

ABSTRACT

Globally and locally there is promotion of the Surgical Safety Checklist' (SSC) to reduce errors, complications and deaths associated with surgery. Pre-operative checking before the patient leaves the ward, before induction of anesthesia (sign in), before the initial incision (time out) and before wound closure (sign out) promotes surgical safety. Use of the SSCL enable the surgical team to identify required investigation specimens, prepare for risk of high blood loss, operate on correct patient, at correct site, proper administration of anesthetics, minimize surgical site infection, and prevent retention of instruments or sponges in the surgical wounds. Equally the use of 19-item SSCL facilitates effective communication between surgical ward staff and operating team to cross-check all prior procedures just like airline flight briefing before taking off.

This is why this study set out to determine the factors influencing the utilizing of the surgery safety checklist (SSCL) at Nsambya and Buluba hospitals. The objectives of the study were to determine the prevalence of utilization of SSCL, identify the health workers' knowledge towards utilization of the SSCL, to determine the health worker's attitude towards SSCL and to establish the health facility's factors influencing the utilization of SCCL in Nsambya and Buluba hospitals.

The overall score of the utilization of the SSCL in the two hospitals was 96% (139/145). However, there were observed gaps in filling of the three phases of the SSCL. For instance at Nsambya filling the section of before induction of anesthesia (sign in) was at 53%, before Anesthesia in theatre (Time out) at 5% and from theatre to ward (Sign out) at 5%. Whereas at Buluba hospital staff filled in only "sign in phase" which was low at 36% level. There was a significant low use of SSCL on all major surgeries (59%) at Nsambya hospital as compared to Buluba hospital where they use SSCL on all major surgeries was (81%).

Generally the majority of the health workers were knowledgeable about the SSCL from the perspective of knowing the benefits of using SSCL (95%), access to SSCL guidelines (77%). The access to SSCL information was mainly through CME, workshop and training and fellow workers (53%) but the access through social media like internet was very low at 14%. The overall assessment of the health workers' attitude based on the factors like easiness to use SSCL, time needed to fill SSCL, appreciation of SSCL by the health workers and their desire to have the SSCL used on them during an operation indicated positive attitude at 94% (137/145) towards SSCL.

Regarding the health facility factors, the general outcome showed that the SSCL was available (93%) and (92%) at Buluba and Nsambya respectively. There was observed overall agreement that workload affects the use of SSCL 55% (80/145) in Buluba and Nsambya hospitals with a deviation of 50% between Buluba and Nsambya that workload affects SSCL use.

The findings were evident that Nsambya and Buluba hospitals are generally using the SSCL to offer safe surgery because surgical errors are hardly reversible. Therefore, the observed gaps namely; failure to use the SSCL on all major especially surgeries, lack of knowledge of the existence of WHO SSCL and how to use it plus the negative attitude by a few staff, workload and non availability of SSCL, all these need to be mitigated to promote safe surgery. The fact remains that any slight surgical risk can turn to be detrimental to an individual, family, community and the County at large in terms surgical related disability, morbidity and mortality.

In conclusion both hospitals need to maintain the observed good practices and existing strengths, then improve on the identified weaknesses in order to promote safe surgery as means to mitigate the surgery related morbidity and mortality.