

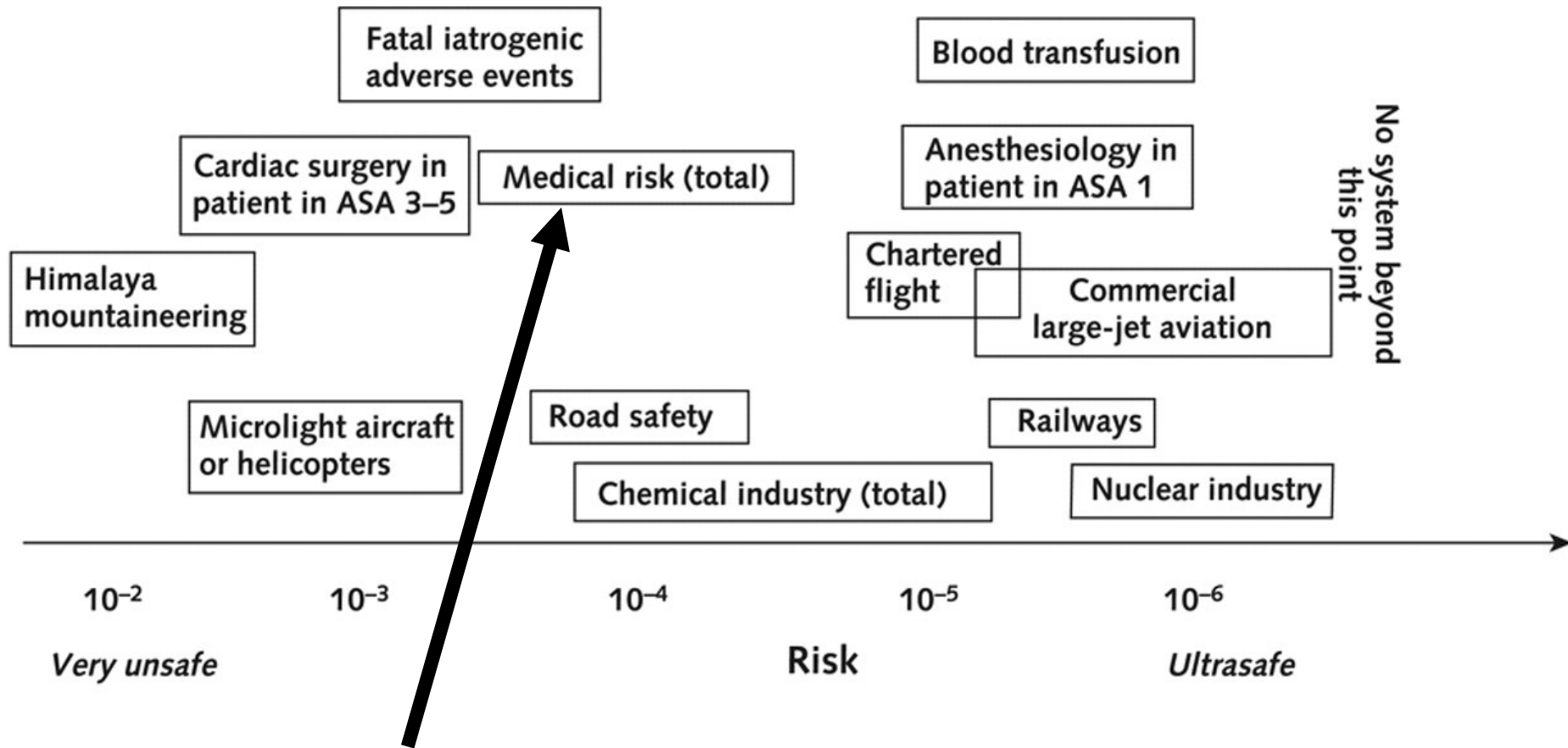


Gestione del Rischio Clinico in Sala Operatoria

Approccio proattivo/preventivo alla Prevenzione delle Infezioni

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High Reliability Organizations

