

DEEP DIVE: PRE-INCISION CHECKLIST DISCUSSION

Goals

- Discussion where all team members contribute
- Each member of the time owns a portion of the this section of the checklist and contributes information
- Make sure that everyone is on the same page
- Come to a hard stop; all activity ceases
- Everyone has a voice; an opportunity to speak up and set the tone

Benefits of using this portion of the checklist:

- Safety feature
- Interdisciplinary projects raise awareness
- Checklist raises professionalism – everyone is responsible

Challenges

- Encouraging people to participate; particularly surgeons
- Making the uniform decision on when you do it; before prep? After drape? Before skin incision?
- OR folks are trained to multi-task and now the focus has shifted to stop and focus on one thing
- Some surgeons want to be in charge and take over way too much of the checklist – the discussion is a one-person show rather than a group discussion; has the potential to shut out the team
- “Scrub sink trance”
- Is everyone ready to have the discussion?
- Lack of respect for nurses’ authority from physicians
- Who has the authority to follow up with physicians that aren’t using the checklist?
- Timing of introductions
- Same teams – introductions necessary?
- Surgeons’ statement
- Nurses policing compliance

Who initiates?

- Nurse in about half
- Surgeons in about a fourth
- Tech in some places

Solutions

- Surgeon buy-in by making them responsible for the discussion

- Anesthesiologist is in charge of pre-induction discussion
- Surgeons do a “roll call”
- Patient arrival to the OR is a good time to initiate team member introductions
- Start with the surgeons’ statement when you are getting the physicians on board; this could be the only thing they have to say
- Streamlining and customizing is key, even within hospitals among departments

Differences in this portion of the checklist:

- Has the consent been signed?

Surgeons’ asking about relief during the case?

- Gives the expectation that someone will be relieved
- It might not be feasible to know this ahead of time
- Changing staff in the middle of a case can be disruptive