Team Name: Surgery Team Lead: Regional Director-Acute Care Approved by: Executive Director- Mid	Reference Number: CLI.6611.PL.002 Program Area: Perioperative Policy Section: Surgical Unit / Operating Room
Issue Date: Review Date: Revision Date:	Subject: Surgical Safety Checklist

POLICY SUBJECT:
Surgical Safety Checklist

PURPOSE:
The surgical safety checklist provides patient safety in perioperative environments by formalizing communication amongst the health care team. It provides a list of common tasks the perioperative team carry out during the perioperative period.

BOARD POLICY REFERENCE:
Executive Limitations: (EL-01) Global Executive Restraint and Risk Management
Executive Limitations: (EL-02) Treatment of Clients

POLICY:
The Surgical Safety Checklist is performed for every operative procedure and completion is documented in the patient health record.

The minimal expected standard of performance of the surgical safety checklist includes:

1. The physicians and other operating staff participate in all three phases (Briefing, Time Out and Debriefing).
2. All members of the operating room team must be present while completing the surgical safety checklist.

In an emergency situation where the life and limb is at risk an abbreviated surgical checklist is completed.

DEFINITIONS:

Surgical Safety Checklist: a visual communication tool/verbal process that requires the presence and active engagement of all members of the Operating Room team. The checklist includes three phases: Briefing, Time Out and Debriefing.

Surgical Team: includes surgeon, anesthetist, and perioperative nurse.

Team: includes the surgeon, anesthetist, perioperative nurse and patient.

IMPORTANT POINTS TO CONSIDER:

The Surgical Safety Checklist (CLI.6611.PL.002.FORM.01) is part of the "Safe Surgery Saves Lives" initiative through the World Health Organization.

If a Surgical Safety Checklist is not completed the situation is reported to the Client Services Manager and documented on the checklist.

PROCEDURE:

1. **Briefing:**

   Three members of the operating team must be present for the briefing section of the surgical checklist. This includes the anesthetists, surgeon and perioperative nurse.
   It is recommended a checklist coordinator be assigned, such as the circulating nurse, to ensure the process is completed.

   The Briefing must be completed upon patient entry to the operating room before induction of anesthesia.

   1.1. Patient Information:

   Patients are welcome to participate in the briefing portion of the checklist by listening and asking questions.

   For pediatric patients the briefing must be conducted prior to entry into the operating room with parents or responsible decision maker.

   - **Two identifiers** are confirmed with the patient
   - Patient identification band/verbally
   - The type of procedure planned, and site, side and level of surgery
   - Consent for surgery and
   - Any known allergies and type of reaction.

   1.2. Confirm all team members have introduced themselves to the patient by name and designation to include: surgeon, anesthetist and perioperative nurse

   1.3. Consent

   - The nurse verbally confirms consent has been signed and is on the patient health record. For emergency procedures processes please see the Consent policy.

1.4. Surgical Site Marking:

- Occurs at the time of Briefing or prior to the patient entering the operating room as deemed appropriated to the operative procedure and the best interests of the patient.
    - Prior to entering the operating room, the surgeon marks the surgical site with his/her initials using permanent non toxic marker at or adjacent to the intended incision location.
    - Ensure the marking is visible after the patient is prepped and draped.
    - Marking is required for all operative procedures that involve laterally, multiple structures (i.e. fingers and toes) or multiple levels (i.e. spinal surgery). Procedures involving a testicle require marking.
    - Exceptions include: teeth, open wounds/lesions, genitalia, procedures that occur through a natural orifice (i.e. cystoscopy, colonoscopy, gastroscopy, tonsillectomy), single organ procedures (i.e. cardiac surgery spleen, gall bladder) and procedures where laterally has not been predetermined.
    - Non-Operative site(s) are not marked unless medically indicated (i.e. pedal pulse marking or no Blood Pressure cuff.
- Special Considerations for surgical site marking occurs as follows:
    - Multiple sides or sites involved in the same operative procedure have each side and site marked.
    - Laparoscopic Surgery: procedures involving organs with laterality (i.e. kidney, adrenal).
    - Dental Surgery: check radiographs for proper orientation and confirm tooth number(s) on the diagram included in the patient health record.
    - Open wounds or lesions: identify specific wounds or lesions.
    - Cast: immediately upon removal of a cast.
- The perioperative nurse verbally confirms the correct site marking with the patient and surgeon with initials.

