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ORIGINAL ARTICLE

Implementation and Effectiveness Outcomes of a Quality Improvement Intervention to Strengthen the Application of the World Health Organization Surgical Safety Checklist Tool in a Limited-Resource Setting

Résultats de la Mise en Œuvre et de l'Efficacité d'une Intervention d'Amélioration de la Qualité Visant à Renforcer l'Application de l'Outil de la Liste de Contrôle de Sécurité Chirurgicale de l'Organisation Mondiale de la Santé dans un Contexte de Ressources Limitées

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ABSTRACT

BACKGROUND: There is a disparity in the provision of quality and safe surgical care in Nigeria. The capacity to track surgical safety through the use of the surgical safety checklist tool is variable in this setting. This study aimed to assess the outcomes of training on this checklist and the results of its pilot implementation.

SUBJECTS, MATERIALS AND METHODS: A mixed-methods research comprising of quantitative and qualitative study designs was conducted to evaluate these 23 weeks intervention in our centre. Implementation was conducted in two phases: training of the surgical team and pilot testing of the intervention. Using the RE-AIM framework, implementation outcomes evaluated included reach of training, adoption of checklist and implementation challenges, while effectiveness outcomes evaluated included change in the knowledge score after the training and self-reported impact of the training and pilot test. Quantitative and qualitative data were collected and analyzed. **RESULTS:** There was a 2.4-point significant increase in the knowledge score after the training. During the pilot testing phase, 843 patients had surgery. The weekly checklist utilization rate for elective surgery rose to 64% at project completion. Despite logistic and manpower-related implementation challenges, the training intervention facilitated the translation of participant knowledge into practice (81.5%) and the pilot phase had a high impact on the practice of checklist use (3.8 ± 0.9).

CONCLUSION: The quality improvement programme enhanced knowledge of checklist use and led to improved behaviour and positive organizational change. However, barriers need to be addressed to strengthen the sustainable use of the checklist tool. **WAJM 2023; 40(7): 678–683.**

Keywords: Checklist, Patient safety, Quality improvement, Surgery, World Health Organization.

RÉSUMÉ

CONTEXTE: Il existe une disparité dans la fourniture de soins chirurgicaux sûrs et de qualité au Nigéria. La capacité de suivre la sécurité chirurgicale par l'utilisation de la liste de contrôle de sécurité chirurgicale est variable dans ce contexte. Cette étude visait à évaluer les résultats de la formation à cette liste de contrôle et les résultats de sa mise en œuvre pilote.

SUJETS, MATÉRIEL ET MÉTHODES: Une recherche à méthodes mixtes comprenant des études quantitatives et qualitatives a été menée pour évaluer cette intervention de 23 semaines dans notre centre. La mise en œuvre s'est déroulée en deux phases : formation de l'équipe chirurgicale et essai pilote de l'intervention. En utilisant le cadre RE-AIM, les résultats de la mise en œuvre évalués comprenaient la portée de la formation, l'adoption de la liste de contrôle et les défis de la mise en œuvre, tandis que les résultats de l'efficacité évalués comprenaient le changement dans le score des connaissances après la formation et l'impact auto-déclaré de la formation et de l'essai pilote. Des données quantitatives et qualitatives ont été recueillies et analysées.

RÉSULTATS: Une augmentation significative de 2,4 points du score de connaissances a été observée après la formation. Au cours de la phase de test pilote, 843 patients ont été opérés. Le taux d'utilisation de la liste de contrôle hebdomadaire pour les opérations non urgentes est passé à 64 % à la fin du projet. Malgré les difficultés de mise en œuvre liées à la logistique et à la main-d'œuvre, l'intervention de formation a facilité l'application des connaissances des participants dans la pratique (81,5 %) et la phase pilote a eu un impact élevé sur la pratique de l'utilisation de la liste de contrôle ($3,8 \pm 0,9$).

CONCLUSION: Le programme d'amélioration de la qualité a renforcé les connaissances sur l'utilisation des listes de contrôle et a conduit à une amélioration des comportements et à un changement organisationnel positif. Toutefois, des obstacles doivent être surmontés pour renforcer l'utilisation durable de l'outil de la liste de contrôle. **WAJM 2023; 40(7): 678–683.**

Mots-clés: Liste de contrôle, Sécurité des patients, Amélioration de la qualité, Chirurgie, Organisation mondiale de la santé.

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