Alberta Health Services

Safe Surgery Checklist

Frequently Asked Questions (FAQs)

February 2012

Alberta Health Services

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1. Q. Where did the idea of a Safe Surgery Checklist come from?

A. The original concept of the Safe Surgery Checklist (SSC) stems from the World Health Organization's (WHO) 2007/08 'Safe Surgery Saves Lives' campaign, which built on the experience of medical experts, healthcare professions, safety experts and patients from around the world. The Canadian Patient Safety Institute (CPSI) and the Royal College of Physicians and Surgeons of Canada (RCPSC), in collaboration with 15 in-country organizations, led the Canadian adaptation of the WHO campaign.

Alberta Health Services' (AHS) Surgery Clinical Network (SCN) identified quality and safety as one of its major provincial priorities. This priority aligns with internal and external strategic priorities. One of the key projects identified under this mandate was the Safe Surgery Checklist (SSC). The Surgery Quality Improvement and Safety Committee (SQISC) was established early in 2011, and they subsequently formed the Safe Surgery Checklist Working Group (SSCWG) to lead this project work. The SSCWG conducted a current state assessment, whereby they performed an environmental scan both internal and external to Alberta Health Services. By way of this document, additional research and consultation with key stakeholders, as well as building off of previous work done, the SSCWG developed a strategic work plan and project charter in order to support the advancement and spread of the SSC throughout the province. This included developing various change management tools to be utilized at the discretion of the SSC zone leadership and operational infrastructures.

2. Q. What is the Safe Surgery Checklist (SSC)?

AHS Safe Surgery Checklist - SSC

Before Induction of Anesthesia	Before Skin Incision	Before Patient Leaves Operating Room
Briefing	***Time Out***	***Debriefing***
Patient (family member) and surgical team members have verbally confirmed: • **Patient identity** • **Procedure** • **Site, side or level** • **Consent(s)** • **Known allergies and reactions** • **NPO status**	**All team members have introduced themselves by name and role**	**Surgical team have verbally confirmed:** • **Name of the procedure** • **Applicable sponge, needle and instrument counts** • **Specimen labeling and handling** • **Equipment problems addressed**
Special precautions • Malignant hyperthermia • Latex • Isolation • Other	**Surgeon, Anesthesiologist, and Nurse have verbally confirmed:** • **Patient** • **Procedure** • **Site**	**Surgical team have reviewed recovery plan:** • Patient disposition • Analgesia • O_2 needs for transfer • Specific concerns
Weight (Kg) recorded on chart	**Anticipated critical events:** • **Surgeon review:** • Critical or unexpected steps • Procedure duration • **Risk of >500mL (7mL/Kg in Children) blood loss** • **Anesthesiologist review:** • Patient-specific concerns • Adequate intravenous access and fluid planned • **Nursing review:** • Sterility issues • Equipment issues	
Anesthesia safety and equipment check completed	**Applicable medication concerns:** • **Antibiotic prophylaxis given within last 60 minutes** • Thromboprophylaxis (VTE) ordered: • Anticoagulant • Mechanical • Other specific medication concerns	
Difficult airway/aspiration risk • Applicable equipment / assistance available	**Essential imaging displayed**	
Patient positioning and support confirmed	**Any other questions or concerns before proceeding?**	
Relevant and special equipment confirmed and in room: • Prosthesis • Warming devices • Loaner instrument		
Relevant tests completed and checked: • Laboratory • Pregnancy • Crossmatch (Type and Screen) • Radiology		

This checklist was adapted from the World Health Organization (WHO) Surgical Safety Checklist (URL: http://www.who.int/patientsafety/safesurgery/en; © World Health Organization 2008, All Rights Reserved). Version 9 (February 27, 2012)

A. The SSC is a communication tool intended to be used by clinicians to improve the safety and quality of patient care during surgical procedures and to reduce or eliminate complications including adverse and sentinel events, subsequently improving basic standards of patient care.

The intent of the SSC is to help ensure that surgical teams consistently follow a few critical quality and safety steps and thereby minimize the most common and avoidable risks to surgical patients.

The SSC guides a verbal team-based interaction as a means of confirming that appropriate standards of care are ensured for every patient.

