The Safe Surgery 2015 initiative has created a checklist template specifically for North Carolina and Virginia hospitals. This template is based off of the World Health Organization’s Surgical Safety Checklist that was released in 2008. Today, the WHO Surgical Safety Checklist is in use in more than three thousand hospitals throughout the world and has been shown to dramatically reduce preventable surgical complications and mortality when used effectively. The template that was created for North Carolina and Virginia has incorporated the best practices of thousands of U.S. hospitals and has been modified to specifically meet the needs of U.S. hospitals by including SCIP measures, the JCAHO Time Out, and items to enhance communication between surgical team members such as a briefing and debriefing.

This template is not intended to be comprehensive. We recommend that every hospital modify the checklist to meet their specific needs. This document will guide you through the process of modifying and trialing the checklist.

**Modification Best Practices:**

The process of modifying the checklist is considered to be a key step in the implementation process. The modification process brings people together from all relevant disciplines and fosters teamwork that will enhance the use of the checklist. Modifying the checklist creates the feeling of “ownership” that is central to the effective use and permanent practice that we are trying to foster with the use of the checklist. We encourage you to follow the following steps when modifying the checklist for your operating rooms.

1. Assemble an implementation leadership team that consists of at least one representative from the following disciplines:
   - Administrator
   - Anesthesia Provider
   - Nurse
   - Surgeon
2. Modify the Checklist (modification tips are included below)
3. Practice using the Checklist outside of the OR and modify as needed
4. Use the modified Checklist in one case with one surgical team (the team should include members of the collaborative project team)
5. Debrief and modify the Checklist as needed
6. Use Checklist for one day in every case with the same surgical team
7. Debrief and modify as necessary

Checklist Modification Basic Principles:

**Teamwork and Communication** – The teamwork and communication items that are included on the checklist are considered essential items of the NoCVA Safe Surgery Collaborative and **should not be removed**. These communication and teamwork items can be found in the briefing and debriefing sections of the checklist as well as the item that prompts the surgical team to introduce themselves to one another or to the patient. In the United States these items have had a tremendous impact in improving surgical care and have positively changed the way in which surgical teams interact with one another and the patient.

The other elements that are included on the checklist template include items to ensure adherence to surgical processes while other items are targeted at enhancing teamwork and communication.

**Focused** - The checklist should strive to be concise, addressing those issues that are most critical and not adequately checked by other safety mechanisms. Five to nine items in each checklist section are ideal [there are three sections in the Surgical Safety Checklist template], which is supported by experience in the aviation industry. If you feel that there are process items on the checklist that are adequately checked and measured using established safety systems you can remove them.

**Brief** - The checklist should take no more than a minute for each section to be completed. While it may be tempting to try to create a more exhaustive checklist, the needs of fitting the checklist into the flow of care must be balanced with this impulse.

**Actionable** - Every item on the checklist must be linked to a specific, unambiguous action. Items without a directly associated action will result in confusion among team members regarding what they are expected to do and ultimately to loss of buy-in to the checklist.

**Verbal** - A major key to the function of the checklist is the fact that it is a verbal exercise among team members. Reading the checklist “out loud” as a team-exercise is critical to its success and it will likely be far less effective if used solely as a written instrument.
Does Our Checklist Contain the Critical Elements?

1. Does your surgical checklist have three phases in the OR, before induction of anesthesia, before skin incision, and before the patient leaves the room?

2. Are the items on the checklist meant to be read aloud, without reliance on memory, so all members of the team can hear them?

3. Does every person that is present in the operating room have the opportunity to say something before skin incision, at a minimum they introduce themselves by name and role or state that they are ready to proceed? (This includes perfusionists, surgical assistants, PAs, residents, observers, manufacturer representatives, and other observers)

4. Will the surgeon share an operative plan and discuss: anticipated blood loss, expected duration of the procedure, possible difficulties, and implants or special equipment needed for the case with the entire team before skin incision?

5. Will the nurses and surgical techs discuss with the entire team their concerns about the patient?

6. Will the anesthesia providers discuss with the entire team the anesthetic plan and airway or other concerns?

7. Will the surgeon ask the entire team to speak up if they have any concerns during the case?

8. Before the patient leaves the OR will ALL members of the surgical team discuss equipment problems that need to be addressed, key concerns for recovery and management, and anything that could have been done better to make the case safer or more efficient?
Safe Surgery Checklist Implementation Process

1. Leadership implementation team reviews the Safe Surgery checklist template and related materials, and determines if their existing checklist meets the intent and purpose of the WHO checklist. (Refer to “Does Our Checklist Contain the Critical Elements?” section above) If not, they proceed with customization of the template.

2. Team modifies and customizes the checklist, using the key principles listed above

3. Team practices using the checklist outside the OR and modifies as needed

4. Team uses the modified checklist in one case

5. Team debriefs use of the checklist and modifies as needed

6. The same leadership team uses the modified checklist in every case for one day

7. Team debriefs and modifies as needed

8. Leadership team speaks with the next team to use the checklist, explaining the intent and the practice

9. The next team uses the checklist and provides feedback to the leadership team

10. The use of the new checklist is rolled to each surgical team in the same way, with 1:1 conversations with the leadership team or another team that is successfully using the checklist.

Based on material developed by the Harvard School of Public Health, Safe Surgery 2015