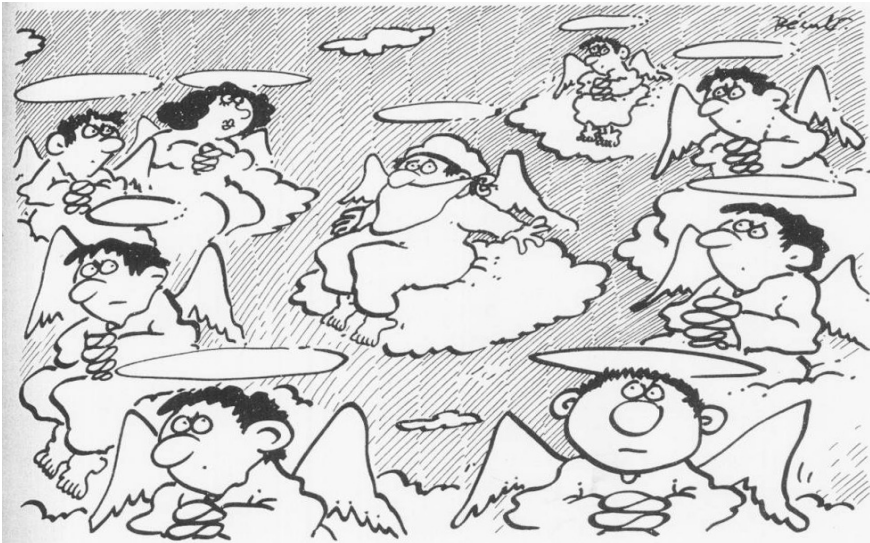


Amalberti, R. et. al. Ann Intern Med 2005;142:756-764

Il 53% degli eventi avversi si verifica in sala operatoria

*"I pazienti con una ferita
suppurata possono chiederne
conto al proprio chirurgo"*

Ospedale Francese, inizio 900
Museo di Storia della Medicina Londra



- “La sala operatoria è considerata tra i luoghi potenzialmente più rischiosi di una struttura sanitaria. Nella pubblicistica scientifica si afferma che un sostanziale numero di pazienti subisce lesioni ed effetti indesiderati causati da trattamenti chirurgici”

Di Denia P., Caminati A., Martini C., Marzola L., Venneri F.

I rischi in sala operatoria, in *Risk Management*, Carocci Faber, 2007

I Rischi per il paziente che coinvolgono le attività di sala operatoria

- Procedura chirurgica su paziente o parte del corpo sbagliata
- Ritenzione di garze, taglienti e altri strumenti all'interno della sede chirurgica
- Lesioni da posizionamento intraoperatorio
- **Rischio infettivo***
- Rischi legati all'uso di farmaci

- * ***Rischio Infettivo: SSI/Ambientale***



Classificazione errori in un setting chirurgico

- Errori di tecnica chirurgica	19.3
- Errori di terapia	13.7
- Errori esami diagnostici	10.4
- Errori nella pianificazione intervento	9.9
- Errori dovuti alla strumentazione	9.4
- <i>Errori nella fase postoperatoria</i>	<i>8.5*</i>
- <i>Errori amministrativi</i>	<i>6.6</i>
- <i>Sito sbagliato</i>	<i>6.1</i>
- <i>Errori di comunicazione</i>	<i>3.8*</i>
- <i>Errori anestesiológicos</i>	<i>3.3*</i>
- <i>Errore di prep./sommen. terapia</i>	<i>3.8</i>
- <i>Anamnesi ed EO incompleti o inesatti</i>	<i>1.4</i>
- <i>Diagnosi errata</i>	<i>1.2</i>
- <i>Ritenzione corpi estranei</i>	<i>0.9</i>
- <i>Errori assistenza infermieristica</i>	<i>0.5</i>
- <i>Altro</i>	<i>0.9</i>

(R K Shah, F.Venneri et al., 2004)

* Con casi mortali

Chirurgo : *Operatore sensibile al rischio...ed alle sue conseguenze*

Approccio sistemico e cultura della sicurezza



WORLD ALLIANCE FOR PATIENT SAFETY

SAFE SURGERY SAVES LIVES

SECOND GLOBAL PATIENT SAFETY CHALLENGE

Errori latenti



Possono essere legati:

