International Journal of Surgery 84 (2020) 181–181

Contents lists available at ScienceDirect

International Journal of Surgery

journal homepage: www.elsevier.com/locate/ijsu

Invited Commentary

An Invited Commentary on "Implementation of the WHO Trauma Care Checklist a qualitative analysis of facilitators and barriers to use"

ARTICLE INFO

Keywords
Trauma care
Low- and middle-income countries
Surgical checklists

Application of the checklist has been associated with improved patient outcomes in a variety of healthcare settings. Similarly, the WHO Trauma Care Checklist (TCC), designed to reinforce key components of emergency trauma care, has been shown to improve care process measures. Despite the potential of checklists to improve care, numerous barriers to checklist use have been identified [1]. It is necessary to identify the barriers and facilitators to the use of TCC in order to understand what modifications may be required for the intervention to have maximum effectiveness.

Willassen et al. in their study; citing characteristics such as adherence to protocols, documentation practices, and an advocacy culture for patient safety, they published that nurses were eligible to take responsibility for TCC implementation. Despite this, several participants from low- and middle-income countries (LMICs) considered a high ranking physician (eg, senior physician, trauma surgeon) the most suitable leader of TCC use [2].

The provider's familiarity with Advanced Trauma Life Support (ATLS) and the basic principles of trauma management have been identified as both facilitators and prerequisites for successful TCC recruitment, as the checklist is designed to begin "right after the primary and secondary questionnaires" outlined by the ATLS [3]. However, it is thought that TCC will gain more acceptance if it is formally integrated with trauma certification courses compared to establishing it as a stand-alone tool.

It has led to the perception by a HIC site that TCC is an effective patient care tool. Although participants felt that TCC might be most recommended in the setting of critically injured patients or mass casualties (MCIs), it hampered effective application [4]. Using TCC in a wide variety of ways on sites of all economic categories is an important factor.

While HIC sites thought TCC added minimal schedules to existing documentation practices, participants from LMICs highlighted the challenges associated with the lack of specialist training in trauma surgery and emergency medicine resulting from a lack of incentives to pursue a career [5]. These barriers suggest that checklists can only be meaningful tools when embedded in robust surgical systems.

This study demonstrated that TCC's formal integration with trauma courses such as ATLS, standardized TCC training as part of staff orientations, and improving access to trauma certification courses can be beneficial in developing standardized mechanisms.

'Provenance and peer review Invited Commentary, internally reviewed'.

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DOI of original article: https://doi.org/10.1016/j.ijsu.2020.08.050.

https://doi.org/10.1016/j.ijsu.2020.11.018
Received 14 November 2020; Accepted 17 November 2020
Available online 25 November 2020