

.
“A Quasi- Experimental, study to develop pre operative protocol for patient safety in selected hospital.”

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Surgical operations greatly benefit the public health; however, they can also be directly responsible for substantial morbidity and mortality. In industrialized countries, the rate of preoperative death directly due to inpatient surgery has been estimated at 0.4 percent to 0.8 percent, and the rate of major complications has been estimated at 3 percent to 17 percent. Sources of these complications are numerous, including wrong-patient/procedure/site surgery, surgical complications represent a significant cause of morbidity and mortality with the rate of major complications after inpatient surgery estimated at 3–17% in industrialized countries.

Preoperative checklists can help prevent errors and complications related to surgery. The World Health Organization (WHO) Surgical Safety Checklist is a prominent example of a preoperative checklist intended to ensure safe surgery and minimize complications and help in good team working overall attitudes towards the effect of the checklist on safety and team working.

Pre operative preparation is vital to patient safety and a key nursing role. Careful preparation can minimize anxiety and therefore physical effects and ensure patient arrive in the operation department ready for surgery

STATEMENT OF PROBLEM.

“A Quasi- Experimental, study to develop pre operative protocol for patient safety in selected hospital.”

OBJECTIVE OF THE STUDY

- ❖ To identify the prevalence of discrepancies in pre operative preparation.

- ❖ To prepare a preoperative checklist.
- ❖ To compare the effect before and after the implementation of preoperative checklist.
- ❖ To assess the opinion of staff nurse regarding the preoperative checklist

RESEARCH APPROACH

The research method adopted for the study was a Quasi experimental method.

RESEARCH DESIGN: The research design used here is One group pre-post test.

SETTING OF THE STUDY: The study was conducted in K.J Somaiya Hospital and Research Centre.

POPULATION: The population of the study consists of Staff nurses working in K.J Somaiya Hospital.

SAMPLE AND SAMPLE SIZE: The sample consisted of 30 staff nurses working in postoperative ward who were responsible for pre operative preparation

SAMPLING TECHNIQUE: Non- probability convenient sampling

INCLUSION CRITERIA:

Staff Nurses who were:

- Working in selected hospital
- Present at the time of data collection.
- Qualified as B.Sc. / General nursing and midwifery.
- Willing to participate in the study.
- Nurses who are responsible for pre operative preparation of patient

EXCLUSION CRITERIA:

- Student nurses of Diploma or Degree program.
- Auxiliary nurse and midwife

TOOL FOR DATA COLLECTION:

The investigator collected the data from nurses using:

- Observation checklist – To identify the discrepancies in pre operative preparation
- Pre operative check list
- Opinionaire

METHOD OF DATA COLLECTION

STEP 1: Observation checklist to assess the discrepancies in pre operative preparation.

STEP II: preparing the Pre operative checklist for the staff nurses working in preoperative ward

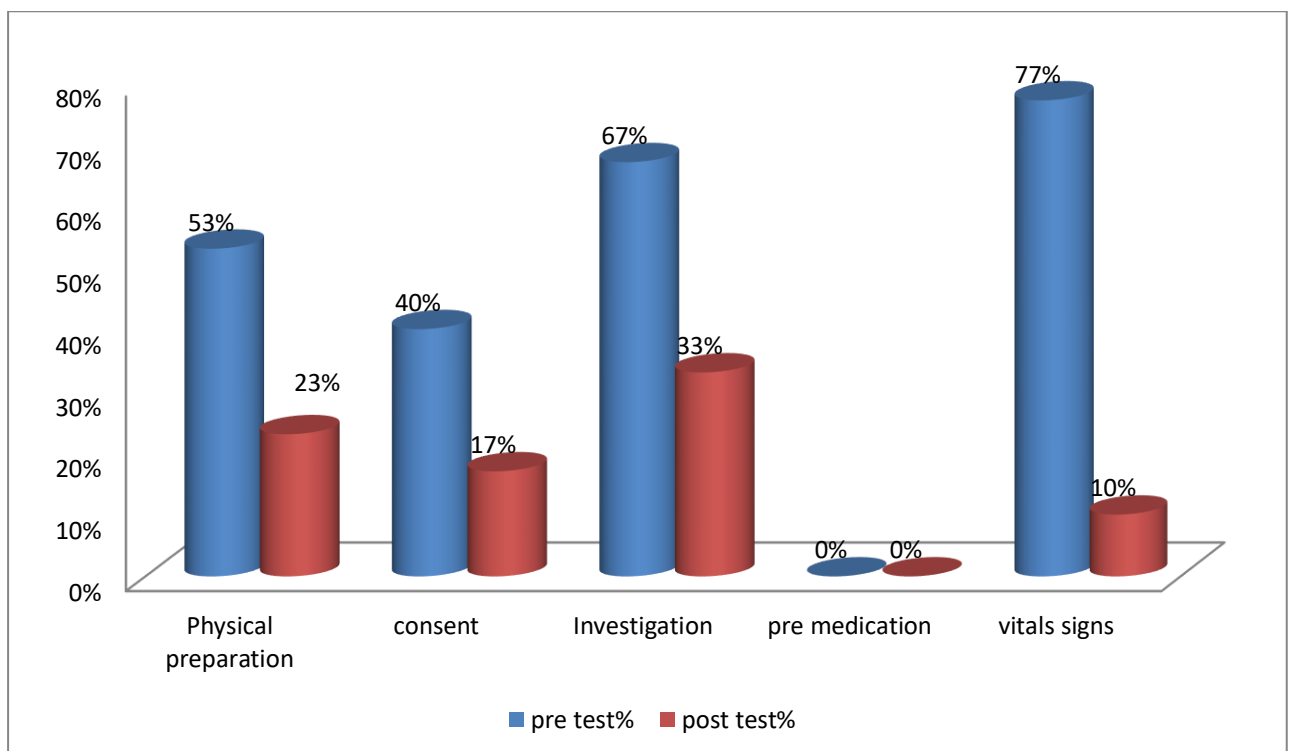
STEP III: Observation checklist to assess the discrepancies in pre operative preparation after the using Pre operative checklist