3. Q. Why should we use a Safe Surgery Checklist (SSC)?

A. Around the world, several agencies have mandated the utilization and measurement of the SSC. The SSC has been shown to reduce the number of preventable complications associated with surgery by ensuring critical information is shared with all members of the surgical team.

The SSC helps focus the entire team on patient safety during three critical stages during a surgical procedure:

1. ***Briefing*** ⇨ before induction of anesthesia;
2. ***Time Out*** ⇨ before skin incision; and,
3. ***Debriefing*** ⇨ before patient leaves operating room.

The SSC is not intended to replace existing procedures, protocols or safety checks; it builds on them by making certain the entire interdisciplinary surgical team is actively involved in the quality of patient care and safety processes and overall communication.

4. Q. Does the Safe Surgery Checklist (SSC) need to be used on all surgery procedures?

A. Yes. Compliance with the SSC and procedure/process is required by all AHS employees, members of the medical and midwifery staffs, students, volunteers and other persons acting on behalf of AHS (including contracted service providers as necessary). See also: **Q.** *"Is there a Safe Surgery Checklist Policy?"*

The SSC must be utilized, and be in compliance with the AHS Safe Surgery Checklist Policy, in all AHS and contracted non-hospital surgical facilities.

All AHS surgical and non-hospital contracted sites must ensure the SSC is adapted to their particular environmental nuances, including all assurances required around SSC utilization and compliance to the provincial policy, as well as measurement standards. See also: **Q.** *"Can we develop Alternate Versions of the Safe Surgery Checklist?"*

5. Q. Is there a Safe Surgery Checklist Policy?

A. Yes. The Safe Surgery Checklist is classified as a **Level 1 Policy.** In AHS Level 1 is the highest policy level, meaning the SSC policy applies to all of AHS. For more information on AHS policy levels visit http://www.albertahealthservices.ca/Policies/ahs-pol-cpd-gen-approved-sgdf.pdf.

The **purpose** of the SSC Policy is to enhance safe surgical care by initiating and completing an approved AHS Safe Surgery Checklist for each patient undergoing a surgical intervention.

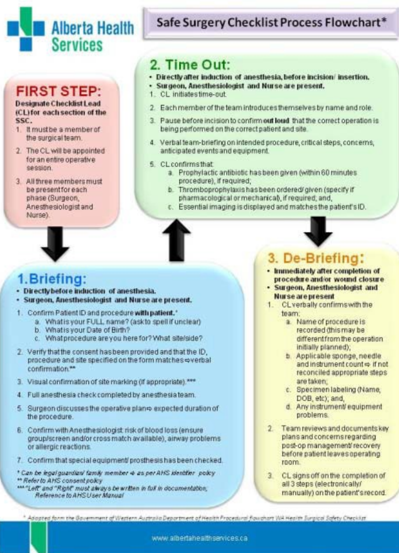
The **Policy mandates** that the SSC will be used during all surgical interventions undertaken in AHS facilities and contracted non-hospital surgical facilities. The SSC promotes effective communication and provides the multidisciplinary team with a list of essential safety checks for use during a surgical intervention at Briefing, Time Out, and Debriefing (http://www.albertahealthservices.ca/hp/if-hp-checklist.pdf).

6. Q. Can we develop alternate versions of the Safe Surgery Checklist?

A. Yes. There is an AHS Level 1 SSC Procedure "*Safe Surgery Checklist: Developing Alternate Versions Procedure*" that outlines the steps for developing an alternate version (https://extranet.ahsnet.ca/teams/policydocuments/1/clp-safe-surgery-checklist-ps-04-01-procedure.pdf). The objective of the procedure is to provide clear guidance for the development and implementation of an alternate version of the SSC. It ensures that minimum requirements are preserved on all alternate versions of the SSC.

AHS facilities and contracted non-hospital facilities wanting to use an alternative version of the SSC are responsible for the development, trial, implementation and evaluation of an alternate version. All approved alternative version of the SSC must comply with the requirements outlined in the procedure. The site-based Administrative Lead for Surgery, or designate, is responsible for approving the alternate version and submitting it to Alberta Health Services Surgery Clinical Network (SCN) for approval. Approval from the co-leads of the SCN must be obtained prior to the alternative SSC version being implemented at the site or the contracted non-hospital surgical facility.

