Seven Tips to Turbo Charge Your Surgical Safety Checklists

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Over 3000 hospitals around the world have registered with the World Health Organization to implement the use of a pre-procedure checklist. This is not surprising given the widely-publicized data proving the use of the 19-item WHO Safe Surgery Checklist reduces by more than 30 percent the complications and mortality associated with a variety of surgical procedures. With documented results like these, more than 300 professional societies, health organizations, ministries, and Non-Governmental Organizations have endorsed the concept of using a pre-surgery checklist.

However, many health care organizations have found it easier to introduce the idea, rather than implement the actual daily practice, of using a checklist. Hospitals and surgical centers everywhere have struggled with successful implementation of a pre-procedure safety checklist. Having helped over 100 organizations around the world create and successfully implement checklists, here are seven sure-fire tips to boost the success rate of your checklist implementation process.

1. **Ensure it is user-built and maintained**

The most important phrase on the current WHO Surgical Safety Checklist is located on the bottom of the page: “This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.” Administrators ignore this piece of advice at their peril. Effective checklists borrow heavily from the “Kaizen” methodology of the Toyota Manufacturing Process. In Kaizen, the people who actually do the work are best suited and most responsible for creating the standard for how the work is accomplished. Checklists created by other people at other facilities will rarely work well. There is no emotional investment and no pride of authorship in an “off-the-shelf” checklist.

To overcome this, put a small team together with representatives from each work group that will participate in using the checklist. Allow them the freedom to customize the tool in a way that makes sense for them and that aids their work flow. As an administrator, give them the resources and support they need to be successful, then get out of their way and allow them to do their customization. Want to avoid the “Not Made Here” syndrome and all the problems that it
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brings? Ensure your checklist is built and implemented by your clinical staff – not your administrators, and certainly not the staff from a different facility.

2 Keep it short

Not everything has to be on a checklist. Checklists are used to verify only the critical items of a procedure. Critical items are those that if not done correctly will cause harm to patients or caregivers before that error can be stopped. For example, there are approximately 65 items for an airline captain to check to prepare a modern airliner for engine start and flight. However, most “Before Start” checklists have only 11 or 12 items to be reviewed. These are the items, that if missed, will not be self-correcting before some harm to the aircraft, passengers, or crew is caused. With checklists, shorter is better.

3 Don’t confuse your checklist with an audit tool

Great checklists are not designed to use as an audit tool. Checklists are not about creating a paper trail, they’re a critical job aid to help the team (not the individual) cross check and verify, with two or more independent “sets of eyeballs,” that critical items haven’t been missed. This cross check by multiple team members creates the needed engagement and mindfulness by the surgical team during the checklist process, and is much more valuable to overall safety than having tick marks in the appropriate boxes. In fact, you should seriously consider getting rid of the tick boxes on your checklist. A check-in-the-box makes it easy to pretend something has been done when it really hasn’t.

4 Include speaking parts for the team

Effective checklists will trigger a scripted conversation and verbal cross check of critical steps in the procedure. The more speaking parts different members of the team have, the more mindfulness and involvement you’ll have in the checklist process. The reason is simple - if a team member knows they have a speaking part, they must pay attention to the checklist flow and be ready with their verbal response. No one wants to be the sour note in the symphony of a well executed checklist. No team member wants the public embarrassment of being the one who declares an item has been checked - when it hasn’t. The timely public declaration, in front of a team of peers, that the item you are responsible for has been checked, and is as it should be, creates a sense of responsibility and mindfulness in each member of the team that has a speaking role in the checklist.
Use standardized and scripted language

Speaking parts only work if the exact language and words that should be used for each item on the checklist are crystal clear and standardized - down to the exact word or phraseology that must be used. In other words, checklist dialogue should be *scripted*.

For example, look at the language on the current WHO checklist, “*Confirm the patient’s name, procedure, and where the incision will be made.*” This language is too vague and leaves a number of questions. Who is responsible to say this? Does this statement require a response? If so, who should respond, and what, exactly, is the verbal response? Who will perform the cross check and confirmation?

