

Public Abstract

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Graduation Term:FS 2015

Department:Nursing

Degree:PhD

Title:The Use of Surgical Safety Checklists During Time-Outs in Rural and Urban Operating Rooms

Operating rooms continue to be one of the most common locations for errors despite interventions aimed at reducing errors. Surgical safety checklists were introduced by the World Health Organization as a tool to improve patient safety. Operating room safety impacts both urban and rural operating rooms, and little research has been completed examining surgical safety in rural operating rooms. This study examined the use of checklists in surgery and compared the use of checklists in rural and urban operating rooms through a survey of operating room nurses. Seventy-seven rural and forty-seven urban nurses completed the survey. Time-outs were completed by almost all subjects but compliance was lower for verbal confirmation of agreement from team members and for the cessation of all other activities. Rural and urban respondents report using a checklist during the time-out. Checklist items most often included in the time-out include the patient's name, consent, site marking, and antibiotic administration. Checklist content were less likely to include team names, anticipated case duration, and surgeon's anticipated critical or non-routine steps. Urban nurses were significantly more likely to verify sterilization indicators. Barriers identified by urban subjects were checklist fatigue, anesthesia and surgeon resistance. Barriers reported by rural subjects were a lack of upper management support, lack of education, lack of monitoring, and practice variances between surgeons and organizations. This research shows that while checklist use has been adopted in many organizations, its use is lacking consistency across both settings and there is a need to understand variation in practice in order to develop effective strategies to improve utilization.