7. Q. Is there a Safe Surgery Checklist Process?



A. Yes. The SSC process was designed to align with the Safe Surgery Checklist and the SSC Policy. The intent was to keep it simple and to allow for flexibility, while still keeping in mind the basic elements that are required to successfully utilize the SSC.

The process does not take into account alternate versions of the SSC. Where alternate versions of the SSC are required, it is up to the site Administrative Lead, or designate, to design, trial and approve a alternate process for their site and associated service. This alternate process must be approved by the Surgery Clinical Network's Leadership.

The process for creating alternate checklist versions is outlined in the Safe Surgery Checklist.: Developing Alternative Version Procedure(https://extranet.ahsnet.ca/teams/policydocuments/1/clp-safe-surgery-checklist-ps-04-01-procedure.pdf).

8. Q. What is the role of the Safe Surgery Checklist Working Group?

A. The Safe Surgery Checklist Working Group (SSCWG) was formed in January, 2011. Their goal is to advance the implementation and spread of the SSC as well as standardize the SSC measurement, reporting, and learning across the province.

The SSCWG supports the advancement and spread of the SSC to all AHS and non-hospital contracted facilities that provide surgical services across the province. The goal is to achieve 100% compliance on SSC utilization by December 30, 2012 for all surgeries performed in the province.

The SSCWG is responsible developing provincial measurements, evaluation and reporting standards and processes (including auditing, outcomes and compliance) for implementation at all AHS surgical and contracted non-hospital facilities in the province.

The SSCWG also develops sustainment mechanisms and strategies to improve surgical outcomes in selected performance indicators.

The SSC Working Group (SSCWG) provides the planning and support to the SSC Zone Leads, but they are not accountable for directly advancing the implementation and spread of the SSC within each zone. They assist the zone leads with the change management process by developing tools to help them

accomplish this goal. They also support them in achieving compliance with the Accreditation Canada Required Organizational Practices SSC standard when introduced in 2013.

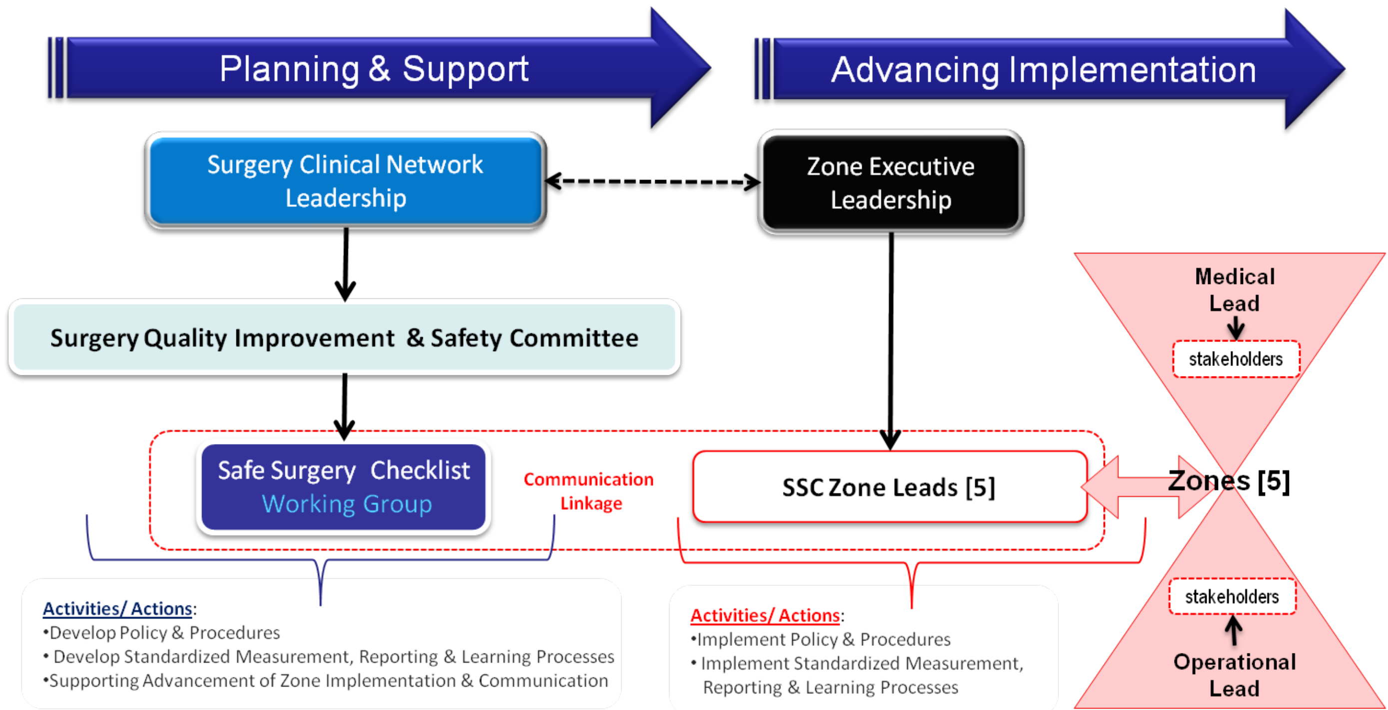
9. Q. What is the Safe Surgery Checklist Zone Lead?

