Thirty-day Outcomes Support Implementation of a Surgical Safety Checklist: Changing Culture

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July 22, 2012

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Institution Saint Francis Hospital and Medical Center
# Comprehensive Surgical Checklist

**Case Number:**

**World Health Organization (WHO)**

**The Joint Commission - Universal Protocol (JC)**

<table>
<thead>
<tr>
<th>PREPROCEDURAL CHECK-IN</th>
<th>SIGN-IN</th>
<th>TIME-OUT</th>
<th>SIGN-OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Holding Area</td>
<td>Before Induction of Anesthesia</td>
<td>Before Skin Incision</td>
<td>Before the Patient Leaves the Operating Room</td>
</tr>
</tbody>
</table>

**Patient/patient representative actively confirms with Registered Nurse (RN):**

- **Identity:** □ Yes □ No
- **Consent(s):** □ Yes □ N/A
- **Site marked:** □ Yes □ N/A
- **Procedure:** □ Yes □ N/A
- **Procedure and procedure site:** □ Yes □ N/A
- **by person performing the procedure:** □ Yes □ N/A

**RN confirms presence of:**

- **History and physical:** □ Yes □ N/A
- **Preanesthesia assessment:** □ Yes □ N/A
- **Diagnostic and radiologic test results:** □ Yes □ N/A
- **Blood products:** □ Yes □ N/A
- **Any special equipment, devices, implants:** □ Yes □ N/A

**Include in Preprocedure check-in as per institutional custom:**

- Beta blocker medication given (SCIP) □ Yes □ N/A
- Venous thromboembolism prophylaxis ordered (SCIP) □ Yes □ N/A
- Normothermia measures (SCIP) □ Yes □ N/A

**RN and anesthesia care provider confirm:**

- **Confirmation of identity, procedure, procedure site and consent(s):** □ Yes □ N/A
- **Site marked:** □ Yes □ N/A
- **by person performing the procedure:** □ Yes □ N/A
- **Patient allergies:** □ Yes □ N/A
- **Difficult airway or aspiration risk:** □ No □ Yes (preparation confirmed)
- **Risk of blood loss (> 500 ml):** □ Yes □ N/A
- **# of units available:**
- **Anesthesia safety check completed:** □ Yes □ N/A

**Briefing:**

- **All:** □ Yes □ N/A
- **Critical or nonroutine steps:** □ Yes □ N/A
- **Case duration:** □ Yes □ N/A
- **Anticipated blood loss:** □ Yes □ N/A

**Anticipated Critical Events**

- **Surgeon:**
  - States the following:
    - □ Yes □ N/A
  - □ Yes □ N/A
- **Anesthesia Provider:**
  - □ Yes □ N/A
  - □ Yes □ N/A
  - □ Yes □ N/A

**Scrub and circulating nurse:**

- **Sterilization indicators have been confirmed:** □ Yes □ N/A
- □ Yes □ N/A

**RN confirms:**

- **Name of operative procedure:**
- **Completion of sponge, sharp, and instrument counts:** □ Yes □ N/A
- **Specimens identified and labeled:** □ Yes □ N/A
- **Any equipment problems to be addressed:** □ Yes □ N/A

**To all team members:**

- **What are the key concerns for recovery and management of this patient?**
  

**April 2010**

**PLEASE RETURN TO:**

**DR. SCOTT ELLNER**

**DEPARTMENT OF SURGERY**

**AORN**

**SAINT FRANCIS**

Hospital and Medical Center
Team Training

- **Session 1** - Crucial Conversations
- **Session 2** - Getting What You Want: Communication Strategies That Help You Get What You Need
- **Session 3** - When the Going Gets Tough: Achieving a Positive Outcome

*crucial conversations*
Tools for talking when stakes are high

Kerry Patterson, Joseph Grenny; Ron McMillan, Al Switzler

Foreword by Stephen R. Covey
Author of *The 7 Habits of Highly Effective People*
# Checklist Completion

<table>
<thead>
<tr>
<th>Frequency of Checklist Component Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preprocedure Check-in Completed?</td>
</tr>
<tr>
<td>Identity documented?</td>
</tr>
<tr>
<td>Procedure and procedure site documented?</td>
</tr>
<tr>
<td>Consent(s) documented?</td>
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<td>Risk of blood loss (&gt; 500 ml) documented?</td>
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<tr>
<td>Anesthesia safety check completed documented?</td>
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<td>Briefing documented?</td>
</tr>
<tr>
<td>Time-out Completed?</td>
</tr>
<tr>
<td>Introduction of team members documented?</td>
</tr>
<tr>
<td>Confirmation of the following: identity, procedure, incision site, consent(s) documented?</td>
</tr>
<tr>
<td>Site is marked and visible documented?</td>
</tr>
<tr>
<td>Relevant images properly labeled and displayed documented?</td>
</tr>
<tr>
<td>Any equipment concerns documented?</td>
</tr>
<tr>
<td>Antibiotic prophylaxis within one hour before incision documented?</td>
</tr>
<tr>
<td>Sterilization indicators have been confirmed documented?</td>
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30-Day Adverse Event Rates

- Any Adverse Event (p=0.000)
- Major Event (p=0.205)
- Minor Event (p=0.620)
- All SSIs (p=0.845)
- Bleeding Requiring Transfusion (p=0.392)
- DVT/PE (p=0.074)
- Pneumonia (p=0.362)
- Ventilator >48hrs (p=0.311)
- UTI (p=0.972)

Historical Control Cases
Cases Without Checklist
Cases With Checklist
Observations

Frequency of Observed Intraoperative Events
(cases with at least one observed event)

- Inadequate Communication: 50.68%
- Decision Making: 17.81%
- Lack of Equipment Availability: 43.84%
- Equipment Malfunction: 36.99%
- Disruptive Behavior: 17.81%
- Interrupted Process or Flow: 36.99%
- Deviation from Aseptic Technique: 67.12%
Thank you

• Questions?