Without an exact script to follow here, staff will create a wide variety of methods to accomplish this step, introducing time-consuming confusion, uncertainty, and frustration. With scripted language, an effective checklist design for this step might look like this...

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Patient's Name? ............... “Confirmed”
Procedure? .................... “(MD State)”
Site? ......................... “Marked”
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The work team that is responsible to customize the checklist should determine who on the team will ask "Patient Name?" and who will respond, "Confirmed."

Note that because these terms are scripted they will be the only acceptable words for use with the checklist. Phrases like, "Who is our patient?" or "What is our patient's name?" would be non-standard and therefore unacceptable. In reply, the only acceptable response is "Confirmed" - not "Checked," not "Verified," and not, "I checked that already." Everyone must use the exact same language every single time the checklist is used. This level of standardization eliminates confusion and error.

Design your checklist as a “Read and Verify” tool

There are essentially two types of checklists in use by High Reliability Organizations (HROs) - *Read and Do* and *Read and Verify*. In a *Read and Do* checklist, the operator reads the item...
on the checklist and then does that step immediately after reading it. Then the next item is read and subsequently immediately accomplished. Checklists done this way are extremely time-consuming and act as giant speed bump for workflow and efficiency. This cumbersome approach to checklists will cause most surgical teams to resist using a pre-procedure checklist.

Overcome this resistance by teaching your teams to use a **Read and Verify** checklist system. With this method the team accomplishes critical and routine actions from working memory. They periodically pause and use the checklist to verify that the most critical actions have been accomplished. Used this way, it takes only seconds for the team to cross check and verify that nothing critical has been missed. The speed and efficiency of this method will greatly reduce the resistance you experience with implementing a checklist.

### Make it surgeon led

In HROs such as commercial aviation, checklists are “owned” by the team leader – the captain of the crew. The captain uses the checklist to manage workflow and team performance. Checklists are one of the primary tools for supervising the team. Airline captains understand the value of checklists in creating teamwork, fostering communication, and setting expectations that team members will be vigilant and provide safety monitoring. In the case of the OR team, checklists are owned by the physician performing the surgery. Surgeons, just like airline captains, have a vested interest in ensuring checklists are used effectively and completely. As team leaders, it’s their responsibility to initiate the checklist at the time of their choosing, and to insist on professional accomplishment of the checklist in its entirety.

No matter where you are on your checklist journey, these seven tips will improve the speed of your implementation process and help you reap the patient safety rewards of a well-designed checklist system.

**About the author:** Stephen Harden is President of LifeWings Partners LLC and co-founder of Crew Training International, Inc. (CTI). He has helped over 100 healthcare organizations in 29 states implement the best safety practices from aviation and other high reliability industries. He is also the coauthor of “CRM: The Flight Plan for Lasting Change in Patient Safety,” the definitive how-to text on implementing aviation-based safety tools in healthcare, published by HCPro.

Mr. Harden has been involved in human factors and safety training for a wide variety of military and commercial customers for 18 years, producing over 40 separate training programs for commercial aviation, military flight squadrons, heavy construction, military contractors, and health care. He served on the instructional staff of the University of Southern California’s School of Aviation Safety and is also a TeamSTEPPS™ Master Trainer.

A professional pilot with 34 years of experience, Stephen is a captain for a major international airline. His expertise in the field of aviation safety training has garnered him four personal awards from his airline for superior performance and one organizational award for Quality Achievement. Captain Harden was formally recognized by senior management as the individual contributing the most to the safety of flight operations.

Harden is a graduate of the United States Naval Academy. He accumulated over 300 aircraft carrier landings during service with the U.S. Navy and was selected to be an instructor pilot at the Navy’s elite Fighter Weapons School (TOPGUN). He holds an Airline Transport Pilot rating and Type ratings in B-727, B-737, and MD-11 aircraft.