**IR Safety Checklist**

**Safety Checklist Problem in Interventional Radiology Departments**

Raising the bar on the standards of operation in the department and also having a standard protocol for executing the interventions in IR departments is proven to work in eliminating the challenges in the departments (Corso et al., 2014). In the event an IR department lacks a standardized means of interacting with the patients, the department must suffer poor performances in their procedures, and together with subsequent delays and case cancellations, the situation of the patients is worsened. The significance of having a safety checklist in the IR department is streamlining operations to minimize the human errors that are found to be common in hospitals’ interventional radiology departments (Koetser et al., 2013).

Consequently, to correct the situation, there is the need to direct operations through protocol; therefore, this call for the need to develop a safety checklist for streamlining processes (John et al., 2013). However, to produce the best IR safety checklist, there is the need to research on the needs of the IR department of concern to ensure that the formulated checklist is aligned to the needs of the department. On the other hand, adherence to the developed checklists is also another challenge that is identified to exist in the IR departments. In this context, there is a discrepancy in documented and observed compliance with the adopted safety checklist (Munn et al., 2018). Seeing activities performed when a checklist is in use is, as well as seeking expert opinion on IR procedures and the use of the checklist are means to ascertain the effectiveness of the developed checklist. The processes to follow to ensure that a safety checklist is in place and also to ensure that IR departments’ practitioners are adhering to the checklist are executable. The plans are implementable in one healthcare facility depending and designed depending on the needs of the healthcare organization (Thomassen et al., 2014).

Accordingly, the IR safety checklist problem that is selected for this study is of significance to the healthcare organization. IR safety checklist is useful to the healthcare practitioners that are serving in the interventional radiology departments such as nurses and physicians for it aids in ensuring a uniform means of handling patients and executing interventions. The accuracy of engagement and best results linked to using a safety checklist enables the practitioners to have improved confidence in their abilities. The patients and their families also benefit in the event IR department implement a safety checklist due to improved outcome for the patients served in the department. Through receiving consistent quality services from the healthcare facility will make the community members develop confidence in their healthcare facility. In the context of researchability, the concern is on whether the variables are measurable. The variables can be measured, and this is through comparing the outcome recorded when the patients are served in the IR department by following a checklist and when a checklist is not used. The disparities in the result will confirm or refute the significance of a checklist in executing IR procedures (Polit & Beck, 2017).

The study is allocated a maximum of 10 weeks, and it can be completed in the allotted time thereby making it feasible. The research requires understanding the needs of the department that will lead to the development of the checklist and the two aspects can be completed in the first week. Orienting the IR department staff on the checklist and preliminary tests can happen in the second week. The remaining time is dedicated to implementation coupled with observations to record the differences in outcome and with subsequent updates to the checklist when and where appropriate. In this manner, the research problem is of most significant interest. Earlier research report on the significance of using a checklist in medical procedures and being that IR departments record poor outcomes due to lack of a standardized means of implementing their processes, it is essential to understand how changes occur when checklists are in used to execute IR interventions (Polit & Beck, 2017).

**PICOT Formation and Assessment of Organizational Needs**

The population of focus based on the identified problem is IR scheduled patients while the intervention is the use of a safety checklist in the implementation of the IR procedures that is compared to not using a checklist. The outcome measure of the engagement is the quality of the interactions that are registered from the two encounters for a period of two months. Therefore the PICOT question is: “Among the scheduled IR patients (P), does the use of a checklist in the implementation of the IR procedures (I) compared to not using a safety checklist (C), improves the quality of the outcome of engaging with the patients (O) for a period of two months (T) of the implementation of the checklist”.

Primarily, the healthcare organization is committed to effectively serving the needs of their patients and improving the quality of the outcome characterizes the goal of the practicum site. The DNP project is a perfect match and is geared towards ensuring that the healthcare organization meets their goals by following the guidance of their mission. The proposed DNP project is designed to assess the IR department’s challenges concerning a safety checklist. Ascertaining the need to have a safety checklist will prompt the need to prepare the checklist. After that, it will be a requirement to assess the performance through observation and update the developed protocol to have a final checklist to direct the workflow in the IR department. Preparing and implementing the use of the checklist works to enhance the outcome of the patients that come to the IR department, and this is in agreement with the goals and missions of the healthcare facility. Furthermore, there is a plan to make and accept appropriate changes that will be suggested in the feedback that will be received from the needs assessment.

**References**

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