



7 Tips to Turbocharge Your Surgical Safety Checklist

No matter where you are on your checklist journey, this advice from an aviation safety expert will help you reap the rewards of a well-designed checklist system.

Stephen Harden | Memphis, Tenn.

It's one thing to hang a surgical safety checklist in your OR, quite another to put it to practical use. If your facility is like the many hospitals and surgical centers that has struggled to implement a pre-procedure safety checklist, here are 7 sure-fire tips I've used to help more than 100 organizations around the world create and successfully implement checklists.

A SPEAKING PARTS Effective checklists trigger a scripted conversation and a verbal crosscheck of critical steps in the procedure.

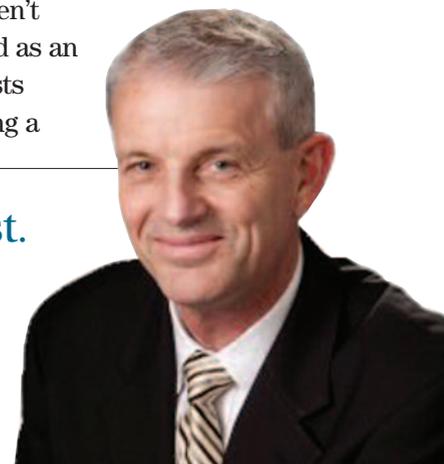
1 Ensure that it's user-built and maintained

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 in your facility. There is no

cause harm to patients or caregivers before you can stop that error. For example, an airline captain has to check about 65 items 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, won't be self-correcting before harming the aircraft, passengers or crew. With checklists, shorter is better.

3 Don't confuse your checklist with an audit tool

Great checklists aren't designed to be used as an audit tool. Checklists aren't about creating a



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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, but then get out of their way and don't do their customizing work for them. Want to avoid the "Not Made here" syndrome and all the problems that it 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. Use a checklist to verify only the critical items of a procedure, those items that if not done correctly will

paper trail; they're a critical job aid to help the team (not the individual) crosscheck and verify, with 2 or more independent sets of eyeballs, that critical items haven't been missed. This crosscheck by multiple team members engages the surgical team during the checklist process, which 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 crosscheck 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 she

has a speaking part, she must pay attention to the checklist flow and be ready with her 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're 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.

5 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 crosscheck 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.

PATIENT’S NAME?	“CONFIRMED”
PROCEDURE?	“(MD STATES)”
SITE?	“MARKED”

The work team that is responsible to customize the checklist should determine who on the team will ask “Patient’s 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.

6 Design your checklist as a “Read and Verify” tool

There are essentially 2 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.

7 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.

Put it into daily practice

More than 3,000 hospitals around the world have registered with the World Health Organization (www.who.int/patientsafety/safesurgery/ss_checklist/en/index.html) to implement the use of a pre-procedure checklist. This isn't surprising given the widely publicized data proving the use of the 19-item WHO Safe Surgery Checklist reduces by more than 30% the complications and mortal-

ity associated with a variety of surgical procedures. However, many healthcare organizations have found it easier to introduce the idea, rather than the actual daily practice of using a checklist. No matter where you are on your checklist journey, these 7 tips will improve the speed of your implementation process and help you reap the patient safety rewards of a well-designed checklist system. **OSM**

Mr. Harden (sharden@saferpatients.com), a former U.S. Navy Top Gun instructor, is president of LifeWings Partners, which helps healthcare facilities implement the safety practices of such high reliability organizations as aviation. Come see Mr. Harden live Oct. 5 in Diego at OR Excellence (www.orexcellence.com). He'll discuss what every surgical team can learn from the Miracle on the Hudson, the emergency landing of a crippled US Airways jetliner in the Hudson River.



World Health Organization			SURGICAL SAFETY CHECKLIST (FIRST EDITION)		
Before induction of anaesthesia		Before skin incision		Before patient leaves operating room	
SIGN IN <input type="checkbox"/> PATIENT HAS CONFIRMED • IDENTITY • SITE • PROCEDURE • CONSENT <input type="checkbox"/> SITE MARKED/NOT APPLICABLE <input type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED <input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONING DOES PATIENT HAVE A: KNOWN ALLERGY? <input type="checkbox"/> NO <input type="checkbox"/> YES DIFFICULT AIRWAY/ASPIRATION RISK? <input type="checkbox"/> NO <input type="checkbox"/> YES, AND EQUIPMENT/ASSISTANCE AVAILABLE RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)? <input type="checkbox"/> NO <input type="checkbox"/> YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED		TIME OUT <input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE <input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM • PATIENT • SITE • PROCEDURE ANTICIPATED CRITICAL EVENTS <input type="checkbox"/> SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS? <input type="checkbox"/> ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS? <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE IS ESSENTIAL IMAGING DISPLAYED? <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE		SIGN OUT <input type="checkbox"/> NURSE VERBALLY CONFIRMS WITH THE TEAM: <input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED <input type="checkbox"/> THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE) <input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME) <input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED <input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT	
THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.					

A MAKE IT YOUR OWN The most important phrase on the WHO Surgical Safety Checklist is located on the bottom of the page.