during the first 30 days of hospitalization after the operation are listed. Bold type indicates values that were significantly different (at $P < 0.05$) before and after checklist implementation, on the basis of P values calculated by means of the chi-square test or Fisher's exact test. P values are shown for the comparison of the total value after checklist implementation as compared with the total value before implementation.

- [Br J Surg](#). 2014 Feb;101(3):150-8. doi: 10.1002/bjs.9381.

- **Systematic review and meta-analysis of the effect of the World Health Organization surgical safety checklist on postoperative complications.**

- [Bergs J¹](#), [Hellings J](#), [Cleemput I](#), [Zurel Ö](#), [De Troyer V](#), [Van Hiel M](#), [Demeere JL](#), [Claeys D](#), [Vandijck D](#).

- [Author information](#)

- **Abstract**

- **BACKGROUND:**

- The World Health Organization (WHO) surgical safety checklist (SSC) was introduced to improve the safety of surgical procedures. This systematic review evaluated current evidence regarding the effectiveness of this checklist in reducing postoperative complications.

- **METHODS:**

- The Cochrane Library, MEDLINE, Embase and CINAHL were searched using predefined inclusion criteria. The systematic review included all original articles reporting a quantitative measure of the effect of the WHO SSC on postoperative complications. Data were extracted for postoperative complications reported in at least two studies. A meta-analysis was conducted to quantify the effect of the WHO SSC on any complication, surgical-site infection (SSI) and mortality. Yule's Q contingency coefficient was used as a measure of the association between effectiveness and adherence with the checklist.

- **RESULTS:**

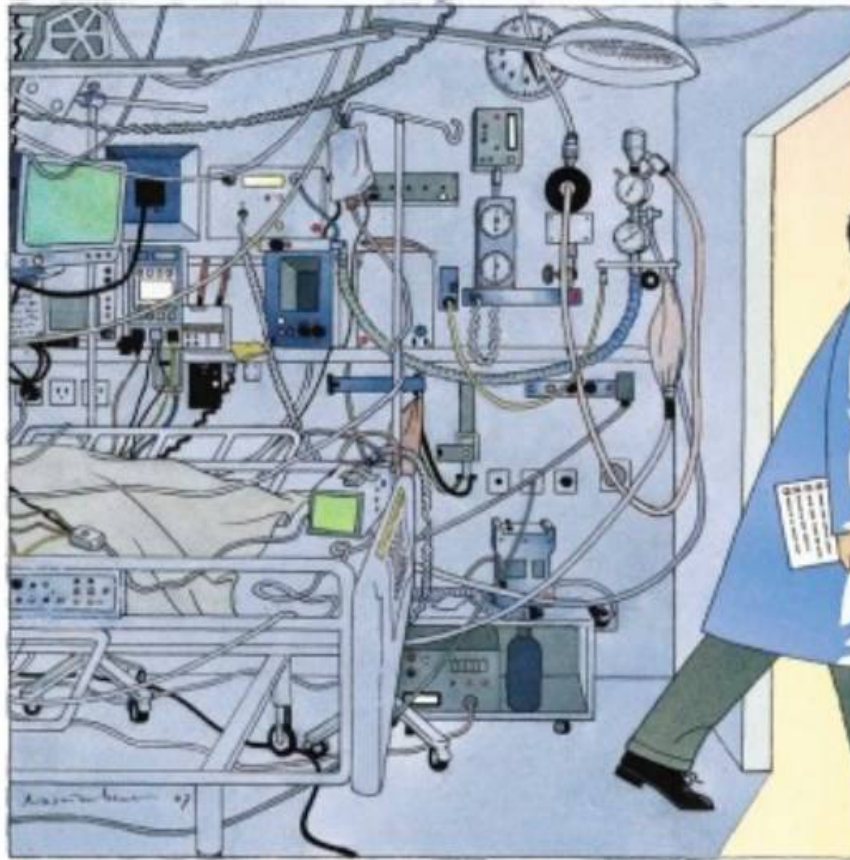
- Seven of 723 studies identified met the inclusion criteria. There was marked methodological heterogeneity among studies. The impact on six clinical outcomes was reported in at least two studies. A meta-analysis was performed for three main outcomes (any complication, mortality and SSI). Risk ratios for any complication, mortality and SSI were 0.59 (95 per cent confidence interval 0.47 to 0.74), 0.77 (0.60 to 0.98) and 0.57 (0.41 to 0.79) respectively. There was a strong correlation between a significant decrease in postoperative complications and adherence to aspects of care embedded in the checklist (Q = 0.82; P = 0.042).

- **CONCLUSION:**

- The evidence is highly suggestive of a reduction in postoperative complications and mortality following implementation of the WHO SSC, but cannot be regarded as definitive in the absence of higher-quality studies.

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THE NEW YORKER



If a new drug were as effective at saving lives as Peter Pronovost's checklist, there would be a nationwide marketing campaign urging doctors to use it.

- Desafío
 - No está en hacer cumplir la Pausa de Seguridad
 - Es implementarla de una manera que cambie la cultura de trabajo en pabellones



Dr Andrés Larach K.

