



SAFE SURGERY 2015 HOSPITAL DESIGNATION

Application

Please complete the following application. In addition, please include a letter of support from at least one physician champion, at least one anesthesia champion, at least one nurse champion, and at least one scrub tech champion along with a copy of your checklist and a photo showing how it is displayed in an (empty) operating room. Letters of support should explain how the checklist has been successful, the benefits and challenges associated with checklist use, and any unintended (positive or negative) consequences of the work.

Hospital name: _____ **City:** _____

Primary contact: _____ **Phone:** _____

Primary contact email address: _____

From what you have seen, if someone walked into your operating rooms would they see the surgical team do the following **for every patient**? Please check yes or no.

Before the induction of anesthesia:

	Yes	No
The anesthesia professional and nurse discuss critical patient information guided by a surgical safety checklist	<input type="checkbox"/>	<input type="checkbox"/>
The anesthesia professional discusses patient specific information (e.g., airway risk, blood products, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Before skin incision:

	Yes	No
All team members, including the surgeon, discuss patient information guided by a surgical safety checklist	<input type="checkbox"/>	<input type="checkbox"/>
Everyone in the room introduces themselves by name and role	<input type="checkbox"/>	<input type="checkbox"/>
The surgeon discusses the operative plan, including anticipated blood loss, expected duration of the procedure, and possible difficulties	<input type="checkbox"/>	<input type="checkbox"/>
The anesthesia professional discusses the anesthetic plan, airway concerns, or other patient concerns	<input type="checkbox"/>	<input type="checkbox"/>
The team discusses the availability of implants or special equipment needed	<input type="checkbox"/>	<input type="checkbox"/>
The circulating nurse is asked to share any concerns	<input type="checkbox"/>	<input type="checkbox"/>
The scrub is asked to share any concerns	<input type="checkbox"/>	<input type="checkbox"/>
The surgeon asks the team to share any concerns that the team might have during the case	<input type="checkbox"/>	<input type="checkbox"/>
Everyone in the room says something before the start of the case	<input type="checkbox"/>	<input type="checkbox"/>

Before the patient leaves the room

	Yes	No
The entire team discusses patient information guided by a surgical safety checklist	<input type="checkbox"/>	<input type="checkbox"/>
The entire team discusses equipment problems that need to be addressed	<input type="checkbox"/>	<input type="checkbox"/>
The entire team discusses key concerns for recovery and management	<input type="checkbox"/>	<input type="checkbox"/>
The team discusses if anything could have been done to make the next case safer or more efficient	<input type="checkbox"/>	<input type="checkbox"/>
The team discusses case-specific information (e.g., sponge and needle count, name of the procedure, specimens)	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions:

(Attach an additional sheet of paper if necessary)

1) What are your next steps with this project?

2) What is your plan to keep the work going?

3) Why do you want your hospital to be designated a Safe Surgery 2015: SC hospital?

4) How is your hospital planning to use this designation?

Please have your CEO or designee review this application package and submit it along with the following materials to Hardy Childers at hchilders@scha.org or via fax to 803.796.2938, Attn: Hardy Childers.

- Copy of your checklist
- Letter of support from at least one surgeon champion
- Letter of support from at least one anesthesia champion
- Letter of support from at least one nurse champion
- Letter of support from at least one scrub tech champion
- Picture of how your checklist is displayed in an (empty) operating room
- Optional: Any other materials from your checklist efforts that you would like to share*
- Optional: Letter of support from someone in hospital leadership*
- Optional: Picture of the implementation team*

CEO (or designee) name: _____ **Date:** _____

CEO (or designee) signature: _____

Questions? Please contact Ashley Kay Childers, PhD at achilders@scha.org

www.safesurgery2015.org