

**« How did you implement
the Safe Surgery Checklist
in less than two weeks? »**

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Why

did you need to implement the
Safe Surgery Checklist in less
than two weeks???

Accreditation Canada

Although the Safe Surgery Checklist was not yet a ROP, the leadership decided that we should « look good » for the AC visit in September 2010.

Winning conditions...

- Leadership decision/implication
- Small team sharing a same «mission»
- Good communication (in general)
- Good team work/spirit
- Several safety initiatives in place:
 - OR Quality Team
 - Emergency drills: Fire, MH crisis...
 - **Weekly educational rounds**

Surgical checklist at the MNH (September 2010)

- Checklist already in use at the MCH (Dr. Ste-Marie) and JGH (M. Armutlu)
- Nurse educator identified as the project coordinator/leader (OR Quality Team)
- 4 operating rooms (+1 for minor cases)
- Interventional neuroradiology...
- Accreditation Canada is coming soon...

MNH Leadership Implication

- Associate Director General
- Associate Director of Nursing
- Associate Director of Professional Services (and Head of Anesthesia)
- Quality Management
- Neurosurgeon-in-Chief
- (Vice-Chairman, Dept. of Anesthesia)

Our small family...

- RNs: 22 (+3)
- RRTs: 15
- PAs: 6
- Anesthesiologists: 6 (+2)
- Neurosurgeons: 13 (+3)

Our enlarged family...

- Collaborating surgeons: ENT, plastics...
- Neuronavigation technicians
- Neuroradiologists and X-ray technicians
- Perfusionists (RVH)
- Numerous fellows, residents and students
- Visitors: International, researchers...

Safety Culture

- Good communication (in general)
- Good team work/spirit
- Several safety initiatives:
 - OR Quality Team
 - Regular drills: Fire, MH crisis...
 - Weekly educational rounds

MNH OR Quality Team

- Multidisciplinary team
- Positive deviance (Safety champions)
- «Managing Up» approach
(SL Smith, AORN Journal, May 2010)
- Empowerment of the «clinicians»
- Culture of safety, collaboration and transparency
- Real «Best Care for Life» approach...

OR Team: A group of experts

- Specific skills/training/knowledge
(respect from/for the other experts)
- Specific tasks to perform
(interdisciplinarity is welcomed prn)
- ALL members are «patient focused»
- «Leadership» can be shared
(depending on task/intervention to be done)
- A «space-shuttle team» (where not the astronauts but the patient is potentially at risk!)

Checklists in our lives

- Grocery list / «To-Do» list / iCheck...
- Airplane / NASA (**Apollo 15: 123 pages**)
- Anesthesia pre-operative checklist
- Equipment checklists (for a specific surgical procedure if not for a specific surgeon...)
- «The Checklist Manifesto» Atul Gawande



NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

* (JULY 26 LAUNCH)

* APOLLO 15

* CSM 112

* CHANGE C

131

~~126~~ P

SINGLE

* CSM LAUNCH CHECKLIST

ISSUING DATA

7-9-71	<u>OPR</u> MSC	<u>#</u> 00	<u>T</u> R	<u>PGM</u> APO	<u>SIGNATOR</u> BENTLEY	<u>LOC</u> CBO-13C	<u>CONTROL</u> A
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Central Line Insertion Care Team Checklist

If any item on the checklist is not adhered to or there are any concerns, contact the ICU attending

Purpose: To work as a team to decrease patient harm from catheter-related blood stream infections

When: During all central venous or central arterial line insertions or re-wires

By whom: Bedside nurse

If there is an observed violation of infection control practices, line placement should stop immediately and the violation should be corrected. If a correction is required, mark yes to question #6 *and explain violation at the bottom of the page and what corrections were made*

Patient's name or Room Number _____

1. Today's date ____ / ____ / ____

2. Is the procedure: Elective Emergent

3. Procedure: New line Rewire

4. Site Rite Used: Yes No Internal Jugular Subclavian Femoral

If equipment is available, ultrasound guidance should be used for all non-emergent internal jugular line placements. (Optional for subclavian and femoral line placement.) Yes Yes Don't

After correction Know

5. Before the procedure, did the house staff:

Perform a "time-out"

Wash hands (chlorhexidine or soap) immediately prior

NOVEMBER 2004!

