

Knowledge Natter transcript: Introduction and compliance of Surgical Safety Checklists

Lou Northway and Megan Orr

RCVS Knowledge:

Welcome to this Knowledge Natter, by RCVS Knowledge. Here, we have friendly and informal discussions with our Knowledge Award champions, and those who are empowered by Quality Improvement in their work. Whether you are a veterinary surgeon, veterinary nurse, receptionist or member of management, Quality Improvement will and can positively impact your everyday life. Listen and be inspired.

Lou Northway:

Hi everybody and welcome to this RCVS Knowledge Natter. My name is Lou Northway. I'm Quality Improvement Clinical Lead here at RCVS Knowledge and today I'm talking with Megan Orr from Roundhouse Hospital. She is one of our 2024 RCVS Knowledge Award Highly Commended winners and she's here today to talk to us about her project. She introduced a surgical safety checklist. It was a nurse led initiative, and they had amazing results, and I want to hear all about it. So welcome Megan, nice to meet you.

Megan Orr:

Nice to meet you as well, Lou. I'm really excited to be here and chat about the surgical checklist that we implemented.

Lou Northway:

And before we get into the nitty gritty of your amazing project, can you tell me all about you and your team and your practice?

Megan Orr:

Absolutely. So, my name is Megan and I'm the clinical nurse manager at the Roundhouse Hospital in Glasgow. We are part of Linnaeus and you'll also hear us being called Pets'n'Vets because that's our kind of overall business and we're made up of loads of different branches, but I work here at the Roundhouse Hospital. We're made up of kind of 13 nurses, eight PCAs and 15 vets. So, we're quite a big place. Everybody here is really interested and enthusiastic about improving practice, so that's really exciting for me, who also loves to improve practice.

Lou Northway:

Where did the inspiration for the surgical safety checklist come from? Was it after sort of things that had happened in the hospital? Where was the inspiration for this particular one?

Megan Orr:

It was something that was chatted about between kind of different members of the team. You know, it was kind of just flagged up that this was something that we didn't do. And there's loads of other hospitals out there that do these and some people have worked at them. So was an idea that was floated for a good while. And then we kind of just collectively came to the decision that this is something that we want to work on and implement in practice. I think it's not a secret how beneficial these things are in practice, in human medicine and animal. So, yeah, we had meetings amongst management and with the teams and went ahead and got going with that.

Lou Northway:

How did you decide upon the criteria? What should be involved in the checklist? Did everyone have lots of different opinions or how did you develop it?

Megan Orr:

Yes, yes, it was really interesting. So again, we have a hospital service meeting weekly that the heads of teams kind of come to. We chatted about it there, but we also included the teams and that as well. I went through different nurses and asked what their opinion was and what they'd seen previously in other practices and what they thought worked well.

The practice that we're in does work slightly differently because we're referral and first opinion. So, you know, we have to consider what things we need on it, maybe in comparison to a practice that's only doing first opinion. So, yeah, asked the nurses what their thoughts were, and then we came back together with that information. We worked on it for quite a few months before releasing it because we wanted to kind of recognise the pinch points and where things could really go wrong or what was important and what warranted to be double checked. So yeah, it did take quite a while until we had that created and one of my colleagues, Ross, actually created the sheet of paper itself. I'm not much of a whiz with that so he did that. And throughout that time we updated it, you know, there were some things that were brought forward but we had to really question whether that belonged on the surgical checklist or not because I think it's very easy to add things in that, you know, are great to double check and make sure are happening but is it really worth the surgical checklist moment if that makes sense and taking away from potentially something else that could be life threatening.

Lou Northway:

Yeah, I think that's a really good point, isn't it? Because when you first start looking at checklists, you think of absolutely everything that you need to remember. But if you did that for everything, you'd have like 100 steps, wouldn't you, to getting to the end of the line, so to speak. So your checklist, when they're put together, sort of how long are they? What time do you allocate for getting your checklist done before your procedures?

Megan Orr:

So, the way our checklist works is we have different categories in the checklist. If you were to look at our checklist, you would probably think, wow, that's quite big. It takes up a full A4 sheet. However, it's sectioned into the moments that we take time to go over that.

If we look at it by section, it probably only takes 30 seconds to go over that separate section. When we looked into this, you know, we were reading a few things. Realistically, you don't want it to be any longer because people lose interest or they try to get through it quicker, everybody's so itching to go. It does probably only take up 30 seconds per that section. And the ones that we look at are pre-anaesthesia, pre-induction, preoperatively, pre-closure, and then postoperatively as well. When you break that down, it doesn't really take that much time, especially because you're doing it in snippets.

Lou Northway:

Yeah, fantastic. And I think that's a really good point for those listening to consider that the checklist isn't necessarily for all to be done at the beginning and then nothing, and the steps to break it down as you do it is a really good way of doing it. And when you first brought the checklist out into practice, were there any knockbacks? Did anyone sort of have the opinion they didn't need them or how did you navigate that?

Megan Orr:

When we brought them out, I started to audit the checklists. Initially it was weekly I audited them because I think we have to consider as well that we're all human and it takes something like seven weeks for a habit to be created, you know, so it's not going to be that people perhaps don't want to fill these things out, it's just you forget until it becomes second nature that this is something that we do now.

There were definitely some members of the team that struggled a wee bit more, especially maybe if anaesthesia isn't their bag or it's not their favourite thing to do because they're really focusing on just trying to get through that as best they can. So yeah, it was just, I think, monitoring that and speaking to the team and speaking to individuals to kind of just reiterate why we're doing it and showing them that, you know, look at the things we've noticed from

this and being able to kind of combat before anything's gone wrong. That really helped us, but I wouldn't say that we had anyone in particular that was totally against it. I think with anything new, you have apprehension from the team, but everyone was really good and really helpful with it.

