This article aims to present a dataset on compliance and completeness of the Surgical Safety checklist at Bahir Dar City Administration Public Hospitals. The data showed that of the patient's files only 85.1% had the Surgical Safety Checklist and the remaining 14.9% of operations had not used the Surgical Safety Checklist. Of the total 313 Surgical Safety Checklists patient's files used, only 102 (32.6%) were complete (all items on the checklist had been 'ticked off') and 67.4% (211/313) were partially complete (all items on the checklist had not been 'ticked off'). Even though the surgical safety checklist was not used in all operations, all three parts of the surgical safety checklist had been 'ticked off' in the majority of the operations among those who utilized the checklist.

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Experimental factors

Accessibility of the surgical safety checklist, work setting, number of operation sites

Experimental features

Surgical safety checklist utilization among healthcare professionals in a resource limited settings using a retrospective feature

Data source location

Bahir Dar City, Ethiopia

Data accessibility

The data is accessible with this article

Related research article

Ayele Semachew, Sahileslassie Afewerk, Nebyat Embiale., Surgical Safety Checklist Utilization in Bahir Dar City Administration Public Hospitals, Northwest Ethiopia, 2018 [2]

Value of the data

- This data will have its own input for healthcare professionals who are working at developing countries like Ethiopia. Those healthcare teams who are working at hospital setups in which surgeries are done will benefit from this data.
- The data highlights that successful utilization of SSC needs integrated and cooperative work between different healthcare teams within the operating room.
- Since there is no prior information about the practice of SSC utilization, we intended to know the status of implementation of SSC by healthcare professionals who are working at FelegeHiwot Comprehensive Referral Hospital (FHCRRH), which is the biggest referral hospital in Amhara Region, Northwest Ethiopia. Therefore, the aim of the data was to describe the utilization of surgical safety checklist.

1. Data

1.1. Compliance and completeness of Surgical Safety Checklists

From all observed data; only 85.1% had Surgical Safety Checklist and the rest 14.9% of operations did not utilize Surgical Safety Checklist.

From the total 313 reviewed SSC; only 32.6% (102) were complete and 67.4% (211) were partially complete (all items of the checklist have not been ‘ticked off”).

From the total 313 SSC, 67.4% (211) were incomplete. Among these, 5.2% 9 (11) incompleteness were seen from the “Sign in” component of the SSC, 10.9% (23) incompleteness were from the “time out” and 72.5% (153) incompleteness were seen from the “sign out” components.

1.2. Sign-in period: before induction

From the total 313 reviewed SSC; 99.4% revealed that the surgical team members checked for whether patients confirmed on his/her identity, site, procedure and consent. Anesthetic machines safety were checked in 99.0%, oxygen saturation and pulse oximetry instruments were checked and were functional in 96.5%. The reviewed SSC showed that every operated patient (99.0%) was assessed for potential drug allergy; difficult airway, risk of aspiration (97.8%) and anticipated blood loss (98.4%) (Table 1).

1.3. Time-out period: before skin incision

Surgical teams were introduced themselves by name and role to the patients in 99.4% of reviewed SCC. The critical/unexpected steps, duration of the procedure and blood loss were checked in 97.8% of the SSC. Antibiotics prophylaxis has been given within the last 60 min before incision (Table 2).
1.4. Sign-out period: before patient left operating room

In sign-out period, the result depicted that nurses confirmed the names of performed procedure in 97.4% of the SSC. Materials used for the operations were counted before the closure of the incision in 97.4% of the reviewed SSC. On the other hand, the surgical teams discussed the main concerns of recovery room condition and patient management in 92.3% of the SSC (Table 3).

2. Experimental design, materials and methods

This dataset was done at Felege Hiwot Comprehensive Referral Hospital, located at Bahir Dar City Administration. Bahir Dar City Administration is the capital city of Amhara Regional State and located 565 km from Addis Ababa in the Northwest direction, the capital city of Ethiopia. The data collection was performed from January 18 to February 12/2018. A retrospective descriptive study was utilized in gathering this dataset.
2.1. Sampling issue and data collection

The sample size \((n)\) was determined using a single proportion formula using proportion \((p = 39.7\%)\) of compliance with Surgical Safety Checklist completion in the operating room [1] level of precision \((d = 0.05)\) at 95% confidence interval \((Z_{\alpha/2})\) and based on this formula 368 documents were reviewed for the dataset. Systematic random sampling using patients Medical Record Number (MRN) was used to review the sampled documents.

Data was collected by using a structured checklist that was prepared in line with World health Organization (WHO) surgical safety checklist. About the surgical safety checklist implementation, a half day orientation was given for the data collectors.

2.2. Operational definitions used

Compliance = if the sample has surgical safety checklist paper.
Not compliance = if the sample has not surgical safety checklist.
Complete = if all item of the surgical safety checklist are ticked off.
Incomplete = if all items of the surgical safety checklist are not ticked off [1].

2.3. Data processing

Each surgical safety checklist was properly observed and checked for completeness and compliance. Data analysis was checked by using SPSS software. Descriptive statistics like frequencies, proportions was done. Then results was summarized and presented by tables, and graphs.

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Transparency document. Supplementary material

Transparency data associated with this article can be found in the online version at https://doi.org/10.1016/j.dib.2018.11.112.

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