

Surgical safety checklist policy

This policy is for all Southern Cross Healthcare (SCH) perioperative team members and medical practitioners. It describes the roles and responsibilities for each person's participation with the surgical safety checklist (SSC) practices.

The purpose of these safety checklist processes is to improve the safety of surgical procedures and protect patients from avoidable harm or process errors, and decrease surgical complications.

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Surgical safety checklist processes

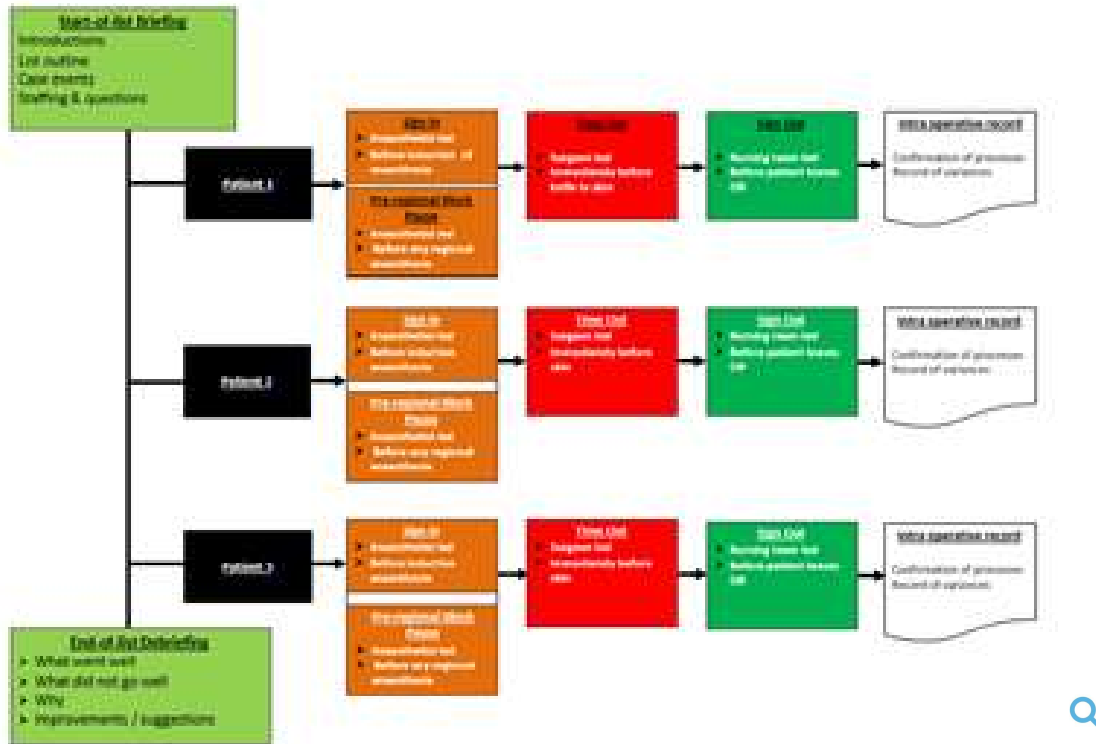
Surgical safety checklists are designed to bring together the whole operating team to perform key checks during vital phases of perioperative care. This engagement and participation by the whole team enables a culture that supports team members 'speaking up' if they have any safety concerns.

The SSC is a **mandatory process** that applies to the whole surgical team, led by specific nominated staff members, in all operative settings, including procedures done in areas other than the operating room (eg, endoscopy, procedure rooms, interventional radiology, or mobile services).

Our SSC processes are aligned to the

- [Health Quality Safety Commission \(HQSC\) Surgical teamwork and communication program](#)
- [HQSC Improving surgical teamwork and communication guide](#)

Surgical safety checklist briefing and debriefing flowchart



In every area where a surgical safety check occurs, the relevant Surgical Safety Checklist poster must be displayed.

Important note: Each safety check involves a callout prompt that the team must verbally confirm.

One member of the surgical team must record that each surgical safety checklist was completed and also note any relevant comments or variances.

The team must resolve any disagreement before the procedure can progress. If assistance from outside the team to achieve agreement, contact the operating room manager and/or general manager.

Start of List Briefing

Before commencement of the **operating list**, the whole surgical team agree on a briefing coordinator.

Following the Start-of-list briefing poster, consider each of the questions 1 – 4 and allow opportunity for questions or concerns to be discussed.

