





	<b>SIGN IN</b>
	<input type="checkbox"/> PATIENT HAS CONFIRMED • IDENTITY • SITE • PROCEDURE • CONSENT
	<input type="checkbox"/> SITE MARKED/NOT APPLICABLE
	<input type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED
	<input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONING
	<b>DOES PATIENT HAVE A:</b>
	<b>KNOWN ALLERGY?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES
	<b>DIFFICULT AIRWAY/ASPIRATION RISK?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES, AND EQUIPMENT/ASSISTANCE AVAILABLE
	<b>RISK OF &gt;500ML BLOOD LOSS (7ML/KG IN CHILDREN)?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

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	<b>TIME OUT</b>
	<input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
	<input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM • PATIENT • SITE • PROCEDURE
	<b>ANTICIPATED CRITICAL EVENTS</b>
	<input type="checkbox"/> SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
	<input type="checkbox"/> ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
	<input type="checkbox"/> NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?
	<b>HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE
	<b>IS ESSENTIAL IMAGING DISPLAYED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE

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	<b>SIGN OUT</b>
	NURSE VERBALLY CONFIRMS WITH THE TEAM:
	<input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED
	<input type="checkbox"/> THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
	<input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
	<input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
	<input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

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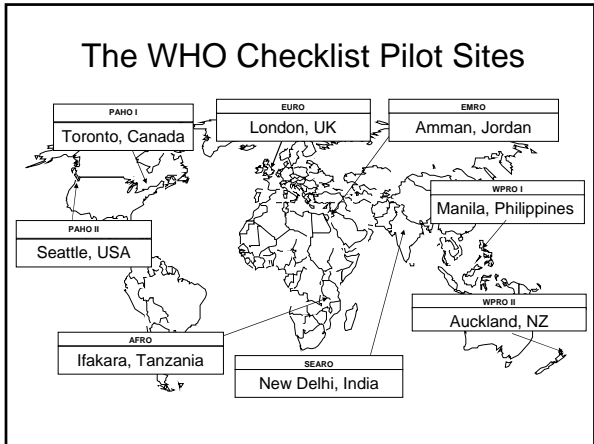
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### Checklist Pilot Site Results

**At baseline there were widespread gaps in safety**  
**Checklist reduced morbidity and mortality by half**  
**Increased use of standard safety procedures**

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### SCOAP

**Surgical Care and Outcomes Assessment Program**

- Voluntary collaborative of surgeons in Washington state.
- Grassroots organization.
- Includes 42 hospitals (rural and large urban referral centers) performing most operations in the state.
- SCOAP community
  - Defines the metrics for quality
  - Tracks on these metrics
  - Changes behavior of surgeons and systems
  - Currently colon, rectal, and bariatric operations, appendectomy, vascular, pediatric
  - Spine and Urology SCOAP in development

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## “Safe Surgery Saves Lives” and SCOAP and UWMC

- Focus on behavior change is central to a checklist working
- Expanded the WHO checklist to include important SCOAP metrics that SCOAP hospitals were inconsistently applying

