WA Surgical Safety Checklist

cooling the operating room climate one “tick” at a time

Tanya Gawthorne
Office of Safety & Quality in Healthcare

Delivering a Healthy WA
Outline

- Background – what is the problem
- International & national action
- WA action
- Q & A
The problem…

….Emma

- Otitis media 3 yrs
- Grommet insertion
- 8 patients on list; Emma 4th
- Surgeon called away
- Senior Registrar late, consented
- Biscuit; op cancelled; Emma 3rd; sent down
- Operation completed!
- Moved to recovery
The problem…

…Emma

Emma mistakenly received tonsillectomy instead of grommet insertion
The problem…
….Emma

- Received tonsillectomy instead of grommet insertion
- Surgeon, scrub nurse not informed of cancellation
- Operated on wrong patient
And it’s not just what we take out...
### WA Data – sentinel events

<table>
<thead>
<tr>
<th></th>
<th>03/04</th>
<th>04/05</th>
<th>05/06</th>
<th>06/07</th>
<th>07/08</th>
<th>08/09</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure</td>
<td>1</td>
<td>10</td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>10</td>
<td>1*</td>
</tr>
<tr>
<td>Retained</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

- Procedure (incl. surgery) involving wrong patient/body part (*resulting in death or major permanent loss of function)*

- Retained instruments or other material after surgery requiring re-operation or further surgical procedure
WA Data – contributing factors 08/09

- Procedure (incl. surgery) involving wrong patient/body part
  - *Formal* handover
  - *“team time out” procedures*
  - Policy and procedures *to be followed*
  - *Formal patient identification protocols*
  - Resources to ensure two staff *verify patient identification*
WA Data – contributing factors 08/09

• Retained instruments or other material after surgery requiring re-operation or further surgical procedure
  – Faulty equipment
  – Need for compliance with policy and procedures
  – Need for improved written and verbal information during handover
  – Staff fatigue
  – Experience of clinical staff involved
Global challenge…

- 234 million major operations per year
- 7 million people suffer complications per year
- 1 million people die during/after surgery per year

- Developed world
  - 50% hospital harmful events: surgical care & services
  - 50% of these (25% overall) preventable if *standards of care are followed and safety tools used*
Safer Surgery, Saving Lives

- 2008 – WHO Surgical Safety Checklist developed
- International trial indicated significant reduction in mortality and complication rates
- Checklist adopted by health services across the world
Safer Surgery, Saving Lives

- 2008 – WHO Surgical Safety Checklist developed
- International trial indicated significant reduction in mortality and complication rates\(^1\)
- Checklist adopted by health services across the world

Sir Liam Donaldson UK National Patient Safety Agency

“Hospitals not using a surgical safety checklist are endangering patient safety. If I were to need an operation, I would want to be treated somewhere using a surgical checklist.”
CHECKLISTS – value and utility

- Recognised safety mechanism
- Reduce risk of error by introducing redundancies into processes.
- Used across a range of industries, including health care, where complex sequencing and communication are required. ², ³
- Can expedite patient flow through busy surgical wards and generate financial savings for hospitals. ⁴
- Improve perceptions of teamwork and safety culture among clinicians, which has been empirically linked to improved patient outcomes. ⁵
WHO Checklist

- Designed for universal flow of procedures
- Arranged into three phases: SIGN IN – TIME OUT – SIGN OUT
- Ensures correct patient, site and side
- Addresses other potential errors
- Minimises complications of surgery
- Ensures best possible post-procedure patient care
# Surgical Safety Checklist

**Before induction of anaesthesia**
(with at least nurse and anaesthetist)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the patient confirmed his/her identity, site, procedure, and consent?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the site marked?</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the anaesthesia machine and medication check complete?</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the pulse oximeter on the patient and functioning?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the patient have a:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known allergy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult airway or aspiration risk?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of &gt;500ml blood loss (7ml/kg in children)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Before skin incision**
(with nurse, anaesthetist and surgeon)

- Confirm all team members have introduced themselves by name and role.
- Confirm the patient’s name, procedure, and where the incision will be made.
- Has antibiotic prophylaxis been given within the last 60 minutes?
  - Yes
  - Not applicable

**Anticipated Critical Events**

- To Surgeon:
  - What are the critical or non-routine steps?
  - How long will the case take?
  - What is the anticipated blood loss?
- To Anaesthetist:
  - Are there any patient-specific concerns?
- To Nursing Team:
  - Has sterility (including indicator results) been confirmed?
  - Are there equipment issues or any concerns?