- **Alle tecnologie**
 - **Alla gestione**
 - **Alla organizzazione**
- 

Gli strumenti per migliorare i livelli di sicurezza del paziente

- ***Ridurre la complessità***
- ***Ottimizzare l'informazione sul processo***
- ***Non affidarsi troppo alla memoria***
- ***Automatizzare con saggezza***
- Usare delle costrittività
- Mitigare gli effetti indesiderati del cambiamento
- Favorire il lavoro di team
- ***Standardizzare***
- Riprogettare sulla base degli errori

(Nolan, BMJ 2000 - modificata)

Consensus Document

Guidelines for improvement of the procedural aspects of devices and surgical instruments in the operating theatre

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Guidelines for improvement of the procedural aspects of devices and surgical instruments in the operating theatre

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Razionale

Build and disseminate useful recommendations on the use of disposable surgical procedure sets and the streamlining of conventional sets.

Population Focus: doctors, nurses and other practitioners involved in operating theatre procedures

Systemic Organizational Focus: processes of resource management and clinical risk assessment, and procurement, organisation, sterilisation and reprocessing of surgical instruments

OPTIMISATION OF PERIOPERATIVE PROCEDURAL FACTORS TO REDUCE THE RISK OF SURGICAL SITE INFECTION IN PATIENTS UNDERGOING SURGERY: A SYSTEMATIC REVIEW.

- 1) What is the relationship between the features of surgical procedure sets and the frequency of surgical site infections (SSI) in patients undergoing surgical treatment?
- 2) How do the time frames of perioperative processes and operating theatre traffic vary in relation to the features of the procedure sets used?
- 3) What is the impact of streamlining and optimising surgical procedure sets and their direct and indirect costs?

Goals

Data were extracted on the test population, surgical setting, procedures performed, operations and any follow-ups.

The main operational outcomes of interest :

1. A reduction in the incidence of post-surgical SSIs
2. A reduction in procedure times
3. A reduction in operating theatre traffic flow
4. A reduction in costs associated with the intervention.

Results

Tecnology Support

Claim 1			
<i>The use of disposable procedure sets can reduce the incidence of surgical site infections and the associated consequences.</i>			
Evidence: B1	Uncertainty: unclear	Agreement: 4.5	Consensus: Medium-High

Claim 2			
<i>The use of a separate surgical set to close the wound helps reduce the incidence of SSIs.</i>			
Evidence: B1	Uncertainty: unclear	Agreement: 4	Consensus: Medium-High

Procedures for streamlining surgical sets

Claim 3			
<i>Streamlining surgical sets is widely validated in many contexts of general and specialist surgery.</i>			
Evidence: B3	Uncertainty: unclear	Agreement: 4.1	Consensus: Medium

Claim 4			
<i>It is recommended that the streamlining of surgical sets begins with a phase of direct or indirect observation, possibly supported by computational systems, to highlight the usage status of devices and surgical instruments from a qualitative and quantitative point of view.</i>			
Evidence: B3	Uncertainty: unclear	Agreement: 4.4	Consensus: High

Organizational Review

Claim 5			
<i>The streamlining procedure can be introduced through staff training on the rationale, objectives and meaning of the procedure.</i>			
Evidence: B3	Uncertainty: unclear	Agreement: 4.8	Consensus: High

Claim 6			
<i>Assessment of the usage status of surgical devices and instruments can be improved, though not replaced, by the subjective contribution of the practitioners involved, through multidisciplinary discussion or the administration of ad hoc questionnaires.</i>			
Evidence: B3	Uncertainty: unclear	Agreement: 4.5	Consensus: Medium-High

Ergonomics and Human Factor

Claim 10

Observation after the implementation phase should examine the efficacy and safety outcomes of the streamlining procedure. The time taken to prepare the operating theatre, the exposure of devices and surgical instruments to the air for the entire duration of the surgery, the number of staff present and the flow of traffic through the room, can be used as surrogate outcomes for the contamination of devices, instruments and the surgical site.

Evidence: B3

Uncertainty: unclear

Agreement: 4.8

Consensus: High

Grazie per l'attenzione