1.5. Anesthesia equipment safety checks completed.

- Confirm the anesthetic machine checks are complete and medication checks by anesthetist.
- Confirm difficult airway or aspiration risk by anesthetist.

1.6. Nurse identifies any specific patient concerns, sterility indicator results, equipment/implant issues, imaging displayed and pathology reports available.

2. **Time Out**: Before Skin Incision

To ensure communication of critical patient issues prior to beginning the surgery, the surgeon, anesthetist and perioperative nurse are present and participating in this phase. It is recommended a checklist coordinator assigned such as the circulating nurse to ensure the process is completed.

2.1 The team confirms patients name, procedure, site and antibiotic prophylaxis.

2.2 Surgeon confirms specific patient concerns, critical steps, length of case, and anticipated blood loss.
2.3 Anesthesia identifies and describes any specific concerns.
2.4 Nurse identifies any specific patient concerns, sterility indicator results, equipment/implant issues, imaging displayed and pathology reports available.

3. **Debriefing**: Before patient leaves operating room
   It is recommended a checklist coordinator assigned such as the circulating nurse ensures the process is completed. At the end of the debriefing process, all team members need to be asked if there is anything different that could have been done to make this case safer.

   Surgeon:
   - What procedure was performed.
   - Important intraoperative events.
   - Fluid balance management.

   Anesthetist:
   - Intra operative events.
   - Recovery plans including pain management, glucose monitoring and temperature correction or maintenance.

   Nurse:
   - Instrument, sponge, needle count reconciled.
   - Specimens taken and labelled.
   - Equipment issues intraoperatively.

   3.1. The Briefing, Time Out, and Debriefing is documented on the patient health record using the Surgical Safety Checklist. The Surgical Safety Checklist is a permanent part of the health record.
4. Evaluation
   - Complete 10 observational audits in January, on the Surgical Safety Checklist using the Surgical Safety Observational Audit & Analysis (CLI.6611.PL.002.FORM.02).
   - Assess results and generate plans for improvement and follow up audits as required.
   - Review audit results, identify trends to inform a quality improvement plan and communicate to Site Surgical Team and Regional Surgical Team.
   - Forward a copy of the audit results to the Regional Director-Acute Care.

SUPPORTING DOCUMENTS:

CLI.6611.PL.002.FORM.01	Surgical Safety Checklist
CLI.6611.PL.002.FORM.02	Surgical Safety Checklist Observational Audit & Analysis

REFERENCES:

New England Journal of Medicine, Volume 360:491-499, January 29, 2009

AORN (2011). *Standards, recommended practices, and guidelines.* Denver: AORN

Canadian Patient Safety Institute (2013) Position Statement: Advocacy and Support for use of a Surgical Safety Checklist

Canadian Patient Safety Institute (2009). Implementation Kit for the Surgical Safety Checklist.

de Vries EN, et al. Effect of a comprehensive surgical safety system on patient outcomes. New England Journal of Medicine 2010; 363: 1928–37.

JCAHO Frequently Asked Questions about the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery. Retrieved February 21, 2008 from World Wide Web http://www.jointcommission.org/PatientSafety/UniversalProtocol/up_faqs.htm

JCAHO (2003). Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery. Retrieved February 21, 2008 from World Wide Web http://www.jointcommission.org/NR/rdonlyres/E3C600EB-043B-4E86-B04E-CA4A89AD5433/0/universal_protocol.pdf

ORNAC (2011). *Recommended standards, guidelines and position statements for perioperative registered nursing practice.* ORNAC.

World Health Organization (2009). Implementation Manual WHO Surgical Safety Checklist

World Alliance for Patient Safety (2008). Safe Surgery Saves Lives: Second Global Patient Safety Challenge Haugen et al. Effect of the World Health Organization Checklist on Patient Outcomes: A Stepped Wedge Cluster Randomized Controlled Trial. Ann Surg; epub May 2014.