**Before patient leaves operating room**
(with nurse, anaesthetist and surgeon)

- Nurse Verbally Confirms:
  - The name of the procedure
  - Completion of instrument, sponge and needle counts
  - Specimen labelling (read specimen labels aloud, including patient name)
  - Whether there are any equipment problems to be addressed
- To Surgeon, Anaesthetist and Nurse:
  - What are the key concerns for recovery and management of this patient?

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This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1/2009 © WHO, 2009
# Office of Safety and Quality

## CHECK-LIST

**« SÉCURITÉ DU PATIENT AU BLOC OPÉRATOIRE »**

Version 2010 - 01

### AVANT INDUCTION ANESTHÉSIQUE

**Temps de pause avant anesthésie**

<table>
<thead>
<tr>
<th></th>
<th>Oui</th>
<th>Non</th>
</tr>
</thead>
</table>
| **1.** Identité du patient :  
  - le patient a déclaré son nom, sinon, par défaut, autre moyen de vérification de son identité |     |     |
| **2.** L’intervention et site opératoire sont confirmés :  
  - idéalement par le patient et dans tous les cas, par le dossier ou procédure spécifique  
  - la documentation clinique et para clinique nécessaire est disponible en salle |     |     |
| **3.** Le mode d'installation est connu de l'équipe en salle, cohérent avec le site intervention et non dangereux pour le patient | Oui | N/A |
| **4.** Le matériel nécessaire pour l’intervention est vérifié :  
  - pour la partie chirurgicale  
  - pour la partie anesthésique | Oui | Oui | Non |
| **5.** Vérification croisée de l'équipe de points critiques et des mesures adéquates à prendre :  
  - allergie du patient  
  - risque d'insuffisance respiratoire  
  - risque d'intubation ou de ventilation au masque  
  - risque de saignement important | Oui | Oui | Non |

### AVANT INTERVENTION CHIRURGICALE

**Temps de pause avant incision**

<table>
<thead>
<tr>
<th></th>
<th>Oui</th>
<th>Non</th>
</tr>
</thead>
</table>
| **6.** Vérification « ultime » croisée au sein de l’équipe :  
  - identité patient correcte  
  - intervention prévue confirmée  
  - site opératoire correct  
  - installation correcte  
  - documents nécessaires disponibles | Oui | Non |
| **7.** Partage des informations essentielles dans l’équipe sur des éléments à risque / points critiques de l’intervention :  
  - sur le plan chirurgical (temps opératoire difficile, points spécifiques de l’intervention, etc.)  
  - sur le plan anesthésique (risques potentiels liés au terrain ou à des traitements éventuellement maintenus) | Oui | Non |
| **8.** Antibiothérapie effectuée | Oui | Oui | Non | N/R |

### APRÈS INTERVENTION

**Pause avant sortie de salle d’opération**

<table>
<thead>
<tr>
<th></th>
<th>Oui</th>
<th>Non</th>
<th>N/A</th>
</tr>
</thead>
</table>
| **9.** Confirmation orale par le personnel auprès de l’équipe :  
  - de l’intervention enregistrée, du compte final correct des compresses, aiguilles, instruments, etc.  
  - de l’étiquetage des prélèvements, pièces opératoires, etc.  
  - du signalisation de dysfonctionnements matériels et des événements indésirables | Oui | Non | N/A |
| **10.** Les prescriptions pour les suites opératoires immédiates sont faites de manière conjointe | Oui | Non | N/R |

**HAS**

**HAUTE AUTORITÉ DE SANTÉ**

Cette check-list n'est pas modifiable, mais peut faire l'objet de développements spécifiques complémentaires


**Department of Health**

**ralia**

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**Identifcation de patient**

- Nom, prénom, date de naissance

**Date d'intervention**

**Heure (début)**

**Chirurgien « intervenant »**

**Anesthésiste « intervenant »**

**Coordonnateur check-list**

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**Abréviations utilisées :**

- C/I : Check-list  
- N/A : Non Applicable  
- N/R : Non Recommandé
# Surgical Safety

## 1 Sign In (Before induction of anaesthesia)

- Patient has confirmed:
  - Identity
  - Site
  - Procedure
  - Consent
- Site marked/not applicable
- Anaesthesia safety check completed
- Pulse oximeter on patient and functioning

**Does patient have a known allergy?**
- No
- Yes

**Difficult airway/aspiration risk?**
- No
- Yes, and equipment/assistance available

**Risk of >500ml blood loss (7ml/kg in children)?**
- No
- Yes, and adequate intravenous access and fluids planned

## 2 Time Out (Before skin incision)

- Confirm all team members have introduced themselves by name and role
- Surgeon, anaesthesia professional and nurse verbally confirm:
  - Patient
  - Site
  - Procedure

**Anticipated critical events**
- Surgeon reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss?
- Anaesthesia team reviews: Are there any patient-specific concerns?
- Nursing team reviews: Has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns?

**Has antibiotic prophylaxis been given within the last 60 minutes?**
- Yes
- Not applicable

**Is essential imaging displayed?**
- Yes
- Not applicable

## 3 Sign Out (Before patient leaves operating room)

Nurse verbally confirms with the team:
- The name of the procedure recorded
- That instrument, sponge and needle counts are correct (or not applicable)
- How the specimen is labelled (including patient name)
- Whether there are any equipment problems to be addressed
- Surgeon, anaesthesia professional and nurse review the key concerns for recovery and management of this patient

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### SURGICAL SAFETY CHECKLIST

<table>
<thead>
<tr>
<th>BEFORE INDUCTION OF ANESTHESIA</th>
<th>TIME OUT</th>
<th>BEFORE SKIN INCISION</th>
<th>#</th>
<th>BEFORE PATIENT LEAVES ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHECK IN</strong></td>
<td><strong>CHECK OUT</strong></td>
<td><strong>TIME OUT</strong></td>
<td><strong>CHECK OUT</strong></td>
<td></td>
</tr>
<tr>
<td>Patient ID Verified (wristband and Chart)</td>
<td>Nurse verbally requests from the team: Prior to closure:</td>
<td>Based on patient History or medication use, Safety precautions taken</td>
<td>The procedure is documented as</td>
<td></td>
</tr>
<tr>
<td>Team introductions to patient including name and role</td>
<td>All required instrument, sponge and sharp counts are confirmed complete and correct.</td>
<td>Fluid irrigation needs verified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway assessment has been confirmed</td>
<td>To surgeon, anesthesia provider:</td>
<td>Estimated length of case</td>
<td>Post-op needs</td>
<td></td>
</tr>
<tr>
<td>Verification of patient allergies noted</td>
<td>Sterility has been checked</td>
<td>Blood availability confirmed</td>
<td>Antibiotic redosing</td>
<td></td>
</tr>
<tr>
<td>Anticipated estimated blood loss</td>
<td>Pre-procedure surgical counts complete &amp; recorded</td>
<td>Implants, special equipment is confirmed available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood availability confirmed</td>
<td>Essential imaging is displayed, in correct orientation, for correct patient. Confirmed by surgeon and (team member)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient warming addressed</td>
<td><strong>To Surgeon:</strong></td>
<td><strong>To Surgical Team:</strong></td>
<td><strong>To Surgeon:</strong></td>
<td></td>
</tr>
<tr>
<td>All anesthesia medications are labeled</td>
<td>Patient's name and DOB</td>
<td>Procedure plan is</td>
<td>Or, before you leave, let's confirm the specimen and label - pathology sign off confirms your visual inspection of the specimen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consent confirmed correct</td>
<td>Surgical site marking is visible at this time (After prep and draping)</td>
<td>At completion of Case:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient position is verified</td>
<td>Antibiotic prophylaxis been given &amp; documented within the last 60 minutes (Vancomycin / Ciprofloxacin -within last 2 hours)</td>
<td>Equipment or preference card concerns noted on follow up form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Antibiotic prophylaxis been given &amp; documented within the last 60 minutes (Vancomycin / Ciprofloxacin -within last 2 hours)</td>
<td>DVT/PE Prevention plan in place</td>
<td>All patient stickers &amp; specimens removed from room at end of case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DVT/PE Prevention plan in place</td>
<td>Neutral Zone Established</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specimen Check Out**

- Patient warming addressed
- All anesthesia medications are labeled
- Nurse verbally requests from the team:
- Prior to closure:
  - The procedure is documented as
  - All required instrument, sponge and sharp counts are confirmed complete and correct.

