



Enhancing Implementation of the WHO Surgical Checklist

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The WHO safety surgical checklist has demonstrated its effectiveness in improving patient outcomes [1]. However, universal implementation of this valuable tool in surgical practice remains limited. In their study, Montwedi et al. [2] investigate whether the timing and urgency of procedures influence compliance. They find that compliance is not dependent on the urgency or timing of surgery. While their efforts are commendable, there are important aspects that warrant attention.

Firstly, the study does not clearly specify who is responsible for conducting the surgical safety checklist. Identifying whether it is the main surgeon, a senior nurse, or another designated team member is crucial. Involvement of senior leadership is essential for ensuring checklist compliance, as their absence often contributes to poor adherence.

Secondly, the study's definition of compliance appears overly liberal. Merely attempting to fill out the checklist should not be equated with compliance. Reporting compliance based on individual checklist elements would provide a more accurate representation. Currently, the reported high compliance rates of 97.6% during daytime and 95.3% during out-of-hours are misleading, considering the presence of missing elements in almost half of the checklists.

Further exploration of the barriers to inadequate uptake of the surgical safety checklist would have enriched the study. Resistance to change, low perceived priority, time constraints, and lack of leadership support are important factors influencing checklist compliance [3]. Describing efforts to raise awareness and emphasizing the checklist's significance as a quality marker within the institution would have provided valuable insights.

In addition, while checklist auditing offers quantitative compliance data, it lacks a comprehensive qualitative assessment and root cause analysis for non-compliance. Understanding the reasons behind non-compliance, such

as overriding clinical needs or team apathy, is crucial. A more detailed assessment would yield deeper insights into checklist implementation challenges. Lastly, adopting an accurate and standardized definition of compliance is essential for meaningful comparisons across specialties, regions, and countries. This ensures accurate benchmarking and facilitates data interpretation. The authors ought to be commended for their initiative, but addressing the aforementioned points would have enhanced the study's validity and impact.

Data Availability No datasets were generated or analysed during the current study.

Declarations

Ethical Approval Not applicable.

Informed Consent Not applicable.

Conflict of Interest None.

References

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