Check List in an Ambulatory Surgical Center in Developing Country, Colombia

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General Objectives: To evaluate the impact in outpatient of the check list, to verify studies like NEJM1 and IBEAS2.

Methodology: The check list as a security strategy of the WHO was implemented in the Ambulatory Surgical Center, ASC, Salud SURA in November 2008.

Type of study: Prospective, descriptive and analytical between November 2008 to December 2011.

Sample: Patients in the ASC Salud SURA.

Results: This ASC was implemented based on security policies, has an emphasis on minimally invasive procedures of medium complexity: osteotomies of long bones, advanced laparoscopic surgery. The development towards classically hospital procedures made possible by the joint services such as home health service, physical therapy and early medical surveillance. Adverse events in 9678 patients have the following issue: 2008 1.2%; 2009 0.9%; 2010 1.6%; 2011 1.2%.

Discussion: WHO implemented a security policy based on the check list in 2009, with the aim of reducing overall surgical mortality to <1%.3 The Iberoamerican study of adverse events, IBEAS, in a multicenter study in 5 countries American reported a prevalence of 10%, with increased risk for surgical patients and ICU. 50% of adverse events are preventable, particularly in the obstetric population and medical conditions.

Conclusions: Attention on the ASC Salud SURA, shows that the check list and a multidisciplinary analysis of adverse events, generates security policies for its own problems, 4.5 with a positive impact with a lower incidence of adverse events, data available in the literature aimed to strengthen the non-technical skills of staff (team work and communication), management guidelines, the antidotes available anesthetics, regional anesthesia with dual technique, encouraging judicious reporting of events adverse postoperative monitoring of patients for priority attention to better meet the criteria for achieving a high patient-focused outcomes, to achieve early return to daily life.

Bibliography: