

# The Surgical Safety Checklist: Are we just ticking the box?

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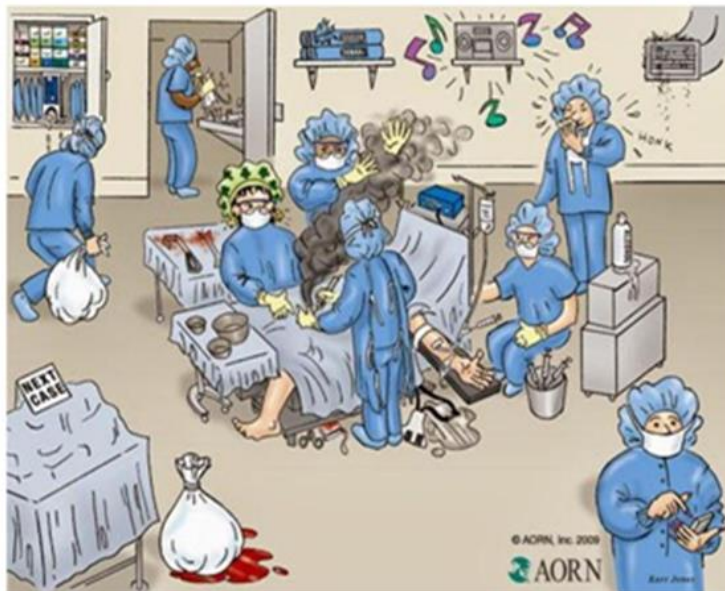


# Learning Objectives

- To identify the importance/benefits/challenges of using surgical safety checklist in Operating Theater (OT)
- To highlight the relationship of surgical safety checklist use and reduction of postoperative mortality and morbidity
- To analyze the data associated between surgical safety checklists usage and its primary outcome
- To integrate the implementation process of Surgical Checklists within SALAMA system



If you're new to the operating room (OR) environment, it may seem like this...





# Background

- IPSG Goal # 4: Ensure Correct Site, Correct Procedure, Correct Patient Surgery
- 2009 World Health Organization (WHO)
- Adapted from the Aviation Industry
- Checklists was created to prevent future *avoidable* disasters
- Association between checklist introduction and identification of strategies in reduction of postoperative mortality and morbidity



# Consultant surgeon, 48, is suspended for performing WRONG type of knee operation then covering his tracks by bringing patient back for more surgery six days later and falsifying records

Richard Spillett for MailOnline 2/09/2019

The Sydney Morning Herald

EXCLUSIVE NATIONAL NSW HEALTHCARE

## Third surgery required for cancer patient who had wrong body part removed at Sydney hospital

By Kate Aubbesson  
June 25, 2019 - 12:00am



A cancer patient who had the wrong side of his bowel removed will need a third surgery to repair the damage, as the Northern Beaches Hospital launches an investigation into the critical error.

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## South African doctors give wrong patient heart surgery

AFP South Africa 20, 2014



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## Kenya doctors 'perform brain surgery on wrong patient'

2 March 2018

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# Statistics

- An estimated 4.2 million people worldwide dies within 30 days of surgery each year.
- In Scotland, in of SSC checklist resulted in 39% reduction in post-operative death.
- A general downward trend in post-operative deaths of 30% after implementation of SSC.



# Importance/Benefits of Checklist

- Remembers the OR Team important details
- Ensures that critical tasks are carried out, tasks are prioritized as either standard or non - standard
- Allows the team to review information given by others
- Encourages teamwork and communication, embeds the idea of open communication
- Reduces the mortality in the hospital (post-operative mortality, POMR)



# Implementation Process

Sign-in

Procedures

☒ Panel 1: DEBRIDEMENT MAJOR with RH PLASTIC SURGERY TEAM

## Before Induction of Anesthesia

Nurse and Anesthetist or Surgeon (depending on case) to be present for Sign-in

To be filled by the Anesthetist and/or Circulating Nurse (depending on individual hospital policy)

**Correct Patient, Correct Site/Side, Correct Procedure**

Correct patient name?	Yes	No
Correct MRN number?	Yes	No
Correct procedure?	Yes	No
Consents verified?	Yes	No
Site Marked	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Not required"/>	

☐ Family refused site marking ☐ Patient refused site marking ☐ Site marking form attached

Staff

Surgeons:

  ☐ RH PLASTIC SURGERY TEAM

Anesthesia staff:

Staff:

Other:

Comments

History

Performed time:

## Preparation

Is the anesthesia safety check complete?	Yes	No	N/A
Is the pulse oximeter on patient & functioning?	Yes	No	
Does the patient have a difficult airway/aspiration risk?	Yes	No	
Does the patient have a risk of blood loss?	Yes	No	
Does the patient have a risk of hypothermia?	<input type="button" value="Yes, warming measures in place"/> <input type="button" value="No"/>		





# Implementation Process

Time-out

Procedures

☒ Panel 1: DEBRIDEMENT MAJOR with RH PLASTIC SURGERY TEAM

Before Skin Incision

Surgical Team (Surgeon, Nurse & Anesthetist) to be present and Verbally Confirm:
 

Before Incision

Correct patient name?	Yes	No	Have all members of the surgical team been introduced?	Yes	No
Correct site?	Yes	No	Has the surgeon/performing physician reviewed all the critical or unexpected steps?	Yes	No
Correct procedure?	Yes	No	Has the anesthesia team reviewed any patient-specific concerns?	Yes	No N/A
Correct position?	Yes	No	Has the nursing team confirmed sterility?	Yes	No
Correct laterality?	Yes	No N/A	Have any equipment issues or concerns been addressed?	Yes	No N/A
Correct equipment ?	Yes	No	Has prophylaxis been given within the last 60 minutes?	Yes	No N/A
Correct consent?	Yes	No	Required implantable devices available?	Yes	No N/A
Correct radiological studies available ?	Yes	No N/A			

Staff

Surgeons:   ☐ RH PLASTIC SURGERY TEAM

Anesthesia staff:

Staff:

Other:

Comments

History

Performed time:



# Implementation Process

Timeout
☐ Complete ↑

Add Timeout

Sign-out

Procedures

☒ Panel 1: DEBRIDEMENT MAJOR with RH PLASTIC SURGERY TEAM

Before Patient Leaves Operating Theatre  
Surgeon, Anesthetist and Nurse to be present. Nurse Verbally Confirms with the Team:

The name of the procedure documented ?	Yes	No	N/A
Instruments/ Sponges/ Needles counts correct?	Yes	No	N/A
Specimens labeled?	Yes	No	N/A
Specimen destination reviewed?	Yes	No	N/A
Specimen solution reviewed?	Yes	No	N/A
Equipment problems to be addressed?	Yes	No	N/A
Surgeon, anesthesia professional and nurse review the key concerns for recovery and management?	Yes	No	N/A

Staff

Surgeons:   ☐ RH PLASTIC SURGERY TEAM

Anesthesia staff:

Staff:

Other:

Comments

History

Performed time:

# Implementation Process

Verify

None

You need to resolve each of the errors below before verifying the log.

↑ Required Items Missing

Case Tracking

Time in missing for In Room
Time in missing for Procedure Start
Time in missing for Procedure Finish
Time in missing for Out of Room

Final Count Details

Detailed Counts Missing for Final Count.

Handover

Missing Handover documentation. Please document either of 'OT to ICU/Ward' or 'OT to PACU' or 'OT to ED' or 'OT to Dayward' handover events, as applicable.

Intra-op Skin Assessment

Complete Intra-op skin condition documentation

Post-op Skin Assessment

Complete post-op skin condition documentation

Site Completion

Complete case completion documentation or proceed to the Log Data section if this procedure did not involve an incision/wound

Staff

Missing specific Staff of type Circulator
Missing specific Staff of type Scrub Person

Timeout

A Sign-out timeout has not been created.
A timeout of type Lifesaving or Time-out has not been completed

# Implementation Process

Once verify completed...

Verify

☒ Complete

Staff Member	Date	Time
Jibin Mathew Cyril, RN	9/9/2019	11:14



# Implementation Process

Real time Repost will then be available for Team Lead, Manager Supervisor to Run report and see whether there are incomplete documentation

Location	Sign-in Timeout	Pre-incision Timeout	Sign-out Timeout
RH MAJOR OT	✓	✓	✓
RH MAJOR OT	✓	✓	✓
RH MAJOR OT	✓	✓	✓
RH MAJOR OT	✓	✓	✓
RH MAJOR OT	✓	✓	✓
RH MAJOR OT	✓	✓	✓
RH MAJOR OT	✓	✓	✓
RH MAJOR OT	✓	✓	✓



# Barriers and Challenges...

- Unfamiliarity and embarrassment
- Belief that it can not happen to individual clinician
- Hierarchy in the Operating Theater
- Timing of Checks
- Duplication (Pre-operative checklist vs SSC)
- Modification of Checklist
- Misuse of the Checklist



# Successful Implementation

- Provide Training and Learning materials
- Organizational Leadership
- Cultivate local champions
- Clarify the role of each professional group
- Regular Audits
- Encourage support local measurement of effectiveness





# AREAS FOR IMPROVEMENT

- Multicenter evaluation of barriers to and drivers of successful adoption
- Examination of correlation between effective use and intraoperative and postoperative outcomes
- Effect on teamwork
- Effect of team training on the effective use of the checklist
- Effect on operating theatre efficiency and economics



# CONCLUSION

- Completion of Surgical Safety Checklist is an essential component of IPSG 4: Correct Site, Correct Procedure, Correct Patient Surgery.
- Evidence – based practice on use of surgical safety checklist results in reduction of postoperative mortality and morbidity.
- The workflow of Surgical Safety Checklists within the SALAMA system has been implemented and has 100% compliance from the OT team.

# References

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