SECTION IV: Opinionaire to assess the opinion of staff nurse regarding the preoperative checklist.

DATA ANALYSIS

OBJECTIVE 1: To identify the prevalence of discrepancies in pre operative preparation

DISCREPANCIES IN PRE OPERATIVE PREPARATION PRE OBSERVATION AND POST OBSERVATION



The above table shows that 53% staff nurses are not doing the complete physical pre op preparation of the patient before using the checklist, but after introducing the checklist the discrepancies in pre operative physical preparation reduce to 23%.

It is evident from the above chart the discrepancies in completing the consent forms was 40 % before using the checklist which was reduce to 17 % after post test .

The above table also show that the 67% and 77% of staff nurses where not accurately documenting the investigations and the last vital signs of the patient but after, introducing the checklist the discrepancies of staff nurses documenting the investigations and the last vital signs of the patient was reduce to 33% and 10% respectively .

Overall, the discrepancies in each aspect of pre operative preparation minimized, thus proving the efficacy of the prepared Pre operative check list.

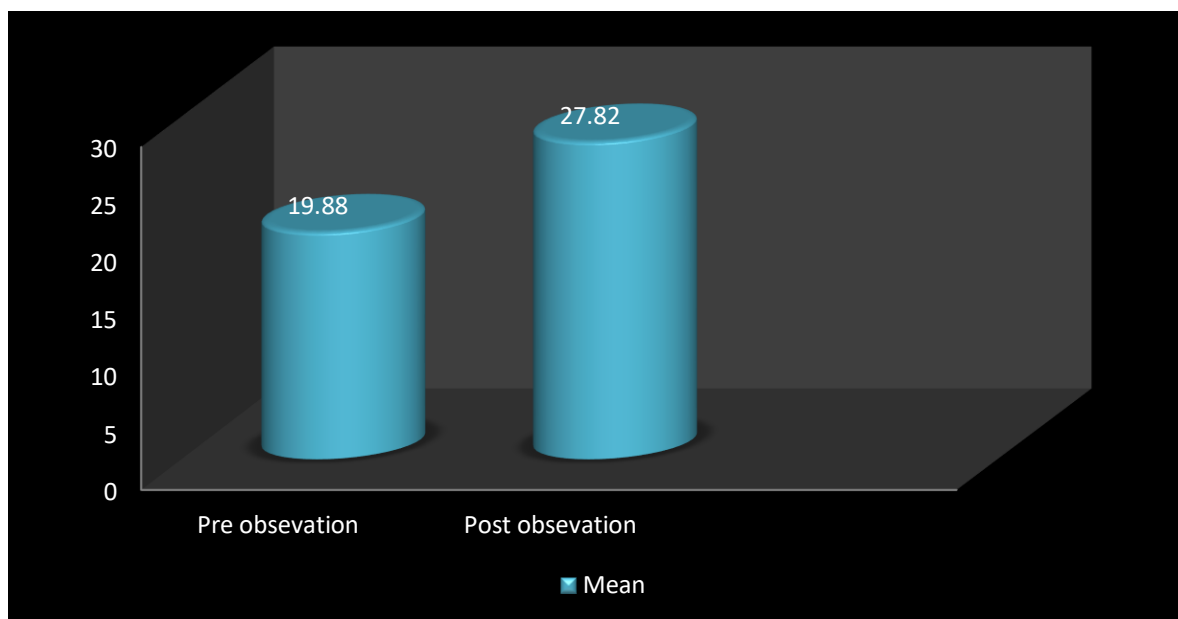
OBJECTIVE 2: To assess the effectiveness of implementation of the preoperative checklist