Adult Cardiac Surgery Check List (Template)



Before Induction SIGN IN

Before Skin Incision TIME OUT

Before Patient Leaves Room SIGN OUT

PATIENT HAS CONFIRMED

- IDENTITY
- SITE
- PROCEDURE
- CONSENT
- SITE MARKED/NOT APPLICABLE**
- ANESTHESIA SAFETY CHECK COMPLETED**
- PULSE OXIMETER ON PATIENT AND FUNCTIONING**
- UNOS ID# (IF APPLICABLE)**
- DOES PATIENT HAVE A KNOWN ALLERGY?**
 - NO
 - YES
 - DRUGS
 - LATEX
 - OTHER
- DIFFICULT AIRWAY/ASPIRATION RISK?**
 - NO
 - YES, AND EQUIPMENT/ASSISTANCE AVAILABLE
- RISK OF >500ML BLOOD LOSS OR (7ML/KG IN CHILDREN)?**
 - NO
 - YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED
- BLOOD AVAILABLE**

SIGN (NURSING): _____
SIGN (ANESTH): _____

CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE: SURGEON, ANESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM

- | | |
|---|--|
| <input type="checkbox"/> PATIENT | <input type="checkbox"/> SITE/SIDE |
| <input type="checkbox"/> PROCEDURE | <input type="checkbox"/> POSITION |
| <input type="checkbox"/> PERFUSION TEMP | <input type="checkbox"/> BLOOD BORN PATH |
| <input type="checkbox"/> PREP PROTOCOL | <input type="checkbox"/> IMPLANTS AND EQUIP. |

ANTICIPATED CRITICAL EVENTS

- SURGEON REVIEWS:**
 - CRITICAL OR UNEXPECTED STEPS, AIRWAY OR VENTILATORY ISSUES
 - OPERATIVE DURATION, ANTICIPATED BLOOD LOSS? FLUID MANAGEMENT

ANESTHESIA TEAM REVIEWS:

- ANY PATIENT-SPECIFIC CONCERNS?

NURSING TEAM REVIEWS:

- HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED?
- ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?

- YES
- NOT APPLICABLE

DVT PROPHYLAXIS?

- COMPRESSION STOCKINGS
- SQ HEPARIN

IS ESSENTIAL IMAGING DISPLAYED?

- YES
- NOT APPLICABLE

SIGN (SURG): _____

NURSE VERBALLY CONFIRMS WITH THE TEAM:

- NAME OF THE PROCEDURE
- THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT OR NOT APPLICABLE
- POST PUMP ABX**
- MEDICATION/DRIPS**
- HOW THE SPECIMEN IS LABELLED**
 - INCLUDING PATIENT NAME
- WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED**

