

## DEEP DIVE: PRE-ANESTHESIA CHECKLIST DISCUSSION

### Goals

- Starts communication from the first time that you see the patient
- Builds a trust with the patient
- Empowers the team and the patient
- Ensures that the correct things are done for the patient every time and a conversation occurs prior to induction with at least the nurse and anesthesia professional
- Ensures information is transferred between the pre-op team and the intra-operative team members

### When/Where Does This Occur:

- In the pre-op holding area as a team (nurse and anesthesia professional, sometimes can include the OR nurse as well)
  - Pros:
    - Avoids having individual care providers ask duplicative questions with the patient
    - Can help handoff the patient from pre-op team to intra-op team
- In the room this pause is done together with the surgical tech in addition to the anesthesia professional and nurse discussing the items with the patient in the holding area
  - Pros:
    - Gives the scrub tech an opportunity to be involved in the discussion
- Have the patient stop before they enter the OR to have the discussion

### Who leads this portion of the checklist?

- Anesthesia Professional
- Nurse

### Things that have happened when this portion of the checklist wasn't performed:

- Wrong Blocks
- Wrong type of anesthesia

### Challenges and Solutions:

- Not performing the anesthesia pre-induction as a team, performing the checks and doing the communication in silos
- Difficulty in having the anesthesia professional and nursing team together at the same time
  - The physical layout of a facility can contribute to making this coordination difficult

- Teaching facilities and engaging residents and medical students
  - Solutions that have helped at some facilities:
    - Involved the chairperson of medical education to teach the students about the checklist
    - Prompt residents and students to facilitate so they can speak up
- Engaging all team members in the discussion and having the team paying attention and actively participating in the discussion
- People focus on the “Time-Out” portion of the checklist and don’t pay as much attention to addressing the challenges of putting this portion of the checklist into place
- The patient is awake sometimes and it can be difficult to have these discussions in front of the patient
  - Solutions:
    - Engage the patient in the discussion
    - Educate the patient about the checklist and tell them why different team members will ask them the same questions multiple times throughout their stay
- Involving the scrub tech
  - Some hospitals have found that scrub techs offer a “fresh” perspective that helps that catch potential errors

Areas that people will be working on:

- Having implants before induction. Issues with the availability of implants and who is responsible

Catches:

- Important for the patient positioning
- GYN cases verifying that the orders match the consent and allows for the patient to have a voice and confirm their procedure

Differences in hospital’s checklist vs the template:

- H&P up to date and accurate – catch differences in the permit and H&P
- Review
- Color coded hats to designate types of anesthesia to prompt discussion and ensure that the information is correct