EDITORIAL

Safe Surgery Saves Lives

Now a days everywhere and everyone is talking about Safe Anaesthesia and Safe Surgery. Really it is a matter of great concern. Therefore, through this editorial I want to put up some information from different sources published on web platform.

Links to the WHO appear on the APSF website home page and more specific information about the WHO Safe Surgery Saves Lives Global Patient Safety Challenge can be accessed at: http://www.who.int/patientsafety/safesurgery/en/.

With the Anaesthesia Patient Safety Foundation as one of the 160 endorsing professional organizations from literally all around the globe, the World Health Organization (WHO), through WHO's World Alliance for Patient Safety, **launched its Second Global Patient Safety Challenge: "Safe Surgery Saves Lives," June 25 in Washington, DC.**

This world-wide patient safety initiative acknowledges that surgery often is, in fact, not a therapeutic benefit, but rather a public health *hazard* for much of the world's population and addresses improving the safety of surgical care everywhere. The previous First Global Patient Safety Challenge, "Clean Care is Safer Care," focusing on "Hand Hygiene in Health Care" and clean water was launched in October 2005, and has been widely credited with promoting significant advances in the safety of basic health care in the developing world.

The new Safe Surgery Saves Lives program centres on a single-page safety checklist, but is presented in a 170-page document that has 4 main sections: Surgical Site Infection Prevention, Safe Anaesthesia, Safe Surgical Teams, and Measurement of Surgical Care and Quality Assurance Mechanisms.

The 6-member "Working Group" that produced the Safe Anaesthesia section includes John H. Eichhorn, MD, professor of anaesthesiology at the University of Kentucky, who was founding editor of the *APSF Newsletter* and now serves as consultant to the APSF Executive Committee, and also Jeffrey B. Cooper, PhD, director of biomedical engineering at Partners Healthcare/Massachusetts General Hospital and executive vice president of APSF.

The other 4 anaesthesiologists are from New Zealand, India, Nigeria, and England. Dr. Eichhorn attended the launch event as the APSF representative.

The Safe Surgery Saves Lives June launch event was hosted by the WHO Regional Director for the Americas and attended by Ministers of Health, world leaders in surgery, anaesthesiology, and nursing, and also Dr. Atul Gawande, a Harvard faculty member in both Health Policy/Management and Surgery, the organizational leader for this WHO initiative intended to reduce deaths and complications in surgery globally.

During the launch there were video links to numerous sites around the world testing the

new "WHO Surgical Safety Checklist" and endorsements of this approach to safety from health care associations—anaesthesia, medical, surgical, nursing, patient safety, as well as ministries of health—worldwide.

The World Alliance for Patient Safety was honoured that Senator Edward M. Kennedy had accepted its invitation to deliver welcoming remarks for this global launch. Senator Kennedy affirmed his strong support for this initiative, but his recent health concerns prevented his personal attendance at the expansive event that took place at the Pan American Health Organization headquarters building.

Mission

There are more major surgeries than births worldwide, yet surgery is much more dangerous and has a much higher mortality rate. The incidence of conditions requiring surgery is rising as a proportion of the total global burden of disease, and surgical intervention is expected to increase around the world. Surgical care and its safe delivery can potentially affect the lives of many millions of people worldwide. By defining a core set of minimum standards that can be applied universally across borders and settings, the Safe Surgery Saves Lives Challenge hopes to create an environment of safety that will help improve both access for and care of surgical patients.

Dr. Gawande stated, "Surgical care has been an essential component of public health systems worldwide for a century. The quality and safety of that care has been dismayingly variable in every part of the world. The Safe Surgery Saves Lives campaign aims to change that by raising the standard that people everywhere can expect."

Universal Application

Primarily targeting underdeveloped, resource-challenged parts of the world, but *applicable universally wherever surgery is performed*, the Safe Surgery Saves Lives program focuses on providing simple and practical checklists, practice standards, and protocols specifically intended to help make surgery and anaesthesia safer. Quality improvement programs, perceived as a need in a majority of the world, are specifically targeted by the "measurement and QA" section.

