

OP100

The use of safety checklists for patients undergoing surgical and interventional procedures

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[WHO Surgical Safety Checklist](#)

1.0 Policy Statement (Purpose / Objectives of the policy)

This policy defines the safety checks that must be used to improve the safety of patients undergoing surgery in operating theatres and the safety of patients undergoing interventional and surgical procedures outside the operating theatres. This will apply to appropriate inpatient, day case and outpatient procedures.

In the operating theatres, the Surgical Safety Checklists are a mandatory communication tool to optimize patient safety during the intra operative care pathway. These include the World Health Organisation (WHO) Checklist ([Appendix 2](#)) and Team Brief and Debrief ([Appendix 3](#)). The principles are simple: it enables the whole theatre team to work together to ensure that the right operation is done to the right patient on the right limb or part of the body, and that any essential precautions (such as VTE prophylaxis, antibiotic prophylaxis, the availability of essential equipment etc.) are taken as appropriate. [Appendix 1](#) The Procedure for Surgical Safety Checklists for interventional Procedures in the Operating Theatres.

Clinical teams that undertake invasive procedures that expose the patient to a risk of harm which can be mitigated by enhanced communication must use similar safety checks based on these Surgical Safety Checklists. These Safety Checklists must be modified from the templates in [Appendix 2](#) and [Appendix 3](#) for use for individual procedures and agreed locally in the relevant directorates by the Clinical Director, Matron and Governance leads.

2.0 Definitions

The interventional procedures that take place outside operating theatres and that fall within this policy take place in Endoscopy, Radiology, Outpatient Clinics, Dental Clinics, Podiatry, the Respiratory Wards, the Critical Care Unit Cardiac Catheter Suite and elsewhere.

3.0 Accountabilities

3.1 The Chief Executive supported by the Trust Board accepts responsibility for the implementation of this policy.

3.2 Deputy Chief Operating Officers, Heads of Nursing and Midwifery, Group Managers and Matrons have responsibility for ensuring compliance and monitoring of this policy. Divisional Management teams must be aware of all invasive procedures undertaken outside of the theatre environment.

3.2 Clinical Directors and Divisional Medical Directors are responsible for ensuring full compliance from medical staff in their respective areas of responsibility.

3.3 The Nurses in Charge of the Wards and Departments in which these procedures are done are responsible for implementation and daily monitoring of the procedure. This duty may be delegated to one of the nursing team.

3.4 Each individual practitioner is responsible for participating in all aspects of the safety checklist.

4.0 Policy Detail

4.1 The procedure (Appendix 1 The Procedure for Surgical Safety Checklists for Interventional Procedures in the Operating Theatres) details the process for implementing and reviewing compliance with the Surgical Safety Checklists in the operating theatres.

4.2 Directorates must have a list of routine interventional procedures that require the use of the Safety Checklists. This list will be reviewed monthly at the directorate governance meeting.

4.3 The WHO Surgical Safety Checklist ([Appendix 2](#)) must be used and its use documented on every patient that undergoes an appropriate procedure.

4.4 The completed Surgical Briefing and Debriefing documents (Appendix 3) must be used on every operating list, retained and any points requiring escalation added to the action log ([Appendix 4](#)) held locally by the relevant Manager. A regular audit of the action log will be reported at Directorate Governance meetings and made available for divisional and board scrutiny.

4.5 The WHO Surgical Safety Checklists must be audited monthly as part of the health records check and completed audits will be reported at directorate forum and made available for divisional and board scrutiny.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

Versions of this Procedure can be obtained in large print.

7.0 Maintenance

The policy will be kept up to date through the central governance monitoring process and any changes or recommendations in particular around never events will be via the Trust Management Team.

8.0 Communication and Training

Trust wide notification of the availability of this new policy will be communicated through the usual process via Trust Intranet and cascaded via the Divisional Governance Managers and Departmental Heads not covered by the Divisional Structures. Awareness of the policy will be introduced at local induction and distribution of updated policy to on-call managers and directors, and Capacity Team members.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Audit of Safety Checklists Completion	Clinical director	Review at directorate/divisional governance meetings	Monthly/Quarterly respectively	Compliance will be monitored through the Quality Safety Advisory Group (QSAG) via Divisional Reports
Audit of Surgical Briefing and Debriefing Documents	Matrons	Review at Band 7 meetings	Monthly	Compliance will be monitored through meeting Minutes

10.0 References - Legal, professional or national guidelines

Patient Safety First Campaign 2008 -2010

NPSA Patient Safety Alert January 2009

WHO Surgical Safety Checklist (NPSA) 2005

National Safety Standards for Invasive Procedures (NHS England) September 2015; revised January 2023 (NatSSIPS 2).

Document Control

Policy number and Policy version: OP100 Version 4.0	Policy Title The use of safety checklists for patients undergoing surgical and interventional procedures	Status: Final		Author: PDP Theatres Director Sponsor: Chief Medical Officer
Version / Amendment History	Version	Date	Author	Reason
	v1	May 2013	Deputy Chief Nurse	To support the prevention of never events occurring
	v2	Sept 2016	P.D.P Theatres	To support the launch of NATSSIPS 2015
	v2.1	Jan 2017	Matron Theatre Services	Modified WHO Checklist
	V3	Nov 2019	PDP	Full Review
	V3.1	April 2023	PDP	Extension
	V3.2	August 2023	PDP	Extension
	V4.0	May 2024	PDP	Full Review
Intended Recipients: All Trust staff				
Consultation Group / Role Titles and Date: Matron – Theatres & PreOperative Assessment – February 2024 Matron – Theatres & Pain Management – February 2024 Group Manager – Anaesthesia, Perioperative, Chronic Pain and ICCU Services – Feb 2024 Directorate Manager - Anaesthesia, Perioperative, Chronic Pain and ICCU Services – Feb 2024 Theatre B7 Managers – February 2024 Clinical Governance Group – February 2024				
Name and date of Trust level group where reviewed		Trust Policy Group – May 2024		
Name and date of final approval committee		Trust Management Committee - May 2024		
Date of Policy issue		June 2024		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)		May 2027 - 3 yearly		

Training and Dissemination: Induction, Senior Manager's Briefing, Divisional Governance meetings	
To be read in conjunction with: CP65 The Safe Management of Swabs, Instruments and other Accountable items used during surgical and interventional procedures within the Royal Wolverhampton NHS Trust.	
Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904	
Monitoring arrangements and Committee	Divisional Governance meetings and Quality Safety Advisory Group (QSAG)
Document summary/key issues covered. <p>This policy sets out the Trust's policy and procedures for compliance with the World Health Organisations's (WHO) 'Safe Surgery Saves Lives' initiative launched in 2008 and the National Safety Standards for Invasive Procedures published in 2015</p> <p>Use of the form of the WHO Surgical Safety Checklist and the Brief / Debrief document is mandatory in theatres to improve the safety of surgery. Many interventional and minor surgical procedures are performed in areas other than operating theatres. This policy requires doctors and nurses who undertake such procedures to adapt these safety checklists to ensure compliance and patient safety in these outlying areas. These adapted checklists must be agreed by the Clinical Director, Matron and Governance Lead for each directorate.</p>	
Key words for intranet searching purposes	Safety, Checklists, Surgical, Interventional, Procedures, Patients

OP100 Appendix 1

The Procedure for the Use of Surgical Safety Checklists for Interventional Procedures in operating Theatres

Procedure Statement

In June 2008 the World Health Organisation (WHO) launched a global patient safety challenge 'Safe surgery saves lives', to reduce the number of surgical deaths and errors across the world. This includes improving anaesthetic safety practices, ensuring correct site surgery, avoiding surgical site infections and improving communication and team work within the team. The WHO Surgical safety checklist is a core set of safety checks identified for improving performance at safety critical time points within the patient's intra operative care pathway.

This procedure has been developed to ensure that staff follow Standards 6, 7, 8, 9, 10, 12 and 13 of the NatSSIPs document and sets out the key steps necessary to deliver safe care for patients undergoing invasive procedures.