**Time Out Participants**
Surgical Safety - Australian Response

2004: AHMC endorses the 5-step C3 Protocol
3 C Protocols

- Developed by ACSQHC for other disciplines
  - General Radiology
  - Ultrasound
  - CT & MRI
  - Interventional Radiology
  - Nuclear Medicine
  - Oral Surgery
  - Simulation Radiation Therapy
  - Treatment Radiation Therapy
- Four stage process
Office of Safety and Quality

3 C Protocols cont.

- Four stage process
  1. Validation
  2. Matching
  3. Time out
  4. Post procedure

ABOUT THE PROTOCOL

The structure of the protocol follows a four stage model:
1. **Validation**
   - Verification of patient information
2. **Matching**
   - Matching that information against the identity form for the patient in front of the consumer
3. **Time out**
   - Time out immediately prior to the procedure
4. **Post procedure confirmation**
   - Post procedure confirmation of the identity of the patient

1. **Validation**
   - What information is used to verify the patient's identity?
     - The key information used to verify the identity of a patient is:
       - Their name
       - Their date of birth
       - Their address or their medical record number (if they are an admitted patient with an inpatient badge)
   - Where in the process is this step identified?
     - The provider is the prime source of information for verifying their name, date of birth, and address.
   - What would occur if the patient was unable or unable to confirm these details, then their should be confirmed with the patient's disengagement after discussion.
   - If the patient is unable to confirm these details and the representative is present, the patient identification badge (if present) or a staff member accompanying the patient should be used to verify the patient's identity.

How should the verification be sought?
- The patient should be made aware that a verification check is taking place.
- What is the name? Where necessary, the nurse should also be asked to state their full name.
- What is your date of birth?
- What is your address? When the patient is admitted and an identification number is issued, the number should be stated as a third name for reference.

What are you here for? If a serious discrepancy exists between the printed record and the understanding of the person then this should prompt a double check of patient identity and the nature of the procedure ordered.

For all of these questions, the patient should be asked to state the name, their date of birth, what is necessary, and what they think is incorrect.

2. **Matching**
   - What is the correct procedure to be performed?
     - The correct nurse should be identified, where contacted, by local protocols, meet to.
   - Generally, the consumer identifies the procedure. The nurse identifies the procedure that is being performed by asking “time out.” Local policies and protocols will specify the requirements for such confirmation, such as the staff member responsible for asking “time out” and documentation of the process.

For single-operator procedures, the operator must STOP and verify all minimum requirements specified above immediately before commencing the procedure, as well as “time out.”

3. **Time out**
   - Where does the procedure begin and end?
     - The procedure begins and ends immediately after the final signature by the nurse.

4. **Post procedure**
   - What is the significance of the time out?
     - The attachment contains the minimum details of the procedure ordered.

MORE INFORMATION

Further information, along with a fact sheet, is available from:

Australian Commission for Safety and Quality in Health Care
Level 9, 161 St. Georges Parade
Darlington, NSW 2008
Phone: (02) 8222 7700
Email: info@saferhealthcare.com.au
Website: www.saferhealthcare.com.au

Department of Health

Lead • Transform • Achieve • Together • Lead • Transform • Achieve • Together • Lead • Transform • Achieve • Together
Surgical Safety - Australian Response

2004: AHMC endorses the 5-step C3 Protocol
2005: WA Correct PPS Policy 1\textsuperscript{st} Ed.
2006: Revised WA Correct PPS Policy
Correct PPS Policy

Five Step Process:
1. Ensure that valid consent is obtained
2. Confirm the patient’s identity
3. Mark the site of the surgery or invasive procedure
4. Take a final ‘team time out’ in the operating theatre, treatment or examination area
5. Ensure the correct and appropriate documents and diagnostic images are available
Correct PPS Policy cont...

- Three stage process
  1. Days to hours before procedure
  2. Just before entering the operating theatre or treatment room
  3. Immediately prior to the procedure

Ensuring Correct Patient, Correct Site, Correct Procedure

Step 1: Consent form or procedure request form
- The consent form must include:
  - patient full name
  - procedure site
  - name of procedure
  - reason for procedure

Step 2: Mark site of invasive procedure
- The operator site for an invasive procedure must be marked by the person in charge of the procedure in another senior team member who has been fully briefed about the operation or procedure.

