Knowledge Award audio overview: Introduction and compliance of surgical checklist use.

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Hi, my name's Megan and I'm the Clinical Nurse Manager at the Roundhouse Hospital, which is part Pets N Vets in Glasgow. As a practice, we're always looking for ways to improve patient safety and care. In 2022, we decided to work towards introducing a surgical checklist that was adaptable, effective, and easy to use. The aim of our surgical checklist was to minimize risks and encourage our teams to effectively communicate with one another. We initially looked at other surgical checklists, including RCVS Knowledge QI Award winners from previous years, the RCVS Knowledge Surgical Checklist Manual, and we reviewed Atul Gawande's book 'Checklist Manifesto: How to Get Things Right', where he outlines how we're all human and it's in our nature to make mistakes. We then looked into what we needed as a team and what we felt should be included in the checklist. We looked at the correct moments for the entire team to stop and collectively go through the checkpoints, and we agreed as a team that check-ins had to be performed, pre-anaesthesia, pre-induction, pre-operatively, pre-closure, and post-operatively.

We also looked at areas that warranted being double-checked, such as medications and where we're going to operate. After considering what exactly we wanted out of a surgical checklist, we developed through consultation with the team, our own surgical checklist, one that suited our equipment and patients. We knew that we wanted this to be a nurse-led initiative, giving our nurses a platform to feel empowered and speak up and engage in the perioperative plan for our patients alongside veterinary surgeons and patient care assistants. Since launching our surgical checklist in January 2023, our nurses complete surgical checklist for each patient undergoing general anaesthetic. We know that it takes time to adapt to new things, but our audit showed an increase in completion rates from 36% in January to 94% in December, which was such an achievement for the entire team.

I was surprised at the amount of potential complications that were identified during the checklist discussions. In June, we identified eight brachycephalic breeds, three sighthound breeds, and 26 aspiration risks. To be able to recognize, discuss, and change plans appropriately to suit all these potential issues is amazing. And that's all thanks to the checklist being in place and the team continuing to ensure they go through the checklist thoroughly and

effectively, giving it the platform it deserves.

For anyone listening that would like to introduce a surgical checklist in practice, I would recommend doing some research. Encourage and open discussions within your team about what you would like to have in place in your practice and what would work for you, and to just take the step to get it started. Surgical checklists save lives, and they're really worth starting in every practice.