PREAMBLE

In accordance with Accreditation Canada Safe Surgery Checklist Required Organizational Practice (ROP), surgical procedures are increasingly complex, and represent significant risk for potentially avoidable harm to the patient.

1. SSCL have been developed by and are available from Canadian (Canadian Patient Safety Institute) and international (World Health Organization) sources (Accreditation Canada). Each checklist has at least three phases to promote team communication of patient care information:
   1.1. Briefing – before the induction of anesthesia
   1.2. Time out – before skin incision
   1.3. Debriefing – before the patient leaves the operating room.

2. Other components or phases will be added depending on the team and associated workflow such as pre - procedure check lists that are used by the health care professional to assess the patient prior to escorting them to the OR theatre.

3. Surgical Safety Checklists (SSCL) play an important role in improving the safety of surgical procedures (Accreditation Canada, 2017). They can reduce the likelihood of complications following surgery and often improve surgical outcomes.

4. A SSCL is used to initiate, guide, and formalize communication among the team members conducting a surgical procedure and to integrate these steps into surgical workflow.

5. A SSCL is used to confirm that safety steps are completed for a surgical procedure performed in the operating room.

6. This policy outlines the processes associated with the use of a surgical safety checklist (SSCL) in the Perioperative Services for Women’s Health, Birth Unit and Children’s
Program at the IWK Health Centre as recommended by Accreditation Canada Required Organizational Practice.

POLICY STATEMENTS

1. **All** OR areas will complete a SSCL before every surgery or procedure. These checklist forms are a permanent health record form. *Refer to Form #IWKCOSU for Women’s Health OR, IWKSUSAOB for Birth Unit and #IWKSUSAPE for Pediatric OR.*

2. The SSCL involves **ALL** members of the surgical team.

3. The health care provider in the preoperative area will review with the patient the purpose of the Surgical Checklist during the preoperative assessment.

3.1. Patients will be informed that they may hear team members using the checklist which is intended to help the team prepare for the procedure before induction of anesthetic/sedation.

GUIDING PRINCIPLES AND VALUES

1. Evidence demonstrates the use of surgical checklists reduces likelihood of complications during or following surgery, and may improve surgical outcomes.

2. SSCL are implemented to:

   2.1. Ensure critical steps are completed for every patient, every time.
   2.2. Help the team prepare for potential complications or emergencies.
   2.3. Align with other patient safety initiatives, such as, but not limited to, Venous Thromboembolism (VTE)/ antibiotic Prophylaxis, blood loss anticipation etc.

3. Use of the SSCL should support the team to:

   3.1. Perform correct procedure, on the correct patient at the correct site.
   3.2. Avoid harm from the administration of inappropriate medications.
   3.3. Prepare for life threatening loss of airway or respiratory function.
   3.4. Prepare for possible blood loss.
   3.5. Avoid inducing a known allergic or adverse drug reaction.
   3.6. Assess to minimize the possibility of surgical site infection.
   3.7. Avoid inadvertent retention of instruments or sponges.
   3.8. Accurately identify and label all surgical specimens.
   3.9. Identify any special equipment needs or issues.
   3.10. Effectively communicate critical patient information for the surgery or procedure.
   3.11. Enhance team communication and collaboration for surgical or procedural activities.

PROCEDURE

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1. The SSCL will be initiated by a designated team member for example circulating nurse, anesthesia, or surgeon etc.
   1.1. For the Women’s Health and Birth Unit ORs there is an additional component (Pre-Procedure Check In) that has been implemented as an initial phase of the SSCL (Refer to Form #IWKCOSU and IWKSUSAOB).

2. It is the responsibility of the entire team to perform the checklist. The person leading the checklist must confirm team surgical members have implemented and addressed the needed tasks and items before proceeding any further in the surgical procedure (ORNAC, 2017).

3. All other activities will be suspended during each phase unless a threat to patient safety would negatively impact patient treatment or in the event of a life threatening emergency.

4. In the event of a life threatening emergency, the SSCL completion will be at the discretion of the operating team.
   4.1 At the very least, a time out should be conducted unless there is more risk than benefit for the patient.
   4.2 Specific attention must be given to the use of a SSCL in emergency situations. Heightened patient acuity and time pressure increase the potential for critical errors and omissions in established standards of care (SOGC, 2018).

5. If the SSCL was not carried out, document the reasons for not completing the SSCL on the patient’s permanent health record. For example but not limited to difficult airway; excessive blood loss; transfusions; unanticipated anesthetic or surgical event etc.

6. The surgical team will reconcile problems if there are discrepancies noted among team members.

7. Marking the Surgical Procedural Site:
   7.1. Prior to admission to OR all surgical or procedural sites with a left or right designation must be marked by the attending surgeon or physician delegate.
       7.1.1. The patient, parent or substitute decision maker (SDM) should be awake and aware if possible.
       7.1.2. Exemptions to marking the operative site include: premature infants for whom the mark may cause a permanent tattoo, VP Shunt, mucosa, perineum & ovaries. When possible, alternate site markings may need to be considered. Such markings may include initialing near the site on the appropriate side of the surgery/procedure or use of radiographic or diagnostic tests to help provide visual localization of the surgical or procedural site.
7.2. Before marking the site, the attending surgeon or physician delegate will verify the patient’s identity (using 2 unique identifiers), consent, and any other associated information required for accuracy.