Start-of-list briefing

- 1 Introductions**
 Ensure all team members are present and have introduced themselves
 Indicate that debriefing will take place at the end of the list
- 2 List outline**
Provide an overview of:
 - The cases on the list
 - Anticipated duration
 - Any changes or modifications to list
 - Any uncertainties, and identify ways of updating information during the day
 - Any other patient information not already noted on the list/notes
- 3 Case events**
Review the details for each case:
 - Patient name
 - Planned procedure
 - Estimated duration**Surgical plan:**
 - Key points and any specific requirements not already identified
 - Blood loss risk
 - Potential difficulties and contingency plans
 - Confirm specific equipment requirements**Anaesthetic plan:**
 - Type of anaesthetic
 - Any issues or concerns
 - Difficult airway or aspiration risk**Repeat Step 3 for every case**
- 4 Staffing & questions**
 Confirm everyone is clear on their roles and responsibilities
 Ask team if they have any questions or concerns

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Pre regional block pause

Immediately before insertion of a **pre-regional block** needle, the anaesthetist or anaesthetic assistant **stop** and confirm with the patient their identity and operation details and visually confirm the site marking.

When there is an **additional block**, the whole anaesthetic team again stop, and repeat the pre-regional block safety checks.

If the patient is **anaesthetised**, the whole operating room team stops, confirms the patient identity, and completes the pre-regional block safety checks.

Surgical safety checklist

Pre-Regional Block Pause
Anaesthetist

IMMEDIATELY BEFORE INSERTION OF NEEDLE

Team confirms details with patient

- Patient's identity
- Operation site and side
- Surgeon has marked side and site

Additional block

Team confirms details with patient




- Patient's identity
- Operation site and side
- Surgeon has marked side and site

Anaesthetised patient

Operating Room team confirms

- Patient's identity
- Operation site and side
- Surgeon has marked side and site

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SIGN IN	TIME OUT	SIGN OUT
<p>Sign In is undertaken before the induction of any Anaesthesia.</p> <p>It is led by the Anaesthetist or anaesthetic team.</p> <p>The whole surgical team stop and confirm the patient’s identity and operation details with the patient then confirm the anaesthetic preparation checks.</p>	<p>Time Out is undertaken immediately before the skin incision.</p> <p>It is led by the Surgeon.</p> <p>The whole surgical team stops, and after introductions, confirms all the safety checks.</p>	<p>Sign Out undertaken at the end of the procedure and before the patient leaves the operating room at a time that best suits the whole team.</p> <p>It is led by the Nurse.</p> <p>The whole surgical team confirm the post-operative tasks and management plan.</p>
 <p>Surgical safety checklist</p> <p>Sign in Anaesthetist</p> <p>BEFORE INDUCTION OF ANAESTHESIA</p> <p>Confirming details with patient</p> <ul style="list-style-type: none"> • Identity • Procedure • Operation site and side • Allergies • Consent <p>Confirming surgeon has marked side</p> <p>Confirming preparations</p> <ul style="list-style-type: none"> • Airway risks • Blood loss risk • Adequate IV access and fluids • Plan to address risks • Antibiotic prophylaxis <p>Confirming special equipment/prosthesis</p>	 <p>Surgical safety checklist</p> <p>Time out Surgeon</p> <p>BEFORE SKIN INCISION</p> <p>Introducing yourself by name and role</p> <p>Confirming patient and procedure</p> <ul style="list-style-type: none"> • Identity • Procedure • Operation site and side • Allergies • Essential imaging displayed <p>Confirmation from surgical team</p> <ul style="list-style-type: none"> • Operation duration • Critical or atypical steps anticipated • Blood loss • Blood availability status appropriate to bleeding risk • Thromboprophylaxis considerations <p>Confirmation from anaesthetic team</p> <ul style="list-style-type: none"> • Concerns • ASA • Antibiotic prophylaxis ID <p>Confirming special equipment, prosthesis</p>	 <p>Surgical safety checklist</p> <p>Sign out Nurse</p> <p>BEFORE PATIENT LEAVES THE OR</p> <p>Confirming post operative tasks</p> <ul style="list-style-type: none"> • Counts correct: instrument, sponge, needle • Procedure recorded • Specimen details: description, quantity and patient identification • Equipment problems to be addressed • Reviewing recovery concerns and management plan • Confirming Thromboprophylaxis plan

End of list Debriefing

Is undertaken at the end of the operating list and before team members leave the department.

It can be led by any member of the team.

The team discuss the day's list; what went well and what did not go well.

This provides an opportunity to discuss any problems, identify anything that needs immediate action or further investigation and help mitigate prevent future risks.



Failure to undertake correct process

In situations where a medical specialist or other team member declines to participate in or undertake the correct checking process, a team member must immediately inform the operating room manager and/or general manager. The general manager will bring any continued medical specialist non-participation events to the attention of Hospital Clinical Medical Committee, and for employees, may result

Continued non-participation by employees may result in formal performance management processes.

Monitoring checklist processes

When the surgical safety processes have prevented an error or near miss, this is recorded in the notes section of the Intra-operative record.

The event or near miss is reported into SafeHub.

The operating room manager ensures on going observational audits to confirm SSC discussions occur.

A national audit is conducted periodically; the general manager ensures results and any issues are reviewed by SQR / HCMC Committee.

References

AORN Guidelines for Perioperative Practice, Guideline for Team Communication (2019)

CONTENT CONTROL

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