Lou Northway:

Great, I love a checklist. I find them so useful now, especially when I'm exhausted all the time. It's like having your best friend with you, isn't it? Just to check in that you've got everything that you need, and you thought about everything we should be thinking about. I'm a big convert. The first few months that you audited, what were the sort of completion rates like for your checklists?

Megan Orr:

In January it started off at 36%, which was obviously quite low, but again to a certain extent expected because it was a brand new thing. And it gradually increased through the year and interestingly enough, midway through the year it plateaued, you know, it was sitting at the same level. At that point I decided to kind of up it a wee bit for the nurses and the nurses that were completing the most checklist that month got a free Costa of coffee.

Lou Northway:

An incentive. Incentives go a long way, don't they?

Megan Orr:

And I have to say that really encouraged people to remember. A little bit of a friendly competition, you know, it was great. So, we continued that until the end of the year. We done that. Then, you know, when the kind of coffees came in place, as well as individual chats with people that maybe weren't doing as well or having some struggles to see how we can support and help them through it. We ended up at 94% in December, completion rate, and that's taken into account there's obviously probably forms that perhaps go missing, etc. So, you know, we might even be slightly higher than that, but yeah, 94%. I was really proud of the entire team, and it was really, you know, in my role just now, I'm not always on anaesthetics. It's the team that did it and I'm really proud of them for following through with that and continuing on with it.

Lou Northway:

Yeah, it's really inspiring to hear, and I really like your sort of emphasis on time and allowing teams to sort of get in the habit and making a habit it's just what you do and being sort of relaxed about that. Not expecting too much too soon, because I think sometimes we want to

be perfectionist, don't we? We want to hit 100% all the time, but it's just not realistic. And I think your project really demonstrates how long-term small changes, checking in with everyone, what's working, what isn't working, and you've got the result in the long run that you desired at the beginning. So that's really, really fantastic.

And for your practice, QI is your thing. You're all doing it. It's a team approach now. What other sort of projects have you got going on at the practice?

Megan Orr:

The past few years, we've had involvement with the Canine Cruciate Registry, as well as we do one for our laparoscopic spays and getting opinions from the clients and how they feel that's went too. I won't spoil too much, but we're also working on two new ones this year that hopefully will be released for next year's QI improvements. And I think what's really exciting about that, and I hope it encourages more teams, is it's not actually myself that's doing it, it's two other nurses that have taken on board these projects and want to go ahead and put them out. So that's exciting because you know it's not just for clinical nurse managers or leads to do, it's for everybody on the floor to get involved in. Stay tuned for all that.

Lou Northway:

Great. I can't wait to hear all about it. But yeah, yeah, no, that's fantastic. Like passion projects for everybody that's got an interest in practice. Everybody could have a little QI project to work on, nurture, develop, and then share with their team. And thank you so much for sharing your project with us and the rest of the profession. I hope everyone feels really inspired to have a look and see if they are already doing checklists, how well they're completing them, and then to see if they can improve them or if they're not using checklists yet that they think about doing it.

With your checklist over the last couple of years, do you think you could identify times where things have almost been missed or almost there's been errors caught just in time because of your checklist?

Megan Orr:

Well, what I would say is there's a couple of things that we look at in the surgical checklist. One of the things that we look at is two different breeds. We look for any Brachycephalic breeds and that's at the start of our checklist, as well as any Greyhounds or Sighthounds, just because obviously we know that there's going to be more issues with their anaesthetic or we can, you know, guess that there's probably going to be some more issues. And we, through the year, have flagged a lot of cases. And again, it's just a moment to stop and say, right have we all thought about this? Have we followed the protocol that we have for Brachycephalic breeds or

for Greyhounds and Sighthounds? We also look at our ASA categories so from two to five. In September we identified 48 ASA2 risks, so again just creating that conversation around have we actually thought about the medication we're giving? Do we need to change something about that?

The other thing we look at as well is aspiration risk. That follows through the entire journey through the hospital. So, you know, you're saying to the person that you're passing that on to in wards, actually, this is an aspiration risk, keep an eye on that. So it filters through the entire hospital.

We looked at key learning points as well, and then the change is made. But, you know, it's never perfect. Even now, when I'm doing my audit and there'll be bits that's missed, you know, I think by the time your surgery is over, or post-operative one can kind of be the one that takes more of the hit because you're done, you're dusted, you're passing that patient over. But something that we're always, always improving on and keeping an eye on.

I would also say to anyone that is doing it, you're never going to hit 100%. You're never going to, you know, even hit 94% and keep it in that for years to come unless you're kind of keeping on top of it and keeping on top of the teams and changing it and improving it constantly, you know.

Lou Northway:

Yeah, absolutely. And yeah, your point about being realistic, it's not always going to be 100%. And that's also okay. But the mindset to have the want to hit 100% is what we should be, you know, making sure we're doing our best always. And if things aren't going so well, that we talk about it and try and make it better for the next patient or the next person.

Megan Orr

Yeah. Yeah. Don't get me wrong, one day I hope we do hit 100%, but I'm not going to be... I'm not going to be, you know...

Lou Northway:

Do you get a cake on the month that you hit 100% as well as a coffee?

Megan Orr:

We'll see. Yeah, well, you know, maybe that'll be the 2025 aim. That'll be the cakes and coffee year.

Lou Northway:

Yeah, absolutely. Okay, Megan, well thank you so much for talking to me about your project. I'm sure everyone listening will feel really, really inspired. If anybody would like to read more about Megan's project, you can find it on the RCVS Knowledge website. And I look forward to seeing what comes from you and your team next year.

Megan Orr:

Thanks, Lou. It was so nice to be here. Bye.

Lou Northway:

Take care.

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