Assessment observer's guide

You will be observing teams at work in the surgical environment and gathering information about how the surgical team performs certain safety-related checks and discussions.

The information you collect will be used to help customize the Safe Surgery Checklist for your facility.

The Assessment Observation Tool

Is a simple form that will help you:
- standardize observations.
- organize observation tasks.
- focus attention on specific behaviors.
- record information during or after the case.

Each page is used at a specific time:
- Page 1: before induction of anesthesia
- Page 2: before skin incision
- Page 3: before patient leaves room

Be thoughtful about when to take notes
The observation tool can be filled out during the case or immediately after, to help you remember what specifically happened during the case.

Writing during the case may help you remember details, but can be a distraction from watching and listening.

Watching a case while holding a piece of paper can have a negative connotation, leading some people to feel as if you are conducting an audit. If the team still seems uncomfortable after your explanation that the observation tool is just to help you, it may be best to write notes after the case.

Using the observation tool in a case

Patient care is always the primary concern
Your observation should not interfere with the ability of the surgical team to focus on patient care or do their work. However, *if you see something that might harm the patient, you should speak up to prevent the harm*.

BEFORE THE CASE

- Introduce yourself and your role.
- Explain that your observation is for learning.
  – The page you have is just to help you stay organized.
  – You are observing to learn.
  – The ultimate goal is to improve patient safety.

DURING THE CASE

- Follow the instructions on the observation tool, and use it to guide your observations as you watch and listen to the surgical team.
- Consider taking notes about what you see.
  – Be sensitive to the attitude of the team.
  – Names or other personal identifiers should never be written on the observation tool.

IMMEDIATELY AFTER THE CASE

- Thank the team for letting you observe.
- Record any additional notes or observations.
- Check the form to be certain that no information is written on the observation tool that could personally identify members of the team.
- Return the completed observation tool to the appropriate person.

Before Induction of Anesthesia

DATE _____
(mm/dd/yyyy)

Step 1: Checklist discussion items
Using the Safe Surgery Checklist image below, listen to the team's conversation and mark each item that the team discusses.

Before Induction of Anesthesia

Nurse and **Anesthesia Professional** verify:
- ☐ Patient identification (name and DOB)
- ☐ Surgical site
- ☐ Surgical procedure to be performed matches the consent
- ☐ Site marked
- ☐ Known allergies
- ☐ Patient positioning
- ☐ Essential imaging available
- ☐ Risk of hypothermia (if operation >1 hour)
  - • Warmer in place
- ☐ Risk of venous thromboembolism
  - • Boots and/or anticoagulants in place
- ☐ Anesthesia safety check completed

ANESTHESIA BRIEFING
Anesthesia Professional shares:
- ☐ Anticipated airway or aspiration risk
- ☐ Risk of significant blood loss
  - • Two IVs/central access and fluids planned
  - • Type and crossmatch/screen
  - • Blood availability

Step 2: Quality of discussion
After the discussion, answer the following questions:

a. Did the circulating nurse discuss *all* items when at least one other care provider was present?
   ☐ Yes   ☐ No

b. Was the patient actively engaged in this discussion?
   ☐ Yes   ☐ No   ☐ N/A

c. Did *every* team member that was present say something?
   ☐ Yes   ☐ No

d. Were *all* of the checklist items done from memory?
   ☐ Yes   ☐ No   ☐ N/A (don't use a checklist)

e. Could the team have had a better discussion?
   ☐ Yes   ☐ No

   If yes, please explain:

Step 3: Notes
Record any additional comments or observations in the space below:

Before Skin Incision

DATE _____
(mm/dd/yyyy)

Step 1: Checklist discussion items
Using the Safe Surgery Checklist image below, listen to the team's conversation and mark each item that the team discusses.

Before Skin Incision

TIME OUT

Circulating Nurse asks:

"Is everyone ready to perform the time out? Please state your name and role."

Entire Surgical Team confirms:
- ☐ Patient name
- ☐ Surgical procedure to be performed
- ☐ Surgical site
- ☐ Essential imaging available
- ☐ Antibiotic prophylaxis given within the last 60 minutes
  - • Antibiotic redosing plan discussed

TEAM BRIEFING

Surgeon shares:
- ☐ Operative plan
- ☐ Possible difficulties
- ☐ Expected duration
- ☐ Anticipated blood loss
- ☐ Implants or special equipment needed

Anesthesia Professional shares:
- ☐ Anesthetic plan
- ☐ Airway concerns
- ☐ Other concerns

Circulating Nurse and **Scrub Tech** share:
- ☐ Sterility, including indicator results
- ☐ Equipment issues
- ☐ Other concerns

Surgeon asks:

"Does anybody have any concerns? If you see something that concerns you during this case, please speak up."

Step 2: Quality of discussion
After the discussion, answer the following questions:

a. Did someone in the room ensure everyone was ready to perform the checklist/Time Out before starting the discussion?

    ☐ Yes   ☐ No

b. Did *everyone* in the room come to a "hard stop"?

    ☐ Yes   ☐ No

c. Did *every* person in the room introduce themselves?

    ☐ Yes   ☐ No

d. Did *every* team member say something?

    ☐ Yes   ☐ No

e. Were *all* of the checklist items done from memory?

    ☐ Yes   ☐ No   ☐ N/A (don't use a checklist)

f. Could the team have had a better discussion?

    ☐ Yes   ☐ No

    If yes, please explain:

Step 3: Notes
Record any additional comments or observations in the space below:

Before Patient Leaves Room

DATE _____
(mm/dd/yyyy)

Step 1: Checklist discussion items
Using the Safe Surgery Checklist image below, listen to the team's conversation and mark each item that the team discusses.

Before **Patient Leaves Room**

Nurse reviews with team:
- ☐ Instrument, sponge, and needle counts
- ☐ Name of the procedure performed

Nurse reads aloud to team:
- ☐ Specimen labeling, including patient's name

TEAM DEBRIEFING

Entire Surgical Team discusses:
- ☐ Key concerns for patient recovery and management
- ☐ Equipment problems that need to be addressed
- ☐ Other opportunities for improvement

Step 2: Quality of discussion
After the discussion, answer the following questions:

a. Did someone in the room ensure everyone was ready to perform the debriefing before starting the discussion?
   ☐ Yes   ☐ No

b. If there was a specimen still in the room, did a team member read aloud the label on the specimen container?
   ☐ Yes   ☐ No   ☐ N/A

c. Was *every* team member paying attention to the discussion?
   ☐ Yes   ☐ No

d. Was the surgeon/proceduralist in the room for this discussion?
   ☐ Yes   ☐ No

e. Were *all* of the checklist items done from memory?
   ☐ Yes   ☐ No   ☐ N/A (don't use a checklist)

f. Could the team have had a better discussion?
   ☐ Yes   ☐ No

   If yes, please explain:

Step 3: Notes
Record any additional comments or observations in the space below: