

Checklist Case Example: Surgical Safety Checklist by Animal Health Trust Small Animal Theatre Team

Section A: The use of a surgical safety checklist in Animal Health Trust



Name of initiative:	Surgical Safety Checklist
Initiative start date:	November 2008
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Introduction

The Animal Health Trust (AHT) is the leading veterinary and scientific research charity dedicated to the health and welfare of animals. Within our small animal referral hospital, we take patient care very seriously and strive to develop new techniques to minimise harm in the surgical setting.

Aims

In November 2008 we modified the World Health Organisation Surgical Safety Checklist (SSC) for use within our theatres. We felt it was a useful tool to improve communication and unity amongst surgical teams and put patient safety first by reducing serious surgical complications (such as wrong site surgery or retained swabs). Today the SSC is used to ensure the safety of each one of our surgical patients.

Actions

As it is not always possible for the admitting surgeon to be present at the Sign-In phase of the SSC or team briefing, the AHT also designed a paper-based surgical request form, which details the information necessary to complete the sign in.

The SSC is reviewed and updated frequently to ensure that it continues to be tailored to the exact needs of our specialist clinical setting and incorporates the latest patient safety initiatives. One such safety initiative is the No Thing Left Behind® (nothingleftbehind.org) sponge accounting system; by implementing this system for every patient undergoing surgery within the small animal theatres and encouraging responsibility to lie with the team rather than an individual, the risk of retained surgical items can be prevented.

To enable other practices to benefit from the SSC, we have the checklist, articles, and relevant lectures available to download free by external organisations from our website.

Results

- Increased unity amongst the surgical team
- Improved communication
- Reduction in both serious surgical errors and minor surgical errors
- Greater compliance with swab/sharp/instrument accounting
- Development of Standard Operating Procedures (such as Difficult Intubation and Regurgitation) resulting in better planning for patients with identified risks, and therefore better patient outcomes
- More comprehensive handover of information between circulating nurses
- Development of agreed recovery plan with handover to ward staff
- Greater awareness of a safety culture

Impact of intervention

Implementation of the SSC at the AHT has been overwhelmingly positive, helping to ensure that all vital information regarding the patient and the procedure are transferred between all the attendant personnel. It is also felt that using the SSC brings unity to a work environment where multiple specialist teams are often working independently.

By ensuring that the checklist is completed for each and every patient the risk of complication and error is minimised, leading to fewer peri- and intra-operative adverse events and therefore fewer client complaints.

Since the implementation of the checklist, it has been further adapted to create an ophthalmology surgical safety checklist and a checklist for patients having anaesthesia or sedation for diagnostic procedures. Various SOP's have been created for risks that have been highlighted through constant use of the SSC; ensuring consistent evidence-based methods are used for known complications.

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Section B: Surgical Safety Checklist

The following document has been created by Animal health Trust for use within the small animal theatre. Attached you will find the surgical safety checklist.

For further information on Surgical Safety Checklists, RCVS Knowledge have developed a new resource detailing how surgical safety checklists can be used to improve patient safety within practice. This manual includes examples and testimonials from a variety of practices to help with the development and implementation of your surgical safety checklist. This resource can be viewed [here](#).



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This information is provided for use for educational purposes. We do not warrant that information we provide will meet animal health or medical requirements.

Interested in submitting your own case example? Email us at ebvm@rcvsknowledge.org.



PATIENT DETAILS	
NAME	<input type="text"/>
CLIENT	<input type="text"/>
CASE NO	<input type="text"/>
1. SIGN IN (To be read out loud) Before induction of anaesthesia	
Has the patient had their identity confirmed, procedure verified and signed consent checked? <input type="checkbox"/>	
Is this patient being barrier nursed? If yes, discuss why and appropriate PPE <input type="checkbox"/>	
Is the surgical site identified and agreed as a team? <input type="checkbox"/> Yes/not applicable	
Is the anaesthesia machine and medication check complete? <input type="checkbox"/> Machine <input type="checkbox"/> Breathing system and vaporiser <input type="checkbox"/> Ventilator <input type="checkbox"/> Drugs <input type="checkbox"/> Emergency drugs	
Does the patient have a known allergy? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Difficult airway or aspiration risk? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Risk of > 15% blood loss? No <input type="checkbox"/> Yes, adequate IV access/fluids planned <input type="checkbox"/>	
<input type="checkbox"/> Patient position in theatre known <input type="checkbox"/> Antibiotics at induction? <input type="checkbox"/> Estimated surgery time is <input type="checkbox"/> Team discusses perioperative plan & designates roles	
Any concerns?	

2. TIME OUT (To be read out loud) Before start of surgical intervention, for example, skin incision
Does everyone in the room know each other? Yes <input type="checkbox"/> if no, individuals should announce their name and role
Surgeon, Anaesthetist and Theatre practitioner verbally confirm: <input type="checkbox"/> What is the patients name? <input type="checkbox"/> Procedure, site and position are confirmed?
Anticipated critical events: Surgeon: <input type="checkbox"/> How much blood loss is anticipated?
<input type="checkbox"/> Are there any specific equipment requirements or special investigations? <input type="checkbox"/> Discuss planned procedure and highlight any critical or unexpected steps you want the team to know about?
Anaesthetist: <input type="checkbox"/> What is the patients ASA grade?
<input type="checkbox"/> Are there any patient specific concerns?
<input type="checkbox"/> What monitoring equipment and other specific levels of support are required, e.g. blood?
Nurse/Theatre practitioner: <input type="checkbox"/> Has sterility of instrumentation been confirmed? <input type="checkbox"/> Are there any equipment issues or concerns?
Has the surgical site infection (SSI) bundle been undertaken? <input type="checkbox"/> Antibiotic prophylaxis within the last 60 mins <input type="checkbox"/> Patient warming (state temperature) <input type="checkbox"/> Hair removal <input type="checkbox"/> Antisepsis
Is essential imaging displayed? <input type="checkbox"/> Yes/not applicable
<input type="checkbox"/> Have any events occurred that are reportable to the team? <input type="checkbox"/> Is everyone happy to proceed?

3. SIGN OUT (To be read out loud) Before any member of the team leaves the operating room
Theatre Practitioner verbally confirms with the team: <input type="checkbox"/> Has the name of the procedure been recorded?
<input type="checkbox"/> Has it been confirmed that instruments, swabs and sharps counts are complete (or not applicable)?
"SHOW ME" = THE FINAL COUNT
<input type="checkbox"/> Have all throat packs, purse strings and rectal swabs been removed? <input type="checkbox"/> Have any equipment problems been identified that need to be addressed? <input type="checkbox"/> Have the specimens been labelled (including patient name)? (read aloud samples obtained and which test)
Surgeon, anaesthetist and nurse discuss: <input type="checkbox"/> What are the key concerns for recovery and management for this patient? <input type="checkbox"/> Have any events occurred that are reportable to the team?