

## Safe Surgery 2015: South Carolina Checklist Modification Guide



The Safe Surgery 2015 initiative has created three checklist templates specifically for South Carolina Hospitals. These templates have been created for use in the majority of surgical cases that take place in U.S. hospitals. The South Carolina templates are based off of the World Health Organization's Surgical Safety Checklist that was released in 2008. Today, the WHO Surgical Safety Checklist is in use in more than four thousand hospitals throughout the world and has been shown to dramatically reduce preventable surgical complications and mortality when used effectively. The templates that were created for South Carolina have incorporated the best practices of thousands of U.S. hospitals and have been modified to specifically meet the needs of U.S. hospitals by including SCIP measures, the JCAHO Time Out, and items to enhance communication between surgical team members such as a briefing and debriefing.

These templates are not intended to be comprehensive. We recommend that every hospital modify the checklist to meet their specific needs. This document will guide you through the process of modifying and trialing the checklist.

While these templates cover the majority of cases we recognize that there are surgical specialties that have unique needs and might require a customized checklist. To address this need we have created and are testing checklist templates that have been designed to address the needs of ambulatory and cardiac surgery. Once these templates have been adequately tested they will be made publically available.

### **Checklist Modification Basic Principles:**

**Teamwork and Communication** – The teamwork and communication items that are included on the checklist are considered essential items of the Safe Surgery 2015: South Carolina initiative and *should not be removed*. These communication and teamwork items can be found in the briefing and debriefing sections of the checklist as well as the item that prompts the

surgical team to introduce themselves to one another or to the patient. In the United States these items have had a tremendous impact in improving surgical care and have positively changed the way in which surgical teams interact with one another and the patient.

The other elements that are included on the South Carolina checklist templates include items to ensure adherence to surgical processes while other items are targeted at enhancing teamwork and communication.

**Focused-** The checklist should strive to be concise, addressing those issues that are most critical and not adequately checked by other safety mechanisms. If you feel that there are process items on the checklist that are adequately checked and measured using established safety systems you can remove them.

**Brief-** The checklist should take no more than a minute for each section to be completed. While it may be tempting to try to create a more exhaustive checklist, the needs of fitting the checklist into the flow of care must be balanced with this impulse. The checklist should fit on one-page and be in a font size that is easy to read by all team members.

**Actionable-** Every item on the checklist must be linked to a specific, unambiguous action. Items without a directly associated action will result in confusion among team members regarding what they are expected to do and ultimately to loss of buy-in to the checklist.

**Verbal-** A major key to the function of the checklist is the fact that it is a verbal exercise among team members. Reading the checklist “out loud” as a team-exercise is critical to its success and it will likely be far less effective if used solely as a written instrument.

### **Modification Best Practices:**

The process of modifying the checklist is considered to be a key step in the implementation process. The modification process brings people together from all relevant disciplines and fosters teamwork that will enhance the use of the checklist. Modifying the checklist creates the feeling of “ownership” that is central to the effective use and permanent practice that we are trying to foster with the use of the checklist. We encourage you to follow the following steps when modifying the checklist for your operating rooms.

1. Assemble an implementation leadership team that consists of at least one representative from the following disciplines:
  - Administrator
  - Anesthesia Provider

- Nurse
  - Surgeon
2. Modify the Checklist (Questions that you should discuss when you are modifying the checklist are included below).
  3. Practice using the Checklist outside of the OR and modify as needed.
  4. Use the modified Checklist in one case with one team (the team should be the clinical leadership team).
  5. Debrief and modify the Checklist as needed.
  6. Use Checklist for one day in every case with the same team.
  7. Debrief and modify as necessary.

### **Checklist Modification Discussion Guidelines**

We recommend that when you are modifying the checklist that your implementation team answers the following questions. We consider question 5 to be one of the most important questions to ask during the checklist modification process.

1. Is this a critical safety step and in great danger of being missed?
2. Is this adequately checked by other mechanisms?
3. Is this item actionable, with a specific response?
4. Is this item discussed at a time when all relevant team members are present and when something can be done to fix it?
5. Will this item help anybody here?