The Documentation

- The Team Brief/Debrief document ([Appendix 3](#)) where all team members names must be clearly documented and any key points clearly documented for escalation to the action log ([Appendix 4](#)).
- The WHO Surgical Safety checklist for each patient ([Appendix 2](#))
- Each stage must be conducted without interruption. All activity must **STOP** and all Team members must **PAUSE** and participate.
- It is the responsibility of the Team Leader to ensure that all stages of the Surgical Safety checklists are conducted. Any non-compliance of the multi-disciplinary team must follow the escalation process in [Appendix 5](#).

The Process

The Briefing:

Before the start of each surgical session ideally the whole team involved in the perioperative pathway for that session must be present. The minimum attendance must be the operating surgeon, lead anaesthetist and theatre team leader. All team members present must introduce themselves by name and role. They must raise any issues identified from their perspective, including patient specific issues, list changes, changes in order, equipment issues. At the end of the briefing the team must have an overview of the management of the list, to ensure smooth and safe running of the session.

Sign In:

This is the first of the four individual patient checks that must occur and be documented using the WHO checklist ([Appendix 2](#)). It must normally occur in the anaesthetic room and as a minimum include the anaesthetist and anaesthetic practitioner. Sign in must include checking of the anaesthetic equipment, patient's identity, surgical site marking and consent, verbally and against available documentation. Any other risks must be identified at this time particularly allergies. The sign in section of the appropriate WHO checklist form must be signed and included in the patient's notes. Unless in life threatening emergencies this must be done before anaesthesia commences.

Time Out:

This must be done in the operating theatre before commencement of surgery and must include the minimum of an anaesthetist, anaesthetic practitioner, surgeon and scrub practitioner. There is a verbal confirmation by team members of the patient identification, consent, surgical procedure and site. Other key checks include, but are not limited to, allergy status, ASA grade, SSI bundle requirements, instrumentation and equipment sterility / availability and any other steps which may have not previously been discussed. The time out portion of the appropriate WHO checklist form must be signed and included in the patient's notes. Unless in life threatening emergencies this must be done before surgery commences.

Prosthesis Verification:

All of the relevant details must be checked with the operating surgeon prior to the removal of the required prosthesis from the packaging. If no prosthesis is required then the not applicable box must be clearly marked.

Sign Out:

This must be done in the operating theatre before the patient is handed over to the recovery practitioner and must include the minimum of an anaesthetist, surgeon, scrub practitioner and recovery practitioner. This must include the name of the procedure undertaken, the surgical count accuracy and that all items in the surgical count are correct and are accounted for, the number, name and transport medium of any specimen, and any key concerns for recovery. The sign out portion of the appropriate WHO checklist form must be signed and included in the patient's notes. Unless in life threatening emergencies this must be done before the patient is transported from the operating theatre.

The Debrief:

This must take place at the end of the operating session and where possible include all team members however, if any team member cannot be present this must be documented and the team member given the opportunity to make comment prior to their departure. This is an opportunity for members of the team to highlight issues and areas of good practice that may have arisen during the list concentrating in particular on list management, patient safety, equipment and prosthesis. The team must then document any point that they feel require escalation to the action log.

Team Brief/Debrief documentation:

This must be taken to the appropriate senior nurse after each session for verification and audit purposes.

Non-compliance with procedure:

In the event of a member of any member of staff including medical staff failing to comply with the WHO Safer Surgical Checklist, this will be escalated appropriately using the flowchart in [Appendix 5](#). If the member of staff is medical this will be escalated and managed by the Divisional Medical Director for theatres and in liaison with the relevant Clinical Director in each specialty (Maternity/Ophthalmology/Cardiothoracic and Cardiology, Emergency Services). Escalation process for non-compliance ([Appendix 5](#)) must be adhered to.

WHO Surgical Safety Checklist

Date: _____

Theatre / Speciality: _____

PATIENT LABEL

SIGN IN (To be read out loud)

ON ARRIVAL IN THE PROCEDURAL AREA

Have the anaesthetic safety checks been completed?

- Machines
- Monitoring
- Medication

Has the patients wristband been checked against the consent form, operating list and with the patient/carer?

