



Moving evidence into clinical practice: Implementing surgical safety checklists in the operating room

BY B.M GILLESPIE FOR THE NHMRC CENTRE FOR RESEARCH EXCELLENCE IN NURSING

Surgical safety checklists have been shown to improve teamwork and reduce the risk of wrong site surgery (WHO, 2008).

But despite the available research evidence supporting the benefit of using surgical checklists, there have been many difficulties associated with their uptake in clinical practice (Biffi et al, 2015 and Fourcade et al, 2012).

The challenge lies in bridging the 'know-do' gap and making research findings more accessible to frontline clinicians (Graham, 2015).

An approach that is increasingly used to minimise the gap between research and clinical practice is Knowledge Translation (KT).

KT is about implementing strategies designed to raise awareness of research findings for end-users and help use those findings in clinical practice (Graham, 2015).

Pilot study

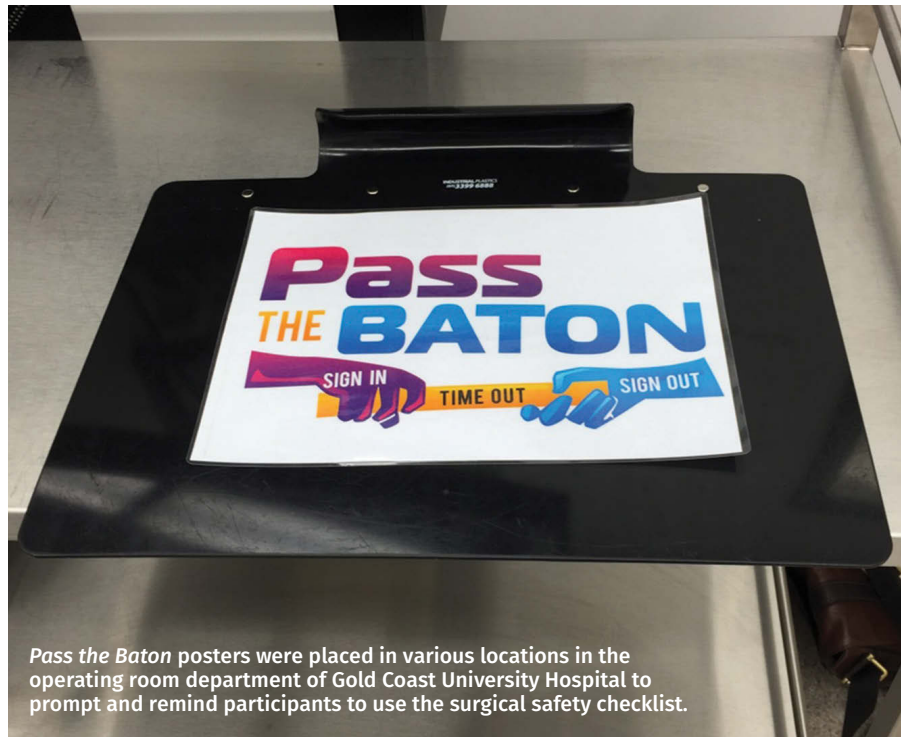
Using a KT approach, clinical stakeholders at the Gold Coast University Hospital and NCREN researchers developed strategies to support clinicians' use of the checklist in surgery.

The intervention, coined *Pass the Baton*, was designed to overcome workflow, which was identified by staff as a major barrier to using the checklist in surgery (Gillespie et al, 2016).

As part of implementing *Pass the Baton*, there were three KT strategies to support better use of the surgical checklist. These included:

- social influence (opinion leaders, change champions)
- audit and feedback (information, education, knowledge brokers)
- reinforcement (prompts and reminders).

The implementation of *Pass the Baton* was nurse-driven. Their role was to



Pass the Baton posters were placed in various locations in the operating room department of Gold Coast University Hospital to prompt and remind participants to use the surgical safety checklist.

initiate and lead the safety checks that make up the surgical checklist.

Positive results

Pass the Baton is currently being evaluated but early results are promising.

We have observed improvements in surgical checklist participation and compliance.

Interviews with clinical stakeholders indicated that the KT strategies to support checklist use in surgery were feasible and acceptable.

Evaluation of the *Pass the Baton* intervention is ongoing and there are plans to refine the KT strategies that support it.

After further refinement, *Pass the Baton* will be rolled out on a larger scale, across several hospitals.

For more information about this and other NCREN KT projects, please contact Professor Brigid Gillespie at b.gillespie@griffith.edu.au ■

References

- Biffi W, Gallagher A, Pieracci F, Berumen C: Suboptimal compliance with surgical safety checklists in Colorado (2015): A prospective observational study reveals differences between surgical specialties. *Patient Saf Surg*, 9:5.
- Fourcade A, Blache JL, Grenier C, Bourgain JL, Minvielle E (2012): Barriers to staff adoption of a surgical safety checklist. *BMJ Qual Saf*, 20, 191-197.
- Gillespie B, Marshall AP, Gardiner T, Lavin J, Withers T (2016): The impact of workflow on the use of the Surgical Safety Checklist: a qualitative study. *ANZ J Surg*, doi 10.1111/ans.13433.
- Graham, I(2015): *Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches*. Canadian Institutes of Health Research: Accessed 10 May 2016: <http://www.cihr-irsc.gc.ca/e/45321.html>
- World Health Organisation: *Implementation of the Surgical Safety Checklist* (2008). In. Geneva: World Health Organisation, 1-28.