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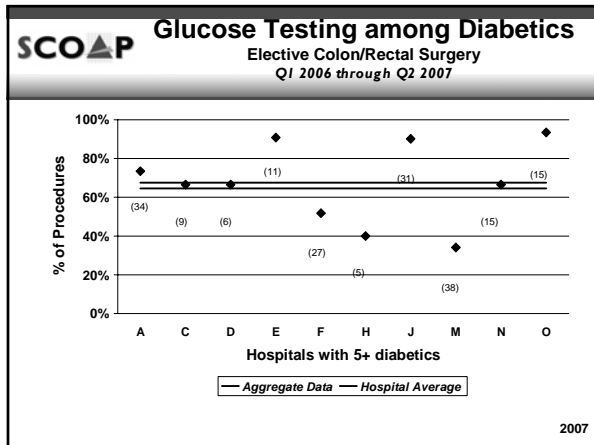
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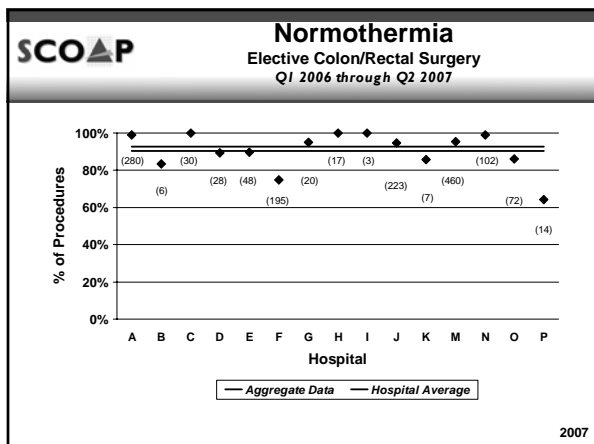
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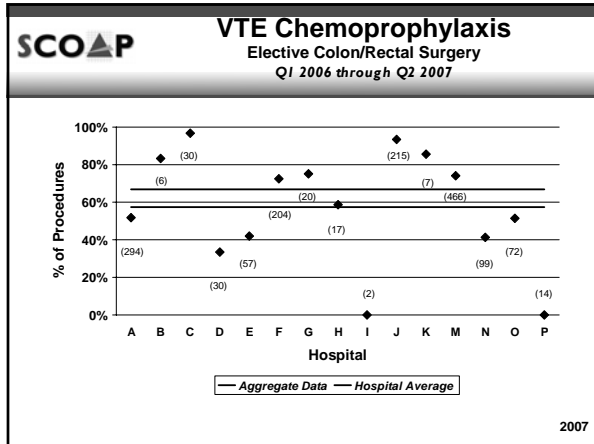
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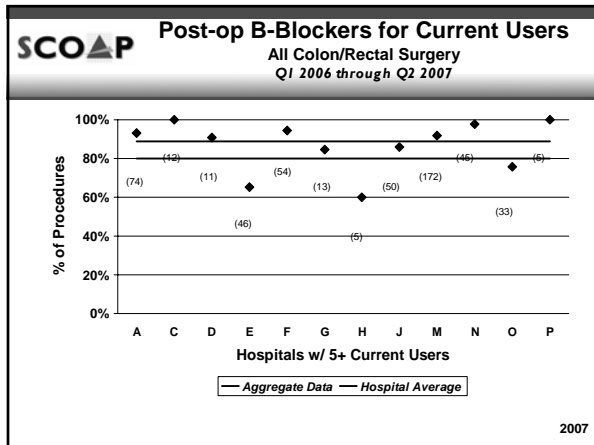
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**“Safe Surgery Saves Lives-  
SCOAP Checklist”  
Implementation at UWMC**

**First phase**

- Safety attitudes questionnaire collected before introduction of the checklist and again after
- Baseline data on use of checklists among all general surgery cases
- 10-15% answered negatively about the safety environment

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## “Safe Surgery Saves Lives- SCOAP Checklist”

### Implementation at UWMC

#### Second Phase

- Checklist introduced in March 2008-all general surgeons to champion
- Posted (3' x 5') in all O.R.s
- R.N. suggestion – place checklist in instrument pan with instrument lists
- 500 Additional cases followed with basic data collected (ongoing)
- Safety attitudes re-surveyed

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## UWMC Safety Attitudes Questionnaire - Results

<u>Agree or strongly agree</u>	<u>After</u>
Checklist easy to use	56%
Checklist improved O.R. safety	60%
Took a long time to complete	23%
I would want checklist for me	88%
Communication was improved	81%
Checklist helped to prevent errors	67%

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**SCOAP**  
Surgical Checklist Initiative  
— A System For Safer Surgery™ —  
UWMC 4/10/08

**Step 1: Briefing - PRIOR TO THE OPERATION**

TEAM MEMBERS INTRODUCE THEMSELVES BY NAME AND ROLE

SURGEON, ANESTHESIA TEAM AND NURSE CONFIRM PATIENT (AT LEAST 2 IDENTIFIERS), SITE, PROCEDURE, POSITION

**ANESTHESIA TEAM REVIEWS:**

AIRWAY OR OTHER PATIENT-SPECIFIC CONCERNS (SPECIAL MEDS, HEALTH CONDITIONS EFFECTING RECOVERY, ETC)

