Checklist Case study

Checklists are developed to assist teams in their day -to-day work. They are a list of verifications or actions which need to be completed before, during or after a procedure or task.

Case Study: Surgical Safety Checklist

1. Highlight an area of practice that requires improvement

A client brought their pet Chihuahua in for a routine spay. The operation went smoothly, other than a reasonable amount of bleeding from the ovarian stump. A few months later, the client returned to the practice stating that the animal had lost her appetite and was lethargic. Following examination, X-ray and ultrasound, a suspicious mass was found in the abdomen. The patient was booked in for surgery the next day, which revealed a retained surgical swab in the abdomen. The veterinary surgeon removed the swab and the patient made a full recovery.

The practice team noted this as a significant event, and decided to conduct a significant event audit, to reduce the likelihood of the event re-occurring in the future. The audit suggested that this issue, as well as many others, could easily be avoided with the introduction of a *Surgical Safety Checklist.*

2. Hold a meeting to involve and engage the whole team

The entire practice team participated in a meeting to discuss the crucial steps that should be carried out in every surgery performed, specifically pre- and post-operative checks that are essential for ensuring safe surgery.

One staff member noted that steps such as counting swabs in and out, are occasionally missed due to human error such as slips, lapses and mistakes but also external factors such as time constraints and unexpected complication/s during the surgery.

3. Select a Checklist Champion

The team agreed that the nomination of a Checklist Champion for the surgical safety checklist would help ensure its uptake and success. The ideal individual to act as the champion was the Deputy Head Veterinary Nurse, as he is present for the majority of surgeries that occur within the practice,

4. Create and circulate the checklist

The Checklist Champion then created the checklist (example provided below), including the key points that were highlighted by the team within the meeting. He circulated the document around the team, to allow any further amendments to be discussed. In his circulation, the Checklist Champion specified that in his absence, the Veterinary Assistant would take on the role of champion, ensuring the checklist is used in every surgery.

Implementation date: 1st February 2017

On implementation, the team were reminded that the holder of the checklist has the authority to stop a procedure if the checklist is not being used fully or appropriately.

5. Discuss the checklist

A second team meeting was held on the 1st March 2017, in which the team discussed the checklist implementation in both its successes and downfalls. The team agreed that:

- Changes were needed to improve compliance
- The checklist should be separated into three categories:
  - Prior to induction of anaesthesia
  - Prior to skin incision
  - Prior to leaving the operating room
- A checkpoint should be added to the end of the checklist regarding management of the patients after discharge

It was emphasised that the checklist is not just a box-ticking exercise, but a communication tool to ensure that a list of critical tasks are performed before a procedure continues.

6. Audit the checklist

An initial audit was performed to ensure the checklist was being used by all members of the team and to identify reasons why it was not used. The team agreed that surgeries were more streamlined since the implementation of the reviewed checklist. New members of the team reported feeling more confident in their abilities, and their provision of care. Two further changes were flagged by the team and the checklist was amended accordingly.

Amendments were:

- Reformatting the checklist so that it fits on a single side of A4 paper.
- Specifying who each section of the checklist refers to (nurse, surgeon, etc.).

A subsequent audit date was set for a month later to confirm the efficacy of the changes. Date of next audit: 1st July 2017

On re-audit, the team found that the amended checklist was now successfully used by the whole team. All clinical staff members felt comfortable using the checklist as part of their surgical routine. No further amendments were suggested and a review was scheduled for one year later.

Date of next audit: 1st July 2018

Surgical Safety Checklist

World Health Organization | Patient Safety
A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?
- ☐ Yes

Is the site marked?
- ☐ Yes
- ☐ Not applicable

Is the anaesthesia machine and medication check complete?
- ☐ Yes

Is the pulse oximeter on the patient and functioning?
- ☐ Yes

Does the patient have a:

Known allergy?
- ☐ No
- ☐ Yes

Difficult airway or aspiration risk?
- ☐ No
- ☐ Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?
- ☐ No
- ☐ Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

- ☐ **Confirm all team members have introduced themselves by name and role.**
- ☐ **Confirm the patient's name, procedure, and where the incision will be made.**

Has antibiotic prophylaxis been given within the last 60 minutes?
- ☐ Yes
- ☐ Not applicable

Anticipated Critical Events

To Surgeon:
- ☐ What are the critical or non-routine steps?
- ☐ How long will the case take?
- ☐ What is the anticipated blood loss?

To Anaesthetist:
- ☐ Are there any patient-specific concerns?

To Nursing Team:
- ☐ Has sterility (including indicator results) been confirmed?
- ☐ Are there equipment issues or any concerns?

Is essential imaging displayed?
- ☐ Yes
- ☐ Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:
- ☐ The name of the procedure
- ☐ Completion of instrument, sponge and needle counts
- ☐ Specimen labelling (read specimen labels aloud, including patient name)
- ☐ Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:
- ☐ What are 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.

Revised 1 / 2009