

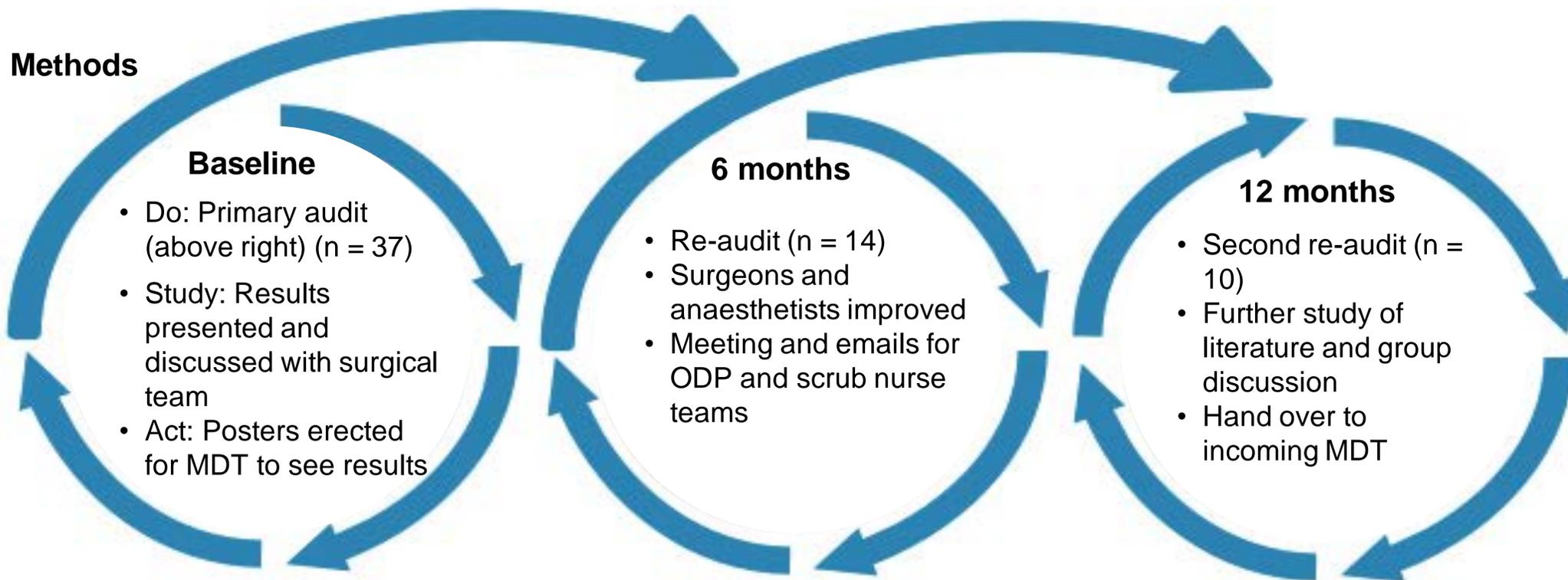
# Improving Compliance with the WHO Trauma Checklist

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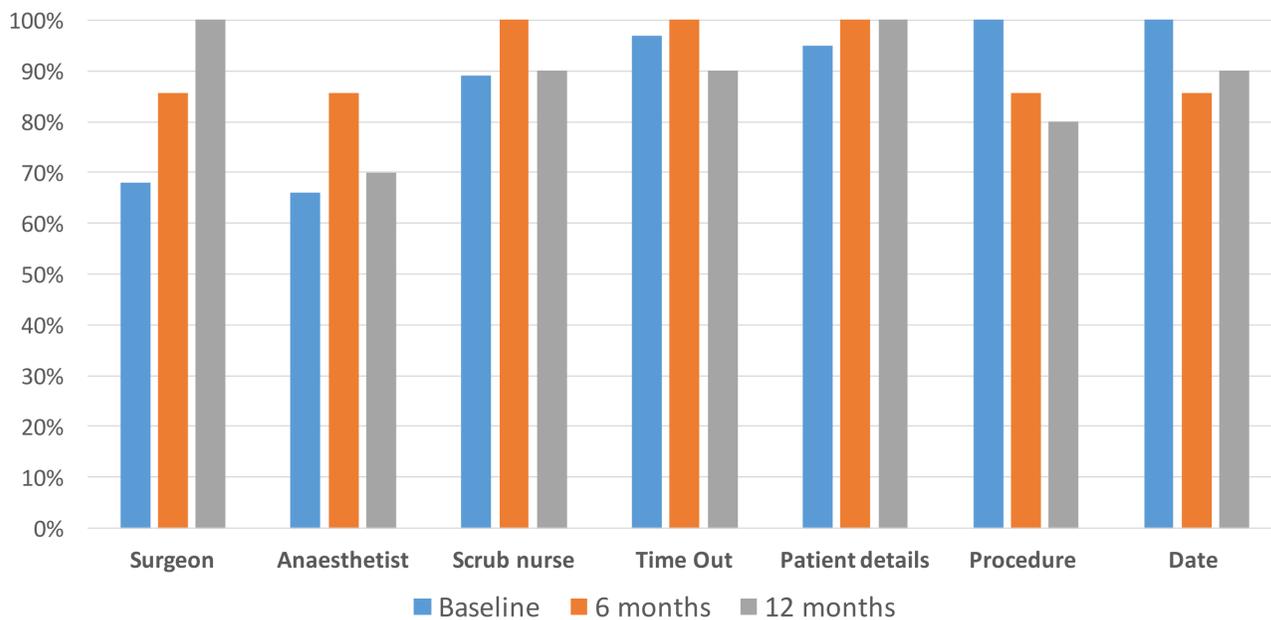
## Introduction

- The WHO Surgical Safety checklist reduces mortality, post-operative complications and surgical site infection<sup>1</sup>
- 7 'never events' in the OUH Trust in 2014/15, including 3 wrong surgery site and 3 retained foreign bodies<sup>2</sup> - preventable if the checklist is used correctly
- These have massive impact on patient, carers, staff and trust
- CQC require universal completion<sup>3</sup>
- Plan: establish and improve WHO checklist completion rates

## Methods



WHO Trauma Checklist Completion Rates



## Results

- Surgeon name and signature improved from 68% at baseline, to 86% at 6 months and 100% at 12 months
- Anaesthetist completion also improved from 66% to 86% at 6 months, but was not maintained at 12 months
- Time out and scrub nurse completion remained similar in each audit

## Conclusions and future direction

- MDT realise full importance of WHO checklist, yet completion rates still need to improve
- Data presentation and in-theatre memoirs improve and maintain compliance by orthopaedic surgeons
- Regular PDSA cycles are important to realise effective change
- Impact in anaesthetists limited, potentially due to varied operation types and regular job rotations
- Duplicate checklist boxes for procedure and date without specified signatories were poorly completed
- Hand over to seniors at next trauma MDT and incoming juniors at induction, including future cycles to target anaesthetists and adapt checklist format

## References

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