DOES PATIENT HAVE AN ALLERGY?     NO     YES

**NURSING TEAM REVIEWS:**

EQUIPMENT ISSUES (E.G., GAS TANKS FULL, ALL INSTRUMENTS READY) OR OTHER PATIENT CONCERNS

**SURGEON REVIEWS:**

BRIEF DESCRIPTION OF PROCEDURE AND ANTICIPATED DIFFICULTIES

EXPECTED DURATION OF PROCEDURE

SINGLE OPERATIVE FIELD,     MULTIPLE OPERATIVE FIELDS

NEED FOR INSTRUMENTS/SUPPLIES BEYOND THOSE NORMALLY USED FOR THE PROCEDURE

RISK OF BLOOD LOSS > 500 mL     NO     YES, AND ADEQUATE IV ACCESS ESTABLISHED, BLOOD AVAILABLE

**STEP 2: PROCESS CONTROL - PRIOR TO SKIN INCISION**

**SURGEON CONFIRMS:**

ESSENTIAL MEDS DISPLAYED     N/A

ACTIVE WARMING IN PLACE     N/A (LAST < 1 HOUR)    LAST Q/SCOAP: \_\_\_\_ N/ WESSED

GLUCOSE CHECKED FOR DIABETICS     N/A    LAST Q/SCOAP: \_\_\_\_ N/ WESSED

BRUSH STARTED FOR BLOODSUCK     N/A    LAST Q/SCOAP: \_\_\_\_ N/ WESSED

BETA BLOCKER PLANNED POSTOP     N/A (NOT ON PREOP BETA BLOCKER)    LAST Q/SCOAP: \_\_\_\_ N/ WESSED

ENVIRONMENT PREVENTION PLAN IN PLACE     N/A    LAST Q/SCOAP: \_\_\_\_ N/ WESSED

ANTIEMETIC PREPARATIONS GIVEN IN LAST 60 MINUTES     N/A    LAST Q/SCOAP: \_\_\_\_ N/ WESSED

ANTIEMETIC MEDICATIONS PLAN IN PLACE     N/A (LAST < 3 HOURS)

SPECIALTY SPECIFIC CHECKLIST HEADED     N/A

THE OPERATING TEAM HAS ALL AGREED UPON PLAN TO PREVENT SHARP INJURY     N/A (NO SHARPS)

**STEP 3: DEBRIEFING - AT COMPLETION OF CASE**

**SURGEON AND NURSE CONFIRM WITH THE TEAM:**

BEFORE CLOSURE ARE INSTRUMENTS, SPONGES, AND NEEDLE COUNTS CORRECT

NAME OF PROCEDURE AND IF APPLICABLE, HOW IS THE SPECIALLY LABELLED CORRECTLY PATIENT NAME?

SPECIAL INSTRUCTIONS FOR PATHOLOGIST (E.G., 12+ LYMPH NODES FOR COLON CA)?     N/A (NO SPECIMENS)

EQUIPMENT ISSUES TO BE ADDRESSED?     NO     YES, AND RESPONSE PLAN ESTABLISHED/INITIATED

WHAT COULD HAVE BEEN DONE BETTER?     NOTHING     SOMETHING, AND RESPONSE PLAN ESTABLISHED/INITIATED

BETA BLOCKER PLANNED POSTOP     N/A (NOT ON PREOP BETA BLOCKER)

WHAT ARE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THE PATIENT?

Adapted from the WHO "Safe Surgery Saves Lives" campaign  
SCOAP is a program of the Foundation for Health Care Quality  
www.scoapchecklist.org

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**SCOAP**  
**Surgical Checklist Initiative**  
*"A System for Safer Surgery"* UWMC version

**STEP 1: BRIEFING - PRIOR TO SKIN INCISION**

TEAM MEMBERS INTRODUCE THEMSELVES BY NAME AND ROLE  
 SURGEON, ANESTHESIA TEAM AND NURSE CONFIRM PATIENT (AT LEAST 2 IDENTIFIERS), SITE, PROCEDURE, POSITION

**ANESTHESIA TEAM REVIEWS:**  
 AIRWAY OR OTHER PATIENT-SPECIFIC CONCERNS (SPECIAL MEDS, HEALTH CONDITIONS EFFECTING RECOVERY, ETC)  
 DOES PATIENT HAVE AN ALLERGY     No     Yes

**NURSING TEAM REVIEWS:**  
 EQUIPMENT ISSUES (I.E., GAS TANKS FULL, ALL INSTRUMENTS READY) OR OTHER PATIENT CONCERNS

**SURGEON REVIEWS:**  
 BRIEF DESCRIPTION OF PROCEDURE AND ANTICIPATED DIFFICULTIES  
 EXPECTED DURATION OF PROCEDURE  
 SINGLE OPERATIVE FIELD,     MULTIPLE OPERATIVE FIELDS  
 NEED FOR INSTRUMENTS/SUPPLIES BEYOND THOSE NORMALLY USED FOR THE PROCEDURE  
 RISK OF BLOOD LOSS > 500 ML     No     YES, AND ADEQUATE IV ACCESS ESTABLISHED. BLOOD AVAILABLE