- Name / Date of Birth
- Hospital/NHS Number
- Valid Consent Form
- Correct procedure / site / side
- Surgical Site Mark checked
- Allergy Status

Are there any airway problems? Yes No

Is there a risk of aspiration? Yes No

Is there a risk of significant blood loss? Yes No

I.V access required

Blood / Blood products available

STOP BEFORE YOU BLOCK

Visualisation of site mark / arrow Yes

Patient confirms side of surgery (if conscious) Yes

Consent form checked for operative side / site Yes

NEURAXIAL

Is all spinal / epidural equipment compatible Yes

TIME OUT (To be read out loud)

BEFORE THE START OF THE PROCEDURE

Wristband check against the consent form?

- Name
- Hospital / NHS Number
- Correct procedure / site / side
- Surgical Site Mark checked
- Allergy Status

Is VTE Prophylaxis required? Yes No

Are any relevant test results available? Yes No

Surgeon:

What is the anticipated blood loss? Is blood available?

Anaesthetist:

What is the patients ASA grade?

Are there any patient specific concerns?

Scrub Practitioner:

Sterility of the instrumentation has been confirmed?

Is all necessary equipment available and in working order?

Has the SSI Bundle been performed?

Antibiotic Prophylaxis Yes N/A

Diabetic Control Yes N/A

Hair Removal Yes N/A

Patient Warming Yes N/A

PROSTHESIS VERIFICATION (To be read out loud)

BEFORE REMOVAL OF PROSTHESIS FROM PACKAGING

Not Applicable

Has the surgeon confirmed:

Side of the body

Size

Type, design, style or material

Manufacturer / Expiry Date / Sterility

Compatibility of multiple components

SIGN OUT (To be read out loud)

BEFORE THE PATIENT LEAVES THE PROCEDURE ROOM

Has the procedure, site and side been recorded?

Swabs, needles and instrument count complete?

Have the specimens been labelled correctly?

Are there any concerns for recovery

Have any intentionally retained items been documented?

Has the controlled drug book been completed?

Has the cannula been flushed?

OP100 Appendix 3

SURGICAL SAFETY BRIEFING

DATE : THEATRE / SPECIALITY:

THEATRE TEAM PRESENT AND INTRODUCTIONS MADE

TEAM LEADER:

SURGEON 1..... TO BE DISCUSSED FOR EACH LISTED PATIENT PRIOR TO ANAESTHESIA AND SURGICAL INTERVENTION

SURGEON 2.....		Surgeon	Anaesthetist	Practitioner
ANAESTHETIST 1.....	Has the diagnosis and procedure been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANAESTHETIST 2.....	Has the site, side and positioning been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANAESTHETIC PRACTITIONER.....	Are any prosthesis required and are they available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCRUB PRACTITIONER 1.....	Have any significant comorbidities, allergies or infection risks been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCRUB PRACTITIONER 2.....	Is antibiotic prophylaxis required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCULATOR 1.....	Is VTE prophylaxis required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCULATOR 2.....	Is there a risk of significant blood loss and are blood products available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECOVERY.....	Are there any special equipment issues or requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT 1.....	Is an appropriate post operative bed allocated and is it available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT 2.....				

ANY MID LIST CHANGES TO THE TEAM MEMBERS :

NAME / ROLE

.....

Is the session expected to over run its allocated time? If yes is there an agreed action plan?

.....BRIEFED

NAME / ROLE

.....

Are there any additional concerns?

.....BRIEFED

KEY POINTS FOR CONSIDERATION DURING DEBRIEFING

SURGICAL SAFETY DEBRIEFING

DATE :

THEATRE / SPECIALITY:

TEAM MEMBERS NOT PRESENT : NAME / ROLE.....

NAME / ROLE.....

COMMENTS / FEEDBACK FROM ABSENT TEAM MEMBERS

WHAT WENT WELL TODAY / WHAT DIDN'T GO WELL?

WERE THERE ANY SAFETY CONCERNS AND HOW COULD THIS BE IMPROVED?

WERE THERE ANY EQUIPMENT ISSUES AND HOW COULD THIS BE IMPROVED?

WERE THERE ANY PROSTHESIS ISSUES AND HOW COULD THIS BE IMPROVED?

ARE THERE ANY EXAMPLES OF GOOD PRACTICE

POINTS FOR ESCALATION INTO THE ACTION LOG