Main tangible product of the program is the **"Surgical Safety Checklist"** (see Figure 1) that will be used to promote safety and improve quality of surgical services. The checklist is designed to be simple and widely applicable. It aims to reinforce established safety practices, and many of the steps are already accepted as routine in facilities in many locations. It also aims to foster better communication and teamwork among clinical disciplines (note the requirement for team members to introduce themselves by name and role to open the Time Out). The checklist is intended as a tool for clinicians to improve safety by reducing unnecessary surgical deaths and complications. The individual safety checks have been included based on clinical evidence or expert opinion that their inclusion will reduce the likelihood of serious, avoidable surgical or

anesthesia harm and that adherence to them is unlikely to introduce injury or unmanageable cost.

At the time of the June launch, the Surgical Safety Checklist was being field tested in real cases in operating rooms in each of the 6 WHO regions around the world. Included are surgical settings with widely variable economic and resource-availability conditions. The current checklist is labelled "First Edition" to indicate that the checklist may be enhanced over time based on experience and research on its application.

Figure 1: The new WHO Surgical Safety Checklist is intended to help improve quality of care and enhance the safety of surgery, especially in developing and resource-challenged parts of the world. It is universally applicable, however, and its rigorous adoption clearly could be of significant benefit, particularly in promoting communication and cooperation in the OR, in every surgical suite in the US.

Expansive Background

Supporting the Surgical Safety Checklist is a comprehensive "technical document" focusing on 10 specific objectives to improve the safety of surgical care. It details the rationale for and explains the application of the checklist items though an "implementation manual" for the checklist. It also stands as an extensive additional resource in the 4 areas in which dramatic

improvements are targeted in the safety of anaesthesia care: surgical site infection prevention, safe anaesthesia, safe surgical teams, and measurement of surgical services. The goal of the Challenge is to improve surgical safety around the world by defining a core set of safety and basic practice standards that can be applied in all WHO Member States regardless of circumstance or environment. The working groups of international experts were convened to review the literature and the experiences of clinicians around the world and achieve the consensus contained in the technical document.

Anaesthesia Antecedents

The Safe Anaesthesia Working Group was first convened in early 2007. Its initial deliberations involved reviewing the International Standards for a Safe Practice of Anaesthesia, a comprehensive practice protocol document that recognized the wide disparity in medical care resources around the world and recommended solutions, which had been adopted as world standards by the World Federated Societies of Anaesthesiologists (WFSA) at the World Congress in June 1992. That document had been created by the independently funded International Task Force on Anaesthesia Safety comprised of experts from 9 countries and chaired by Dr. Eichhorn and also Dr. J.S. Gravenstein, who was then from the University of Florida. The WHO Working Group used the WFSA model as the stimulus for the subject areas and the anesthesia practice standards in the technical document, included in the detailed tabular "Guide to infrastructure, supplies, and anaesthesia standards at three levels of health-care facilities."

In addition to the essential practice standards, the "Safe Anaesthesia" section of 30 pages in the technical document includes highly referenced presentations on the value of pulse oximetry and capnography monitoring; preanesthetic preparation and check-out; anesthetic infrastructure, facilities, and equipment; airway management; and medications and their safe administration. The subsequent section on anticipating and treating hypovolemia and haemorrhage combines anaesthesia and surgical considerations. Again, while the first intended target for these patient safety efforts is the underdeveloped and emerging areas of the world, the principles, protocols, and standards are universally applicable in every operating room in the world, including the most advanced and sophisticated. Improvement of anaesthesia and surgical patient safety is possible everywhere and is the goal of this initiative.

D.N. Pande, President AAIM - Central Council & Chief Editor Sangyaharan Shodh

Jai Hind !   **Jai Ayurveda!**   **Jai Sangyaharan!**

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