7.3. The acceptable marking of a surgical or procedural site is “LEFT”, “RIGHT” or initials of the attending surgeon or physician delegate placed as close as anatomically possible to the incision site using a single-use surgical skin marker. **An “X” is not an accepted site marking.**

7.4. Patient’s attending surgeon or physician delegate will verify the correct surgical procedure and site and review with the patient, parent or substitute decision maker the rationale for site marking, prior to entering the OR.

7.5. Verification of the correct site is documented as part of SSCL.

7.6. In the case where multiple procedures are booked, verification of site of subsequent cases may take place when other surgeons arrive in theatre.

7.7. If the patient refuses marking of the site it will be documented on the patient’s permanent health record. The surgeon will utilize alternate methods of identification such as a double check with staff and patient in OR before induction, double check with staff during time out before skin incision or just prior to start of procedure, and/or possible visual diagnostic test.

7.8. **Do not** move patient to the OR before the surgeon has marked the site.

8. Pre-procedure Check-In (Preoperative Verification) in Women’s Health and Birth Unit OR only:

8.1. This check in occurs between the nurse and the patient.

8.2. The nurse will:

8.2.1. Verify the patient’s identity using at least two unique patient identifiers.

8.2.2. Verify the scheduled surgery or procedure as stated by the patient/guardian/SDM and compare to the consents, site, patient health record, site marked if applicable or test to be performed.

8.2.3. Involve the patient and/or guardian/SDM in the process through verbal and visual responses when able such as but not limited to stating the patients full name and pointing to the surgical or procedural location.

8.2.4. Clarify any discrepancies in information with the attending surgeon.

8.3. The pre-procedure check-in will be documented on the SSCL.
9. **Sign In (Briefing):**
   9.1. Occurs while the patient is still awake and alert, before induction of anesthesia or sedation, regional anesthesia/top-ups.
   9.2. Children’s Health sign in must include the patient, parent or SDM except in extenuating circumstances.
     
     9.2.1. At a minimum, this process requires the presence of the anesthesiologist and nursing personnel for surgical procedures.
     
   9.3. The briefing will be documented on the SSCL

10. **Time Out:**
    10.1 **ALL** team members must be present and identified for the time out phase after induction prior to surgical incision or procedure.
    
    10.2 The time out phase is not to be performed so as to interfere with any other ongoing tasks (e.g., airway management or performance of a regional block etc). Thus, all activities will be suspended during the time out phase once all team members are ready.
    
    10.3 The attending surgeon **must be** present as part of the time out process.
    10.4 The time out will be documented on the SSCL

11. **Sign Out (Debriefing):**
    11.1 Sign Out is the period during or immediately after the wound closure or completion of the surgery or procedure.
    
    11.2 The procedure is verified with the surgeon and recorded on the intraoperative record (Refer to Form #IWKINTRE Intraoperative Record) Refer to Form #IWKCOSU and IWKSUSAOB).
    11.3 Sign out will be done before the surgeon leaves the room and SSCL complete with nurse and surgeon/dentist/surgical fellow signature.
    11.4 The sign out phase will ensure that any issues addressed during the surgery or procedure are noted and communicated to the receiving unit staff.

12. **Auditing:**
    12.1. OR teams utilizing the SSCL should perform auditing and evaluation for compliance including:
        
        12.1.1. an ongoing process of monitoring compliance with the checklist through random chart audits.
        12.1.2. providing feedback to the program based on random chart audit findings.

        12.2. Evaluating the use of the checklist and sharing of results with staff and service
providers for improvement opportunities.

12.3. Using the results of the evaluation to implement and expand the use of the surgical checklist.

REFERENCES


Royal College of Physicians and Surgeons of Canada Retrieved last August 16th, 2018 from http://rcpsc.medical.org/


RELATED DOCUMENTS

Policies

IWK Health Centre Policy #124 Consent to Treatment Policy
IWK Health Centre Policy #1003.0 Minimum Documentation Standards for Health Care Providers
IWK Health Centre Policy #302.1 Adverse Event and Good Catch (near miss) Reporting
IWK Health Centre Policy # 302.0 Adverse Event Management and Quality Review (MOM) Process
IWK Health Centre Policy #25.25 Venous Thromboembolism (VTE) Prophylaxis - Adult

Forms:
IWK Health Centre Surgical Safety Checklist Comprehensive Women’s Perioperative Form #IWKCOSU
IWK Health Centre Surgical Safety Checklist Obstetrics Form #IWKUSAOB
IWK Health Centre Surgical Safety Checklist Pediatrics Form #IWKUSAPE

Appendices

Appendix A – Definitions

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Appendix A

Definitions

Substitute decision maker (or “SDM”) means the person who will give consent on behalf of the patient if the patient does not have the capacity to consent.

Surgical Safety Checklist is a documentation tool that identifies a minimum of 3 phases in an operation each corresponding to a specific time period in the normal flow of a procedure:

a. Sign In or Briefing – the period before the induction of anesthesia
b. Time Out – occurs before the start of the operation
c. Sign out or Debriefing - occurs as soon as the operation is over, before any cleanup or patient transfer begins
## Version History

(To Be Completed by the Policy Office)

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