

WHO Guidelines for Safe Surgery 2009

Safe Surgery Saves Lives



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A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population

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Section I.

Introduction

Introduction

Confronted with worldwide evidence of substantial public health harm due to inadequate patient safety, the World Health Assembly (WHA) in 2002 adopted a resolution (WHA55.18) urging countries to strengthen the safety of health care and monitoring systems. The resolution also requested that WHO take a lead in setting global norms and standards and supporting country efforts in preparing patient safety policies and practices. In May 2004, the WHA approved the creation of an international alliance to improve patient safety globally; WHO Patient Safety was launched the following October. For the first time, heads of agencies, policy-makers and patient groups from around the world came together to advance attainment of the goal of “First, do no harm” and to reduce the adverse consequences of unsafe health care. The purpose of WHO Patient Safety is to facilitate patient safety policy and practice. It is concentrating its actions on focused safety campaigns called Global Patient Safety Challenges, coordinating Patients for Patient Safety, developing a standard taxonomy, designing tools for research policy and assessment, identifying solutions for patient safety, and developing reporting and learning initiatives aimed at producing ‘best practice’ guidelines. Together these efforts could save millions of lives by improving basic health care and halting the diversion of resources from other productive uses.

The Global Patient Safety Challenge, brings together the expertise of specialists to improve the safety of care. The area chosen for the first Challenge in 2005–2006, was infection associated with health care. This campaign established simple, clear standards for hand hygiene, an educational campaign and WHO’s first *Guidelines on Hand Hygiene in Health Care* (1).

The problem area selected for the second Global Patient Safety Challenge, in 2007–2008, was the safety of surgical care. Preparation of these *Guidelines for Safe Surgery* followed the steps recommended by WHO (Table 1.1).

Table 1.1 – Development of the WHO Safe Surgery Guidelines (2)

WHO recommended steps in technical guideline development	Action Taken
Define the specific issues to be addressed by the guidelines	Completed
Undertake a systematic search for evidence	Completed
Review the evidence available	Completed
Develop recommendations linked to the strength of the evidence	Completed
Draft guidelines	Completed
Discuss and incorporate, where relevant, comments of external reviewers	Completed
Draft final version of the guidelines	Completed
Make recommendations on dissemination strategy	Completed
Document the process of guideline development	Completed
Test the guidelines through pilot evaluations	Completed

The groundwork for the project began in autumn 2006 and included an international consultation meeting held in January 2007 attended by experts from around the world. Following this meeting, expert working groups were created to systematically review the available scientific evidence, to write the guidelines document and to facilitate discussion among the working group members in order to formulate the recommendations. A steering group consisting of the Programme Lead, project team members and the chairs of the four working groups, signed off on the content and recommendations in the guidelines document. Nearly 100 international experts contributed to the document (see end). The guidelines were pilot tested in each of the six WHO regions—an essential part of the Challenge—to obtain local information on the resources required to comply with the recommendations and information on the feasibility, validity, reliability and cost-effectiveness of the interventions.

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