Step 3: Patient identification
- Staff must ask the patient to read
  - their full name
  - date of birth
- site for, or type of procedure

Step 4: “Team time out”
- Within the operating theatre or treatment room when the patient is present and prior to beginning the procedure, staff must verbally confirm through a “team time-out”, when all other activity in the operating room is stopped:
  - presence of the correct patient
  - the correct site has been marked
  - procedure to be performed
  - availability of the correct implant where required

Step 5: Imaging data
- If imaging data are used to confirm the site or procedure, two or more members of the team must confirm the images are correct and properly labeled.
Surgical Safety - Australian Response

2004: AHMC endorses the 5-step C3 Protocol
2005: WA Correct PPS Policy 1st Ed.
2006: Revised WA Correct PPS Policy
2008: National Compliance Audit C3 Protocol
   – Variance & deficits identified
2009: Local Compliance Audit (WA)
   – Variance & deficits identified
Correct PPS WA Audit Results

- Six hospital sites audited Oct 08 – Feb 09
- Considerable variance in compliance
  - Obtaining valid consent (esp. prior to administration of pre-surgery medication)
  - Marking the surgical site
  - Final Team Time Out (esp. verification of site marking; participation of anaesthetists)
  - Verification of documents & diagnostic images
Correct PPS WA Audit Results

- Six hospital sites audited Oct 08 – Feb 09
- Considerable variance in compliance
  - Obtaining valid consent (esp. prior to administration of pre-surgery medication)
  - Marking the surgical site
  - Final Team Time Out (esp. verification of site marking; participation of anaesthetists)
  - Verification of documents & diagnostic images

**Recommendation:**

*Update Correct PPS policy; facilitate implementation WHO Checklist*
Australian Response (cont)

Nov 2009:

- AHMC endorses the WHO Surgical Safety Checklist (Checklist) as agreed national strategy for surgical safety
- All jurisdictions to have implemented locally adapted versions by July 2011

Nov 2009:

- WA MDF endorses Checklist, recommending that it be implemented as minimum standard across WA Health
WHO Checklist Endorsement

- Royal Australasian College of Surgeons
- Australian and New Zealand College of Anaesthetists
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Australian College of Operating Room Nurses
- WA Medical Directors’ Forum
WA Health Surgical Safety Checklist

- Developed throughout 2010
- Extensive stakeholder consultation and strong agreement / consensus
- Contains ALL components of C3 Protocol
- Modest changes and adaptation to WA context
- Rolled out in November 2010
- Operational Directive OD 0316/11 March 2011

# WA Health Surgical Safety Checklist

## BEFORE INDUCTION OF ANAESTHESIA  
**SIGN IN**
- **PATIENT HAS CONFIRMED**
  - Identity
  - Procedure
  - Consent
- **SITE MARKED**
- **NOT APPLICABLE**
- **ANAESTHESIA SAFETY CHECK COMPLETED** (including airway/aspiration risk)
- **ALL MONITORING EQUIPMENT IN PLACE AND FUNCTIONING**

**DOES PATIENT HAVE A:**
- **KNOWN ALLERGY?**
  - Yes
  - No
- **RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?**
  - Yes
  - No
  - Adequate intravenous access/fluids planned
  - Group/audit and cross match available.

**PROSTHESIS/SPECIAL EQUIPMENT:**
If prosthetic (or special equipment) is to be used in theatre, has it been checked and confirmed?
- Yes
- Not applicable

## BEFORE SKIN INCISION  
**TIME OUT**
- **ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE**
- **SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM**
  - Patient identity
  - Procedure
  - Site
  - Allergies

**BRIEFING:**
- Surgeon briefs team on intended procedure, critical steps, anticipated events and equipment requirements.
- Anaesthesia team verbally reviews any patient-specific concerns.
- Nursing team verbally reviews sterility requirements and equipment concerns.

**HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?**
- Yes
- Not applicable

**IS THROMBOPROPHYLAXIS REQUIRED?**
- Yes
- Implemented
- Pharmacological
- Mechanical

**IS ESSENTIAL IMAGING DISPLAYED?**
- Yes
- Not applicable

## BEFORE PATIENT LEAVES OPERATING ROOM  
**SIGN OUT**
- **NURSE VERBALLY CONFIRMS WITH THE TEAM:**
  - NAME OF THE PROCEDURE VERIFIED
  - INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT
  - SPECIMENS LABELLED CORRECTLY AND SENT
  - ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
  - POST OP DESTINATION DISCUSSED/ARRANGED
  - KEY POST-OP CONCERNS DISCUSSED/DOCUMENTED
  - EBL (ESTIMATED BLOOD LOSS)/LIKELY ONGOING BLOOD LOSS DISCUSSED/DOCUMENTED
  - NEED FOR POST OP PATHOLOGY OR IMAGING DISCUSSED/DOCUMENTED

Name: ____________________________

Signature: ____________________________

Designation: ____________________________

Date: ____________________________

Signatory is satisfied that all elements of the Checklist have been verbally confirmed with the relevant team members.
WA Health Surgical/Procedural Safety Checklist

BEFORE INDUCTION OF ANAESTHESIA →

SIGN IN
- Patient has confirmed
  - Identity
  - Site
  - Procedure
  - Consent
- Site marked/not applicable
- Anaesthesia safety check completed
- Pulse oximeter on patient and functioning

Name:
Signature: ____________________________  Designation: ____________________________  Code: ____________________________

DOES PATIENT HAVE A:
- Known allergy?
  - No
  - Yes
- Difficult airway/aspiration risk
  - No
  - Yes, and equipment/assistance available
- Risk of >500mL blood loss (7mL/Kg in children)?
  - No
  - Yes, and adequate intravenous access/fluids planned

PROSTHESIS/SPECIAL EQUIPMENT: If prosthesis (or special equipment) to be used in theatre, has it been checked and confirmed?
- Yes
- No

BEFORE SKIN INCISION →

TIME OUT
- Confirm all team members have introduced themselves by name and role
- Surgeon, anaesthesia professional and nurse verbally confirm
  - Patient identity
  - Site
  - Procedure
  - Allergies

ANTICIPATED CRITICAL EVENTS
- Surgeon reviews:
  - What are the critical or unexpected steps, operative duration, anticipated blood loss?
- Anaesthesia team reviews:
  - Are there any patient-specific concerns?
- Nursing team reviews:
  - Has stability (including indicator suite) taken confirmed? Are there equipment issues or any concerns?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
- Yes
- No
- Not applicable

HAS THROMBOPROPHYLAXIS BEEN ORDERED?
- Yes
- No
- Not applicable

IS ESSENTIAL IMAGING DISPLAYED?
- Yes
- No
- Not applicable

BEFORE PATIENT LEAVES OPERATING ROOM

SIGN OUT
- Nurse verbally confirms with the team:
  - The name of the procedure recorded
  - That instrument, sponge and needle counts are correct
- That the specimen is labelled:
  - (including patient name)
  - Whether there are any equipment problems to be addressed
- Proceduralist, anaesthetist and nurse review the key concerns for recovery and postoperative management of this patient

Name:
Signature: ____________________________  Designation: ____________________________  Code: ____________________________
Adapted From:
WHO SSC Implementation Manual (2009)
WA Health Surgical Safety Checklist (cont)

- Minimum standard
- Sites / health services can ADD elements and move elements between phases
- 3-phase structure must be preserved
- Signature: verification that all elements have been *verbally* confirmed
WHO Checklist Adaptation Principles

• Each section **Focused**/concise
• Each section **Brief** (one min per section)
• Each item **Actionable**
• Designed for **Verbal** use
• **Collaborative** method of adaption
• **Tested** in real situations before endorsement
• **Integrated** into routine processes
Next Steps...OSQH

• Revise WA Correct PPS Policy
  – Policy framework for the WA Checklist
• Continued liaison w ACSQHC re checklists for other specialties
• Evaluation of WA Checklist 2012
  – Audit
  – Surveys
  – Other data sources (AIMS, HDMS)
Next Steps...you?

• Understand Checklist & evidence
• Identify key people
  – S&Q
  – Surgical, nursing leads
• Get involved
  – Audit
  – Adapt
  – Participation
• Introduce
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References


