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## Surgical check list rolling out this week could save lives

By Liv Osby • Staff writer • Published: March 14, 2011 2:00AM

Thousands of patients in South Carolina suffer injury or die because of surgical errors each year.

This week, hospitals around the state roll out a program aimed at [changing](#) that.

It puts a simple safety checklist in all operating rooms, said Dr. Rick Foster, vice president of the South Carolina Hospital Association. If adopted by every hospital, it's estimated at least 500 patients could be saved a year, he said.

"All the hospitals have committed to it," he told Greenvilleonline.com. "It's a model that could drive change across the country."

The checklist was designed by international patient safety advocate Dr. Atul Gawande, who will be in South Carolina for the kickoff. It's modeled on the checklist pilots use before takeoff and includes 19 items, such as identifying the patient, the site to be operated on, and any special risks.

Gawande has said a 10 percent reduction in errors statewide could eliminate serious complications in more than 4,000 people a year. And that also means saving more than \$50 million in health care costs statewide annually.

In trials, the checklist reduced serious complications such as blood loss and infection more than 30 percent on average, said Gawande, a surgeon and professor at the Harvard School of Public Health and Brigham and Women's Hospital and director of the World Health Organization's Safe Surgery Safe Lives program.

Deaths were almost halved, he said.

Though the average hospital has a serious surgical complication rate of 3 percent, only about 20 percent of American hospitals use the checklist, he said.

So Gawande proposed a pilot program in South Carolina to use the checklist on every patient in every hospital by 2013 that he hopes can be rolled out to hospitals across the country by 2015, Foster

said. He chose South Carolina because of its quality improvement efforts.

Foster said interest is high among surgeons in the state and that groups such as cardiac surgeons have approached the hospital association to create checklists related to their own specialties.

"We have a network of 14 or 15 surgeons already part of a team working on that specifically for cardiac surgery," he said, noting Greenville Hospital System is one of two pilot sites for that list.

"Cardiac surgery is different than regular surgery in that there's a lot more steps and different times that information needs to be conveyed," said Dr. Christopher Wright, a cardiothoracic surgeon at GHS and president of the medical staff.

"We have to ask about preparations for anticoagulation, which is not used in other surgeries, for example, and preparations for bypass," he said. "This communication will help us prevent medical errors and that not only means saving lives but improving the quality of the care we deliver."

GHS is among the hospitals where the checklist has been piloted to some degree already. There, it's displayed on a monitor in the operating room. The surgical team also conducts pre- and post-surgical briefings, which has improved safety, he said.

Foster said it's hoped the checklist can be adopted everywhere a procedure is done.

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That's what Bon Secours St. Francis Health System has done, said Pat Fowler, vice president of surgical services.

St. Francis was one of the early hospitals to adopt the checklist, too, and now it's used anywhere an invasive procedure is performed, such as interventional radiology and the cardiac catheterization lab as well as the ORs, she said. And it has improved patient safety, she said.

"We had a little push-back initially," she said. "But our surgeons are on board with this 100 percent."

The hospital association is working with Gawande's team at Harvard on tools to measure use of the checklist and outcomes after its adoption, Foster said.

Gawande said that since using the list in his own OR, an error is caught every week. And though surgical teams in the trials weren't enthusiastic about it initially, in the end 80 percent said it improved safety. What's more, he said, 93 percent said they'd want it used for their own surgery.



South Carolina rolls out pilot project to include all hospitals in a program designed to reduce surgical errors by having OR staff follow a check list. This project led by patient safety guru Dr. Atul Gawande. Dr. Christopher Wright in the OR talks about the check list and how they are displayed on monitors around the room. (KEN OSBURN/Staff)

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