SURGEON, ANESTHESIA PROFESSIONAL AND NURSE

- REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

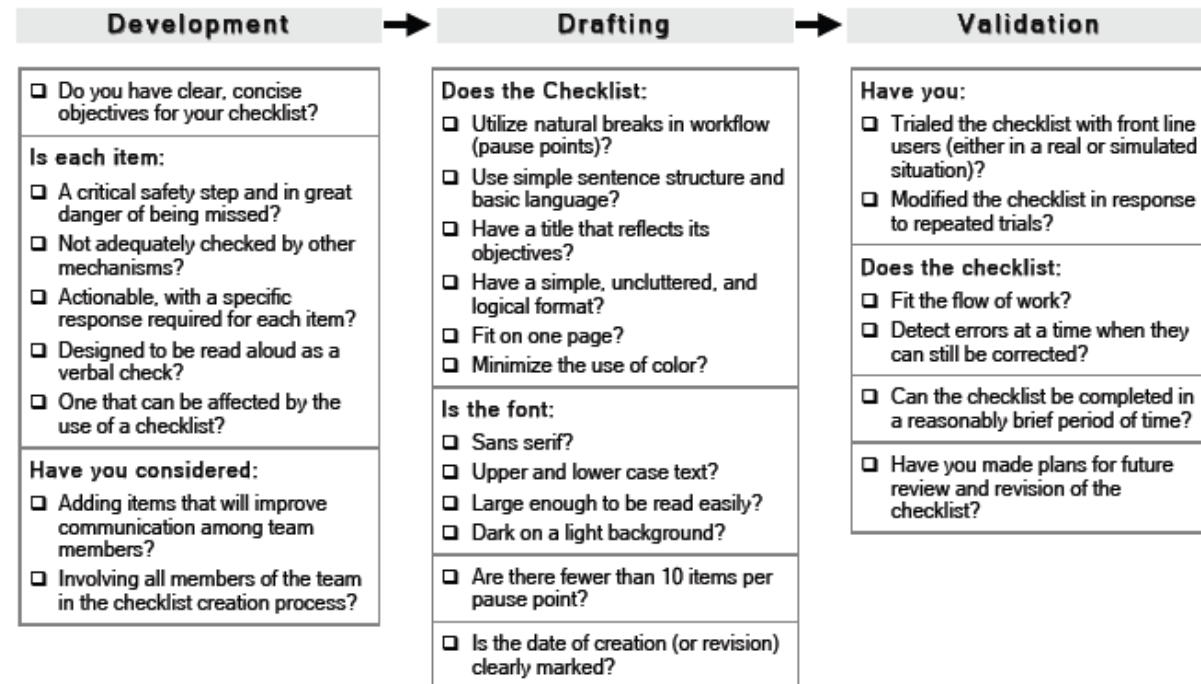
SIGN (NURSING): _____

SIGN (SURG): _____

«The Checklist Manifesto»

(Dr. Atul Gawande)

A CHECKLIST FOR CHECKLISTS



Please note: A checklist is NOT a teaching tool or an algorithm

MNH Surgical Patient Safety Checklist

- Adaptation of the WHO Surgical Safety Checklist
- First draft used less than 2 weeks before AC visit (September 28th, 2010)
- Over 95% compliance after 2 weeks
- Several new versions over a few weeks... First «stable» version from December 2010

Some New Ideas...

- Increased visibility («Fluo» Yellow)
- VERSO used for immediate feedback (nursing, anesthesia, surgery +/-)
- Incident/accident report # recorded on the verso (and anesthesia record prn)
- Little things may have a big impact!

Positive Aspects

- Immediate feedback (checklist verso)
- Empowerment of all members
- Improved communication/discussion
- Improved team spirit/work
- Improved physician-patient interaction
- Patient involvement/reassurance
- IMPROVED PATIENT SAFETY!
- **PATIENTS LOVE IT!**

Winning conditions...

- A few minutes to do... but several minutes saved! (Briefing)
- Some good catches... Share them with all members!
- Checklist in constant evolution:
 - Input from everybody (Team effort)
 - Regular surveys (more than compliance)
 - Feedback received and given back to all

Gestion des risques au bloc opératoire: 31 ans de vécu au quotidien

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Président, Comité d'évaluation médicale, HNM

Membre, Groupe Vigilance pour la sécurité des soins, MSSS

Membre, Comité scientifique, Réseau RISQ+H

Membre, Comité pour sécurité péri-opératoire, CSA...

Gestion des risques au bloc opératoire

- Environnement sécuritaire
- Facteurs humains
- Communication et travail d'équipe
- Changement des mentalités
- Loi 113...
- Culture de sécurité

Commentaires et questions?