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**STEP 2: PROCESS CONTROL - PRIOR TO SKIN INCISION**

**SURGEON CONFIRMS:**

<input type="checkbox"/> ESSENTIAL IMAGING DISPLAYED	<input type="checkbox"/> N/A
<input type="checkbox"/> ACTIVE WARMING IN PLACE	<input type="checkbox"/> N/A (CASE < 1 HOUR)
<input type="checkbox"/> GLUCOSE CHECKED FOR DIABETICS	<input type="checkbox"/> N/A
<input type="checkbox"/> INSULIN STARTED FOR GLUCOSE > 125	<input type="checkbox"/> N/A
<input type="checkbox"/> BETA BLOCKER PLANNED POSTOP	<input type="checkbox"/> N/A (NOT ON PREOP BETA BLOCKER)
<input type="checkbox"/> DVT/PE PREVENTION PLAN IN PLACE	<input type="checkbox"/> N/A
<input type="checkbox"/> ANTIBIOTIC PROPHYLAXIS GIVEN IN LAST 60 MINUTES	<input type="checkbox"/> N/A
<input type="checkbox"/> ANTIBIOTIC REDOSSING PLAN IN PLACE	<input type="checkbox"/> N/A (CASE < 3 HOUR)
<input type="checkbox"/> SPECIALTY SPECIFIC CHECKLIST NEEDED	<input type="checkbox"/> N/A
<input type="checkbox"/> THE OPERATING TEAM HAS AN AGREED UPON PLAN TO PREVENT SHARPS INJURY	<input type="checkbox"/> N/A (NO SHARPS)

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**STEP 3: DE-BRIEFING - AT COMPLETION OF CASE**

**SURGEON AND NURSE CONFIRM WITH THE TEAM:**

BEFORE CLOSURE ARE INSTRUMENT, SPONGE, AND NEEDLE COUNTS CORRECT  
 NAME OF PROCEDURE AND IF APPLICABLE, HOW IS THE SPECIMEN LABELLED (CORRECT PATIENT NAME)?  
 SPECIAL INSTRUCTIONS FOR PATHOLOGIST (E.G., 12+ LYMPH NODES FOR COLON CA)?     N/A (NO SPECIMEN)  
 EQUIPMENT ISSUES TO BE ADDRESSED?     No     YES, AND RESPONSE PLAN (WHO/WHAT/WHEN)  
 WHAT COULD HAVE BEEN DONE BETTER?     NOTHING     SOMETHING, AND RESPONSE PLAN (WHO/WHAT/WHEN)  
 BETA BLOCKER PLANNED POSTOP     N/A (NOT ON PREOP BETA BLOCKER)  
 WHAT ARE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THE PATIENT?

Adapted from the WHO "Safe Surgery Saves Lives" campaign  
SCOAP is a program of the Foundation for Health Care Quality  
[www.scoapchecklist.org](http://www.scoapchecklist.org) rev 9/22/0

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**Timing of “Time Out”**

**Time out procedures were  
timed by data collector**

RANGE	MEAN
0:58 seconds to 3:58 minutes	2:16 minutes

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**Challenges Ahead**

- Institutionalizing the checklist – Every O.R., Every Case
- Supporting the culture change that the checklist suggests
- Getting the “buy-in” of all Surgeons
- Streamlining the checklist to meet the needs of individual hospitals and specialties while preserving the essentials, e.g., very short ambulatory cases.

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**WHO Video Link Launch and Future Plans**

- There was a Global Launch of the WHO project on June 25 from Washington, DC
- We shared the local experience of using the checklist via live link from the operating room at UWMC
- Planning began last May for a SCOAP-led state-wide checklist initiative
  - Vision is to have a SCOAP surgical checklist used in every OR of every hospital by the end of 2009

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## Safe Surgery Checklist Coalition

- Statewide coalition of professional societies and other interested parties organized with the goal to have a checklist in every O.R. for every operation in the state of Washington by the end of 2009.
- Sponsors:  
WSMA, WSNA, WANA, Wa State Society of Anesthesiologist, American College of Surgeons, Pt Safety Coalition, AORN, WSHA, Aetna, HCA, Uniform Plan, First Choice, Group Health, NWOONE, Premera, King County, PSHA (insurance reps from most large employers in the state)

