	POLICY Number: 7311-60-026 Title: Surgical Safety Checklist
Authorization <input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services	Source: Chair(s), Surgical Operations Committee Cross Index: 7311-50-002 Date Approved: January 4, 2011 Date Revised: September 14, 2016 Date Effective: September 22, 2016 Date Reaffirmed: Scope: SHR

Any PRINTED version of this document is only accurate up to the date of printing. Saskatoon Health Region (SHR) cannot guarantee the currency or accuracy of any printed policy. Always refer to the Policies and Procedures website for the most current versions of documents in effect. SHR accepts no responsibility for use of this material by any person or organization not associated with SHR. No part of this document may be reproduced in any form for publication without permission of SHR.

DEFINITION:

Surgical Safety Checklist is a communication tool utilized by the surgical team, in the perioperative environment. Surgical Safety Checklist consists of briefing, confirmation and debriefing.

1. PURPOSE

The purpose of this policy is to establish Saskatoon Health Region's (SHR's) communication requirements for all surgical patients.

2. PRINCIPLE

Application of the Surgical Safety Checklist enhances the surgical journey of the patient, improves safety and decreases the possibility of adverse events for surgical patients.

3. POLICY

3.1 Use of the Surgical Safety Checklist is mandatory for every patient who undergoes surgery within SHR (see Appendix A).

3.1.1 If the Surgical Safety Checklist is not completed, the incident must be reported to the Unit Manager and the Division/Department Head as well as a safety incident using the safety reporting process and system in place in the facility.

3.2 Three members of the surgical team which include the anesthesiologist, surgeon/Most Responsible Physician (MRP) and one nurse must be present during the briefing portion of the checklist.

3.2.1 The briefing must be performed upon patient entry into theatre.

3.2.2 Patients are welcome to participate in the briefing portion of the checklist by listening and asking questions.

3.2.3 The briefing for pediatric patients may be conducted prior to patient entry into the theatre, with the parent(s)/caregiver(s) present.

- 3.3 The Surgical Safety Checklist (briefing, confirmation and debriefing) shall be documented on the Operative Record.
- 3.4 Communication must occur between a primary and secondary surgeon prior to the commencement of a multidisciplinary/ multi-surgeon procedure. The communication may be in person or via telephone.
- 3.5 The Surgical Safety Checklist may be modified for Obstetrics in the case of urgent intrapartum and emergent cesarean sections (see Appendix B).

4. ROLES AND RESPONSIBILITIES

- 4.1 The surgeons/MRP, the anesthesiologist, and the nurse are responsible to participate in the completion of the Surgical Safety Checklist.
- 4.2 Nurses are responsible to document the operative record.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, and implementation is the responsibility of the Unit Manager, the Division/Department Head and the Surgical Operations Committee.

Policy amendment is the responsibility of the Surgical Operations Committee.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

7. REFERENCES

Canadian Patient Safety Institute.

<http://www.patientsafetyinstitute.ca/en/toolsResources/Pages/SurgicalSafety-Checklist-Resources.aspx>. Accessed May 5, 2016.

Operating Room Nurses Association of Canada. The ORNAC Standards For Perioperative Registered Nursing Practice (2015) 12th Edition. Section 3

SHR Policy *Consent/Informed Consent*

World Health Organization. <http://www.who.int/patientsafety/safesurgery/en/>. Accessed May 5, 2016

PROCEDURE

Number: 7311-60-026

Title: Surgical Safety Checklist

Authorization

President and CEO

Vice President, Finance and Corporate Services

Source: Chair(s), Surgical Operations Committee

Cross Index: 7311-50-002

Date Approved: January 4, 2011

Date Revised: September 14, 2016

Date Effective: September 22, 2016

Date Reaffirmed:

Scope: SHR

1. PURPOSE

The purpose of this procedure is to establish the required steps in order to complete the Surgical Safety Checklist for every patient who undergoes surgery within the SHR.

2. PROCEDURE

2.1 Surgeon presence is mandatory at all stages of the Surgical Safety Checklist: briefing, confirmation, and debriefing.

2.1.1 The surgeon will lead the briefing portion; a senior resident may lead the briefing with the surgeon present.

2.1.2 The nurse or resident may lead the confirmation and debriefing with the surgeon present (see Appendix A).

2.2 The nurse documents checklist completion in the operative record

3. PROCEDURE MANAGEMENT

The management of this procedure including procedures, education, monitoring and implementation is the responsibility of the Unit Manager, the Division/Department Head and the Surgical Operations Committee.

Procedure amendment is the responsibility of the Surgical Operations Committee.

4. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

5. RELATED DOCUMENTS

OR Protocol: *Parental Presence/Patient Preparation during Anaesthetic Induction of Children* #3.29 SHR Operating Room Policy and Procedure Manual, Tri Site

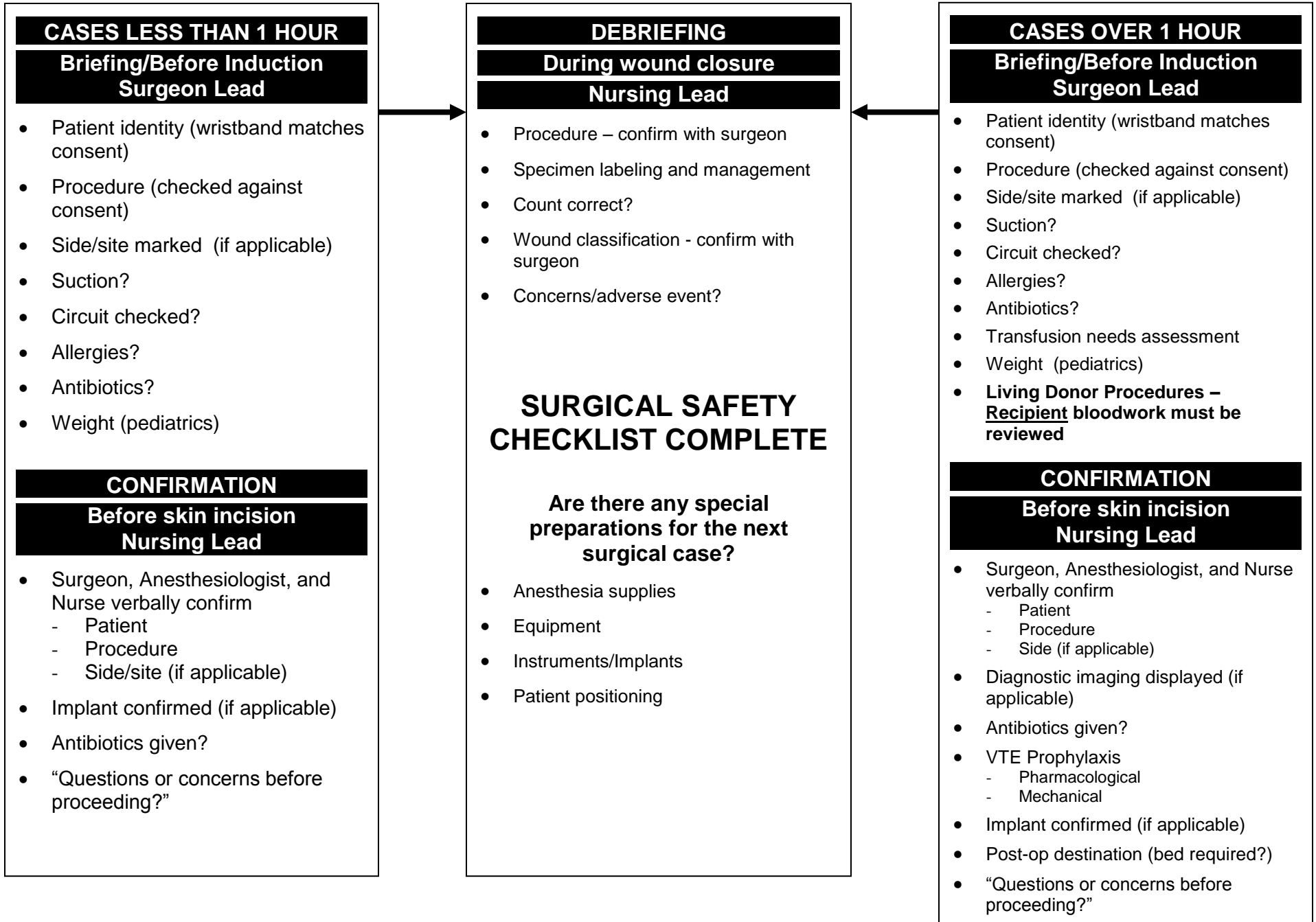
OR Protocol: *Surgical Counts* #3.7, SHR Operating Room Policy and Procedure Manual, Tri-Site

SHR Policy *Consent/Informed Consent*

SURGICAL SAFETY CHECKLIST

May 2013

APPENDIX A





Surgical Safety Checklist for Obstetrics

Elective (Briefing, Confirmation and Debriefing)		
Intrapartum (Confirmation and Debriefing)		
		Life at Risk (Debriefing Only)
Briefing (Surgeon lead)	Confirmation (Nursing Lead)	Debriefing (Nursing Lead)
<p>Team introductions</p> <p>Patient identity (wristband matches consent) Procedure (checked against consent) Consent signed?</p> <p>Allergies?</p> <p>Type of Anesthesia?</p> <p>Suction?</p> <p>Circuit checked?</p> <p>Transfusion needs assessment (Blood Type, Group and screened, Blood required in room?)</p> <p>VTE Prophylaxis (mechanical) (If BMI greater than 40)</p> <p>Antibiotics?</p>	<p>Team introductions</p> <p>Patient identity (wristband matches consent) Procedure (checked against consent) Consent signed?</p> <p>Allergies?</p> <p>FHR and time</p> <p>Blood Type</p> <p>Lab Concerns?</p> <p>VTE Prophylaxis (mechanical) (If BMI greater than 40)</p> <p>Antibiotics given?</p> <p>Planned Post op destination</p> <p>“Questions or concerns before proceeding?”</p>	<p>Procedure – confirm with surgeon/resident</p> <p>Specimen labeling and management</p> <p>Count correct?</p> <p>Post - op destination?</p> <p>VTE Prophylaxis (mechanical) (If BMI greater than 40)</p> <p>“Other Discussion? Ways to Improve?”</p>