A. The SSC Zone Lead was identified by the Senior Vice-President and Zone Medical Directors for each zone. The SSC Zone Lead is responsible for advancing the implementation and spread of the SSC within their respective zones.

The SSC Zone Leads have the experience and leadership capabilities to ensure that information from the SSC is distributed to all relevant stakeholders within their zone using the communication pathway that best suits their particular needs. This could include the medical and operational leads and/or dyad, as identified by the SSC Zone Lead in conjunction with the zone operational and medical leadership.

The SSC Zone Lead is the communication conduit for the zone and SSCWG on strategic, medical, and operational matters as they develop measurement and planning support to the zones

Given the changing environment and organizational variances within and between zones, the following diagram best articulates the oversight and relationship between the SSCWG and the SSC Zone Leads.



10. Q. What are site and zone Safe Surgery Checklist Champions?

A. The SSC Zone Leads identify site and zone champions through their network and communication channels. This will expedite key elements in the successful spread, utilization and standardized measurement and reporting of the SSC. Clinicians who have used the Checklist and have good

experiences with it make great champions for promoting it and defending its use and spread in the hospital.

The SSC Working Group and SSC Zone Leads will build a network of champions who are leading the way in improving surgical safety through use of the SSC. Together they can connect champions with each other and connect champions with individuals who are getting started or having challenges. Anyone can be a champion, as long as they are proactive and making important strides to move the SSC forward.

11. Q. We are already very busy in the O.R. isn't this just one more task using up valuable time?

A. Evidence indicates the SSC may save time. Once the checklist becomes familiar to operating room teams, it requires very little time to perform. The AHS Safe Surgery Checklist is intended to take no more than one (1) minute for each of the three stages to complete (unless issues arise), and adds no more than two (2) minutes in total. The checklist can save time by identifying issues before hand, ensuring better co-ordination between team members, and minimizing delays caused by retrieving additional equipment, or performing other surgery and/or patient related safety items.

12. Q. Is the Safe Surgery Checklist part of the patient record?

A. Yes. All three sections of the Safe Surgery Checklist (Briefing, Time Out, and Debriefing) are to be signed off and documented in the patient's Health Record (e.g. patient's perioperative record). The checklist lead assigned for each procedure signs off on the completion of all three (3) steps electronically/ manually) on the patient's record.

13. Q. Is the Safe Surgery Checklist data collected and reported?

A. Yes. Facilities undertaking surgical interventions will report data on the usage of the Safe Surgery Checklist for every patient.

The facility-based Administrative Lead for Surgery will ensure that data collected on the usage of the Safe Surgery Checklist is reported through to the site administrative operational leadership (e.g., site Vice President) and Clinical Quality Metrics on a quarterly basis.