EFFECTIVENESS OF USING PRE OPERATIVE CHECK LIST

N=30						
	Mean	SD	SEM	SED	t- calculated value	t- table value
Pre observation	19.88	9.08	2.2	1.575	5.0412	2.85
Post observation	27.82	3.78	0.92			

* Significant at 0.05% level,

t (0.05,29df) = 2.85

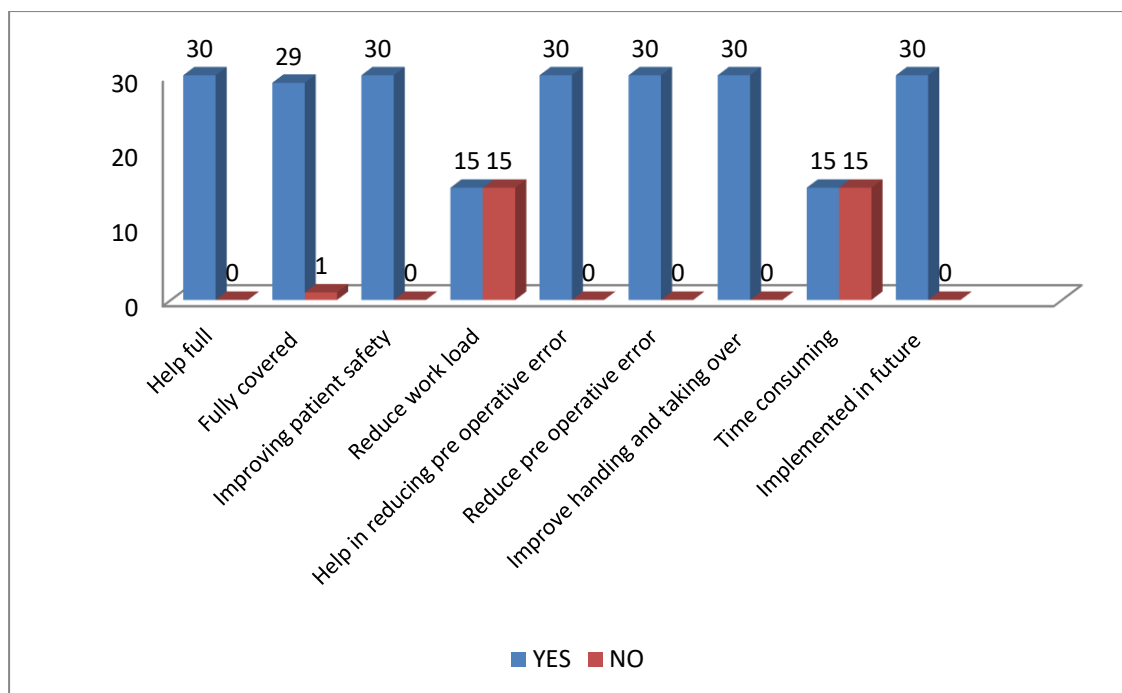


The above table depicts the comparison between the mean score before and after using preoperative check list. As the table value (2.85) is less than the calculated value (5.09) null hypothesis can be rejected and research hypothesis can be accepted. Thus it can be concluded that the preoperative checklist helps in reducing discrepancies in preoperative preparation.

OBJECTIVE 3: To assess the opinion of staff nurse regarding the preoperative checklist.

OPINION OF STAFF NURSE REGARDING PRE OPERATIVE CHECK LIST

OPINION	YES		NO	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
Help full	30	100	0	0
Fully covered	29	97	1	3
Improving patient safety	30	100	0	0
Reduce work load	15	50	15	50
Help in reducing pre operative error	30	100	0	0
Reduce pre operative error	30	100	0	0
Improve handing and taking over	30	100	0	0
Time consuming	15	50	15	50
Implemented in future	30	100	0	0



The above graph shows that 100 % of respondents says that pre operative checklist is helpful in improving patient safety ,reducing preoperative error ,improve handing and taking over and they want to implement this in future ,but 50% says pre operative checklist is time consuming and it increases work load .

CONCLUSION

The overall study concludes that the preoperative checklist is very effective in reducing the discrepancies during the preoperative preparation by the staff nurses. It also helps in improving patient safety. Staff nurses working in preoperative ward recommended for implementing this checklist in future.

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