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Implementation of “local safety standards for invasive procedures (LocS-SIPs)

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The importance of patient safety in medicine and dentistry cannot be understated. Wrong procedure account for approximately 25% of wrong-site surgery, and the implications for the patient, the team, and the institution can be profound. The development of national safety standards for invasive procedures (NatSSIPs) has led to the introduction of specialty-specific local safety standards for invasive procedures (LocSSIPs), with the aim of improving safety further. The implementation of outpatient and inpatient LocSSIPs is recommended in clinical session when surgical interventions regularly take place. We have implemented inpatient along with outpatient LocSSIPs checklist for all procedures done under local anaesthesia in the Vascular surgical unit of a large Tertiary Centre. Feedback from a staff survey six months after its introduction was positive from both clinicians and nursing staff. Since its implementation 18 months ago no serious incidents have been reported and staff think that safety has improved. The reporting of incidents, for example, missing clinical notes and faulty equipment, has become more common (showing better awareness) and the development of a team-led approach has improved the running of the department.

Methods: This project used the pre- and post-implementation audit strategy made up of eight criteria using the Joanna Briggs Institute Practical Application of Clinical Evidence System and Getting Research into Practice. The audit, review, implementation and re-audit sequence was the strategy used to improve clinical practice, and the project was conducted over a five-month period, with the addition of a third audit cycle six months post completion of the implementation phase. Results were discussed with key clinicians throughout the duration of the project. Baseline audit results provided the foundation for generating change and this data was then compared with the first follow-up audit to identify improvements in compliance with criteria. Again this data was compared with audits from six months post implementation to identify sustainability of the project.

Results: The results from the baseline audit highlighted that there was significant opportunity for improvement in all criteria audited. It was pleasing to report that in the first follow-up audit cycle, nearly all criteria showed an improvement in both medical and surgical fields.

Conclusion: Effective training is essential to maintain safe clinical practice within health care, and training methods that are inclusive of various learning styles are well received.

Biography

George is a vascular surgery registrar, mainly works in vascular and general surgery. He is interested in aorta and carotid research. He has at least 6 published papers. Through his work he hopes that his research activity would be valuable to help people all over the world. George Eskandar is working as a general and vascular Surgeon in James Cook University Hospital, England in UK.

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