

**The use of the World Health Organisation (WHO) surgical checklist in the TTM hospital,
Apia, Samoa**

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I had chosen to complete my elective in Apia, the capital city of Samoa. Apia, houses the largest hospital across both islands, the Tupua Tamasese Meaole (TTM) hospital. I had always been fascinated by Anaesthetics and ITU care, but wondered what this would be on quite literally the other side of the world. In particular, I was interested in the use of the WHO surgical checklist, as this had not been previously reported.

I spent 4 weeks with the Anaesthetics and ITU department, becoming part of the team, assisting where competent to do so. I was able to observe and compare practices with those I had seen in the UK, and found this to be very similar in regards to protocols followed, types of anaesthesia used and theatre and anaesthetic room layout. However, there were differences, the anaesthetic department consisted of merely 4 consultant Anaesthetists, who worked over 4 theatres. The theatres at the TTM hospital, as well as the rest of the hospital had an abundant supply of medical students, which were relied upon heavily, more so than in the UK.

I had arrived at the TTM hospital with the intention of carrying out a project involving the WHO surgical checklist. The checklist was introduced to save lives in surgery and increase patient safety as well as improve outcomes. When completed fully, the checklist reduced complications, death, morbidity and increased communication and patient outcomes. This checklist therefore is an important tool that should be implemented worldwide.

The checklist was introduced here in 2015, and had been audited the following year, where it was found to have poor completion rates. I decided to audit the records for the previous three months, allowing me to look at the records of 89 patients in total. After analysing the data, I had found that the checklist completion levels had improved since the last audit but were still fairly low and needed improvement.

Before presenting my results to the anaesthetics team, I chose to speak to all members of the surgical team so I could understand why the completion rates were so low. I wanted to understand the view point of the theatre nursing team as they have a such a large part to play when it comes to the completion of the checklist. From these formal and informal discussions, it became obvious that there were several things that needed to be addressed if completion rates were to be improved. The nursing staff had expressed that due to shortages in staff, it was not possible that somebody was available to complete the checklist and therefore it was deemed unnecessary. They expressed that junior members of staff were not aware the checklist, let alone its importance, and were not confident in completing this. They also complained that it was a single sheet of paper which would often become misplaced very easily.

In my last week at the TTM hospital I presented my results to the Anaesthetics and ITU department, along with recommendations based on the nursing staff feedback. These

recommendations included informing the nursing staff about the importance of the checklist within their mandatory trust induction. This was something the head of nursing was keen to implement. It was suggested that if a circulating nurse or theatre nurse was not available to complete the checklist, then this should be identified at the beginning and Anaesthetists would be more than happy to complete these. Previously nursing staff felt they could not approach the anaesthetist with something like this, so an open discussion was very useful to eliminate this.

A change was also made to the paperwork in itself, in that the checklist was combined with the anaesthetic pre-operative checklist to produce a two-sided document, to reduce the chance of this being misplaced. It was also suggested that if this was not successful, that an anaesthetic pack should be produced where all essential documents are combined, again to reduce the chance of them misplaced.

I left Samoa, with a very grateful Anaesthetic and ITU team, who due to being so chronically understaffed do not have the time or resources to audit their processes. I was so thankful for this opportunity as I was able to see conditions that I had never come across in the UK such as rheumatic fever and Ludwig's angina. In addition, I was able to carry out clinical skills and improve my technique with airway management, cannulations and phlebotomy.

I am so grateful to the AAGBI for their help in funding this placement as this has had a huge impact at the TTM hospital and was most definitely a once in a lifetime learning opportunity for myself.