Use of the WHO surgical safety checklist in Interventional Radiology

A. Vahedi, S. Hesni, C. Corr, S. Flanagan

INTRODUCTION

The WHO surgical safety checklist was introduced in 2008 in a bid to reduce surgical morbidity and mortality and was subsequently mandated in 2009 (1). It has been shown to reduce surgical mortality by almost half and surgical complications by approximately one third (2). Interventional radiology is a rapidly expanding field and was made its own subspecialty in 2010. Interventional radiology comprises of procedures that are ‘minimally invasive, targeted treatments, performed under image-guidance’ and is used in almost all specialties (3).

Although 90% of interventional radiology procedures take place through an incision of less than 5mm (4), the National Patient Safety Agency (NPSA) and Royal College of Radiologists (RCR) have recommended that an adapted version of this checklist be used for all patients undergoing radiological intervention. More specifically, the checklist must be used before any procedure involving the insertion of a needle into a patient (5). This adapted version of the checklist includes additions such as ensuring that ionising radiation (medical exposure) regulations (IRMER) have been met.

This audit assessed the use of the WHO checklist by clinicians undertaking interventional radiology procedures over a 5 month period in a single institution.

METHOD

A retrospective review was conducted on patients undergoing any interventional radiology procedure between the 5 month period of March 2015 to July 2015 in the Wrexham Maelor Hospital, Wrexham.

Data collection included patient demographics (age and sex), procedure undertaken and use of the checklist.

Use of the checklist was determined by assessing scanned copies of the procedure request forms which are subsequently used as a checklist during the procedure.

RESULTS

Over the period studied, 122 patients had an interventional procedure requiring the checklist. The average age of patients was 67 years (range 28 –91) and the ratio of males to females was 2.5:1. The most common procedure undertaken was angioplasty.

115 patients did have the checklist conducted (94%), whilst 7 patients did not have the checklist conducted (6%).

We therefore calculated that over a 1 year period, approximately 17 patients would undergo an interventional radiology procedure without use of the WHO checklist.

CONCLUSION

Safety in the surgical setting is paramount. In 2007, 129,419 incidents related to surgical care were reported to the NPSA reporting and learning system (RALS). These included wrong site and wrong patient surgery (6). Use of the WHO checklist has been shown to significantly improve patient safety in the surgical setting (2) and therefore it is imperative that clinicians undertaking interventional radiology procedures utilise this checklist in all cases. With a 50% increase in the number of interventional radiology procedures between 2007 and 2012, this is becoming increasingly important (7).

This study demonstrates that we have not met these standards and we will need to implement change in order to reach the target of 100% compliance.

REFERENCES

REFERENCES