14. Q. Who should be in charge of leading the surgical checklist in the OR/surgical suite?

A. The SSC Process stipulates that the first step is to designate a Checklist Lead (CL) for each section of the SSC. The CL must be a member of the surgical team and could be appointed for the entire operative session. Some sites have found that having the surgeon lead the time out portion works well. The point is to ensure continuity and flow, so sites may choose to have the same person or alternate between the surgeon, anesthesiologist or O.R. nurse. The surgical team is best suited to determine what is best for their site.

15. Q. Do all three (3) team members need to be present (i.e., Surgeon, Anesthesiologist and Nurse)?

A. Yes. The SSC Policy indicates under section 1.2 that "*The attending surgeon or Alternate Surgeon, the attending anesthesiologist or Alternate Anesthesiologist, and circulating nurse or scrub nurse must be present for the Briefing, Time Out and Debriefing.*" In situations where multiple teams are present for a single patient undergoing multiple procedures, the same requirement (1.2) holds for each distinct

procedure. Reference https://extranet.ahsnet.ca/teams/policydocuments/1/clp-safe-surgery-checklist-ps-04-policy.pdf

16. Q. How do we know if the Safe Surgery Checklist is Complete?

A. The Safe Surgery Checklist is considered complete for each patient when the surgical team determined that all necessary steps at the Briefing, Time Out and Debriefing have been completed. In critical emergency situations the Most Responsible Health practitioner will use discretion in determining which sections of the checklist will be completed. Documentation regarding all three (3) sections is required following a critical emergency situation in the patient's Health Record.

17. Q. What surgical interventions do you use the AHS Safe Surgery Checklist for?

A. Surgical interventions, for the purpose of the Safe Surgery Checklist, are interventions that require at least one of the following:

a. a major anesthetic, regardless of where they are provided major anesthetics include general, spinal and epidural but not local); or
b. an incision below the skin or eye into the underlying body structure or cavity; or
c. Due to the condition or age of the patient, a major anesthetic and fully equipped and staffed operating room.

The SSC is not limited to formal operating room settings and can be adapted to any procedure room to improve patient safety. It is up to the sites to evaluate which procedures the checklist is suitable for. The WHO recommends the surgical checklist be adapted in any environment and setting where 'surgical' procedures are being completed, including and not limited to emergency department procedure rooms, birth centers performing c-sections, radiology departments performing invasive radiology procedures, etc.

18. Q. What is the target date for advancement and spread of the Safe Surgery Checklist to all AHS surgical and contracted non-hospital?

A. The targeted date for the 100% compliance and utilization of the SSC is December, 2012. The use of a surgical checklist will become an Accreditation Canada requirement for all accredited sites in Canada using accreditation standards after 2013.

19. Q. Is there support for surgical groups implementing the AHS Safe Surgery Checklist?

A. YES. The Safe Surgery Checklist Zone Leads and Safe Surgery Checklist Working Group have been identified and developed to help zones achieve the targeted compliance and utilization date of December, 2012.

20. Q. How will we be measuring and reporting on the outcomes of the Safe Surgery Checklist?

A. The Safe Surgery Checklist Working Group has developed a provincial standardized measurement and reporting strategy to support the implementation and spread of the SSC. Measures assess SSC usage and its impact on patient outcomes through three (3) components: compliance measures, an observational audit, and outcome measures. The plan will be relevant to sites using either paper OR charting or electronic patient management systems. In 2012, measurement procedures and data standards will be developed to support this measurement strategy. These standards will be applied to both paper and electronic reporting systems.

21. Q. How will we know if we are compliant with the AHS Safe Surgery Checklist Policy?

A. Having a developed and implanted standardized measurement and reporting system will enable AHS to report on the following:

1. Compliance Measures
2. Observational Audit Measures
3. Outcome Measures.

These measures will be reported back to each site to gauge how they are doing and where changes can be made to improve efficiencies and effectiveness. This will also enable cross learning across the AHS sites and contracted non-hospital sites.

22. Q. Are scopes (e.g., endoscopies) included in the collection of SSC data?

A. No. Scopes are not currently tracked and counted in the data measurement and reporting; however, this does not preclude sites from not using the SSC on these types of services. The goal is to add these types of services to the data collection at a later point.