

COMPARISONS WITH THE WHO CHECKLIST

Inevitably, comparisons will be made between the Medical Aid International checklist and that of the WHO. To explore this further, we offer the following discussion points:

WHO: Before induction of anaesthesia

1. There is no mention of blood pressure monitoring anywhere on the checklist. There will always be monitoring limitations in the LMIC environment, but it is our strongly held belief that pulse oximetry and blood pressure monitoring should be the absolute minimum. This is especially important as many patients have spinal anaesthesia, which lowers blood pressure.
2. It is important to define the objective of the checklist. We feel that an efficient checklist should only be focused on the preparation of the operating room, and not dilute or confuse this with direct medical or nursing questions, which require separate checklists. To that end, we feel the allergy question, medication check, blood loss question, and antibiotic prophylaxis question blur what the WHO checklist is trying to achieve. The blood loss question is a medical issue, with planning made accordingly. We have never seen central lines used in the LMIC environment.
It is felt that checking one has the correct patient and that the operation site is marked should be included in our checklist, as it is a fundamental check that needs to be done.
3. It should always be assumed you have a high risk of aspiration and a difficult airway, especially in an LMIC environment where preoperative checks may be less than thorough, as may any previous information about the patient. It is not possible to always predict these risks preoperatively.

WHO: Before skin incision

1. In this section there are many differences between the WHO checklist and our own. Our view is that the statements in this area are too vague and that given staff may lack training in operating room technique, they need to be much more specific.

WHO: Before patient leaves operating room

1. This area is often very poorly managed in the LMIC environment. Specific guidance is vital to ensure a positive patient outcome; that is what our checklist offers.
2. There is no recovery section to the WHO checklist. This is absolutely vital and one where we have seen very dangerous situations due to a lack of clear guidelines.

SUMMARY

Checklists are universally proven to make events safer. However, it is important that they are relevant to the environment in which they are to be used, in order for them to be used effectively and for the long term. It is our belief that the Medical Aid International Surgical Preparation checklist achieves this objective.

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THE RATIONALE OF THE MEDICAL AID INTERNATIONAL SURGICAL PREPARATION CHECKLIST

INTRODUCTION

Checklists are a well-established method of ensuring mistakes don't happen. They must be efficient and easy to use, even in the most difficult situations.

Tim Beacon is a former Operating Department Practitioner, with 20 years' experience in the LMIC operating room environment. He is also CEO of Medical Aid International, a Social Enterprise that provides tailor-made healthcare solutions for LMIC environments. Tim felt that the standard of care in many of the operating rooms he visited was very poor; this was not necessarily for lack of effort, but simply due to lack of knowledge and guidance.

People don't know what they don't know.

He was aware of numerous checklists in circulation, which was to be commended. In particular, the well-known World Health Organization (WHO) Surgical Safety Checklist. Whilst this did encourage safer practise and acted as a catalyst for numerous training initiatives, it was his view that many checklists, including that of the WHO, lacked clarity.

Against this background, Tim decided to write his own, which has been very well received.

THE RATIONALE

Our checklist is constructed upon the following foundational principles:

1. There are three clear separate elements to the patient's surgical journey, namely anaesthesia, surgery, and recovery. These need to be clearly identified as separate elements as they each have their own unique challenges.
2. The checklist has to reflect the unique working conditions and equipment limitations of the LMIC environment. This includes the knowledge of the staff, who will virtually never have been trained in operating room work.
3. The checklist needs to create a mindset of preparation and must also be able to act as a teaching tool. It can also stimulate discussions on the provision of effective, sustainable, and appropriate LMIC equipment, a major issue in LMIC surgical care.
4. The checklist is an operating room checklist. In other words, its objective is to ensure the operating room environment is safe, and from there that the entire team can play their part in ensuring a safe journey for the patient. It also means, very importantly, that the team can respond effectively and quickly to an emergency event, which are of course largely unpredictable.
5. The checklist must be simple, clear, and efficient.

The MAI Surgical Preparation Checklist

The checklist below is designed to help ensure both the operating room and the entire team are prepared for the patient's complete journey through the operating department.



BEFORE YOU START: Does everyone know what operation is being done and their role in the team?

ANAESTHESIA	SURGERY	RECOVERY
<ul style="list-style-type: none"><input type="checkbox"/> Do you have the correct patient?<input type="checkbox"/> Has the anaesthetic machine been checked?<input type="checkbox"/> Do you have a working suction machine?<input type="checkbox"/> Do you have adequate patient monitoring? <i>Pulse oximetry and blood pressure should be the minimum, CO₂ monitoring highly recommended</i><input type="checkbox"/> If using a circle machine, do you have anaesthetic agent and CO₂ monitoring, and is the soda lime effective?<input type="checkbox"/> Do you have a source of oxygen?<input type="checkbox"/> Do you have working laryngoscopes?<input type="checkbox"/> Do you have the relevant airway control devices such as airways, ET tubes, LMAs?<input type="checkbox"/> Do you have emergency intubation aids?<input type="checkbox"/> Do you have the necessary drugs and IV fluids?<input type="checkbox"/> Do you have access to emergency drugs?<input type="checkbox"/> Do you have access to a manual resuscitation bag?	<ul style="list-style-type: none"><input type="checkbox"/> Is the operation site marked?<input type="checkbox"/> Do you have the correct instruments and are they sterile?<input type="checkbox"/> Is working suction available?<input type="checkbox"/> Do you have the required sutures, swabs, drains, dressings, catheters?<input type="checkbox"/> Does the operating light work?<input type="checkbox"/> Is the operating table working and do you have the correct accessories for the procedure?<input type="checkbox"/> Is a system in place to ensure full instrument, needle and swab counts are completed?<input type="checkbox"/> If available, is the diathermy and/or any other electrical equipment working properly?	<ul style="list-style-type: none"><input type="checkbox"/> Is someone allocated to recover the patient and stay with them until they go to the ward?<input type="checkbox"/> Do they know the recovery position?<input type="checkbox"/> Is oxygen available?<input type="checkbox"/> Is suction available?<input type="checkbox"/> Is there access to patient monitoring? <i>Pulse oximetry and blood pressure should be the minimum</i><input type="checkbox"/> Do you have access to the necessary drugs and IV fluids?<input type="checkbox"/> Can you keep the patient warm?<input type="checkbox"/> Is there access to emergency equipment including airway devices, manual resuscitation bags and drugs?