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## Safe Surgery Checklist Coalition

- Progress to date
  - This Fall-soft launch using the communications apparatus of all state-wide stakeholders
  - 10 pilot hospitals by December
  - Hard launch in January
  - Secured start up funding for public relations campaign/operations
  - Surgery Safety Week June 2009 (1/2 way though campaign)
  - 20 mini-events throughout year

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## What We've Learned Already

- Active change (checklist) is easier to accomplish if it's anchored in "under" performance data
  - Most think they are "already doing these things"
  - SCOAP performance data provide context

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### What We've Learned Already

- Local adaptation increases “buy in”
  - Pet projects and local interest addressing past events improve relevance
  - Too much in the checklist can be a problem break outs for specialties
  - Office-based procedures and ultra-short procedures may need something different
  - Despite pushback keeping core of brief/debrief and process control is key-
    - Many clinicians find the “cultural” aspects of the checklist (brief/debrief) the least appealing at first but the most satisfying once started

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### What We've Learned Already

- Avoiding regulatory focus encourages uptake
  - Some hospitals may choose to integrate this into EMR or medical record but this is a barrier to uptake
  - Concerns about medicolegal issues
- WHO “brand” is not beneficial everywhere
  - “outsiders” to field of surgery
  - Reassuring surgeons/anesthesia that this came from “within” is important
  - “How could it be relevant in Tanzania and Spokane”

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### What We've Learned Already

- Hierarchy leveling of checklist is threatening to some and empowering to others
  - Nurses in OR have wanted this for years but are least empowered and usually have least institutional support
    - “Natural allies are least powerful”
  - Clinicians may want this the least and also have the most institutional support

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## What We've Learned Already

- Coalition partners have different/important roles
  - Some build this as a clinical community solving problems together
  - Some build institutional support for hierarchy leveling
  - Some build public pressure on the healthcare industry
  - Some build perception that a "much worse" regulation-based checklist will be coming soon if we DON'T do this ourselves
  - Some need to let their members know that doing this makes them a "best practice" hospital-potentially threatening to others but builds pressure for use

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## More Information

[www.who.int/patientsafety/safesurgery/en.index.html](http://www.who.int/patientsafety/safesurgery/en.index.html)  
[www.safesurg.org](http://www.safesurg.org)



[www.surgicalcoap.org](http://www.surgicalcoap.org)  
[www.scoapchecklist.org](http://www.scoapchecklist.org)

**SCOAP**  
 Surgical Checklist Initiative  
"A System for Safer Surgery"

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**Feedback: General Surgeons, Nurses, and Anesthesiologists**

**“Surgeon leadership is key to taking this seriously and making it a meaningful pause that offers safety.” – *General surgeon***

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**Feedback: General Surgeons, Nurses, and Anesthesiologists**

**“One of the most obvious benefits is that everyone is formally introduced and internal plans or concerns are stated explicitly - We have better communication of what we each thinks is going on and I can call them by name which is a sign of respect” – *General surgeon***

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**Feedback: General Surgeons, Nurses, and Anesthesiologists**

**“All personnel should announce when they leave the room and all new personnel should introduce themselves on entering – it can be hard to keep track of team members at change of shift/breaks, etc.” –*General surgeon***

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**Feedback: General Surgeons, Nurses, and Anesthesiologists**

**“I was one of the most negative of the nurses at the start because I thought it was just one more piece of paper. Now I find it very helpful, especially if the surgeon takes the lead and actively requests the participation of everyone in the room.**

**You know what to expect for the case and if there are last minute changes, those get communicated in a timely fashion.” –  
*Nurse***

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**Feedback: General Surgeons, Nurses, and Anesthesiologists**

**“I like the WHO checklist. It makes everyone stop for a few minutes & pay more attention before the case. Now doing the regular "time out" that we normally do seems inadequate.” - *Nurse***

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**Feedback: General Surgeons, Nurses, and Anesthesiologists**

**“In my opinion the checklist is efficient and might prevent errors, because it allows team members (surgeons, nurses and anesthesiologists) to review the most pertinent features of the upcoming procedure, e.g.: relevant medical history, allergies, operative and anesthetic plan, antibiotic requirements.”**

**– *Anesthesiologist***

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## Results

**Increased rate of adherence to basic standards from 36% to 68% – in some hospitals to almost 100%.**

**Resulted in substantial reductions in mortality and morbidity**

Source: [www.safesurg.org](http://www.safesurg.org)

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