

Surgical Safety Checklist & Briefings and Debriefings Procedures

This information advises theatre staff, surgeons, anaesthetists and surgical assistants of the process for undertaking the Surgical Safety Checklist, Briefings and Debriefings.

Briefing:

A Start-of –list-briefing will take place prior to the start of each day’s scheduled operating list; it will take less than five minutes. It is an opportunity for all team members to speak up and, as a result, reduce communication failures.

Every member of the team must be present, and it is recommended that the surgeon leads the four-step process.

(A poster -sized version of the Brief is displayed on the wall in every theatre to reference).

1. Introductions

Ensure all team members are present and have introduced themselves and their roles for the day.
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 (helps with planning ‘scrub nurse’ allocations, breaks)

Any changes or modifications to the list (allows for confirmation of the order & procedure printed on the theatre list)

Any uncertainties, and identify ways of updating information during the day (e.g. specific equipment required)

Any other relevant patient information not already noted on 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 and questions

Confirm everyone is clear on their roles and responsibilities

Ask team if they have any questions or concerns

5. Debrief Form Review

Review previous issues recorded on Debrief form, identify if corrective actions have been completed, and note outcome.

6. Late list plan discussion

Ask team who would be available to stay later than scheduled time, if an unexpected issue arises and delays the finish time of the list. There is no expectation for staff to stay, but asking this question at the start of the day provides a clear understanding for the team. Communication to the Theatre Coordinator and Anaesthetic Technician Coordinator is necessary to plan for staffing cover.

SURGICAL SAFETY CHECKLIST

The Surgical Safety Checklist is divided into three phases, each corresponding to a specific time period in the normal flow of a procedure:

- **Sign In** = before induction of anaesthesia
- **Time Out** = after induction and before surgical incision
- **Sign Out** = during or immediately after the wound closure, but before the surgeon and the patient leave the operating theatre

A poster -sized version of the checklist is displayed on the wall in every theatre. This allows all members of the team to see what will be asked and to use it as a discussion guide rather than a 'tick box' exercise.

To promote team engagement, it is recommended that different team members lead the three phases of the checklist:

- anaesthetist to lead the sign in
- surgeon to lead the time out
- circulating nurse to lead the sign out

1. Sign In

The first phase is led by the anaesthetist with the anaesthetic technician and circulating nurse or surgical assistant present, and will include confirmation of the following:

Confirm surgeon is available

Before induction of anaesthesia, confirm with patient:

- Identity
- Site and side
- Procedure
- Consent

(NB: When confirmation by the patient is impossible, such as in the case of children or incapacitated patients, a guardian or family member can assume this role.)

Site marked or not applicable

Does the patient have:

- Known allergies
- Difficult airway or aspiration risk? If yes, is equipment/ assistance required?
- Risk of > 500ml blood loss recorded (7ml/kg in children)? If yes, is their adequate intravenous access and fluids available.

Anaesthesia safety checklist completed

(This includes formal inspection of the anaesthetic equipment, medications and patient's anaesthetic risk)

Check and confirm prostheses/special equipment to be used

NB: A Surgical Safety Checklist specific whiteboard is available for use to write up patient details for reference during the procedure.

Headings: Name, NHI, Surgery, Site, Allergies, Metalware

2. Time Out

The second phase is led by the surgeon with all team members present and attentive, and includes the following:

Before incision, confirm all team members have introduced themselves by name and role

(NB: team members may have changed since last case)

Surgeon, anaesthetist, and nurse verbally confirm:

- Patient
- Site and side
- Procedure
- Consent
- Any known allergies
- Anticipated critical events

Surgeon reviews:

- Critical or unexpected steps, operative duration, anticipated blood loss?

Anaesthetist reviews:

- Patient specific concerns?
- Has the ASA score been recorded?

Nursing team reviews:

- Has sterility (including indicator results) been confirmed?
- Are there equipment issues or concerns?
- Has antibiotic prophylaxis been given within the last 60 minutes?
- Has the plan for VTE prophylaxis during the procedure been carried out?
- Is essential imaging displayed?
- NB: No prep solution will be made available until the TIME OUT has been completed.
- This includes anaesthetic paste & lubricating gel

3. Sign Out

The third and final phase is led by the circulating nurse with all team members present, and will include the following:

Verbally confirm with the team after final count:

- The name of the procedure recorded
- That surgical count is correct
- How the specimen is labelled (including patient name)
- The plan for ongoing VTE prophylaxis
- Whether there are any equipment problems to be addressed
- Postoperative concerns/plan for recovery and management of this patient

The Surgical Safety Checklist is now complete and must be recorded on the patient's TrakHealth record.

DEBRIEFING:

An End-of-list debriefing will take place at the end of the operating list and is expected to take no more than five minutes. It is an opportunity for team members to reflect, learn from what went well and or didn't go to plan and discuss ways to improve for the next list, and also a forum to say thank you.

This must occur before the surgeon leaves the theatre.

Written documentation is not necessary, unless an identified issue has not immediately been resolved.

This should be noted on the End-of-list-debrief report, located in the theatre workspace, and given to the Theatre Clinical Leader for follow up.

A poster-sized version of the Debrief will be displayed on the wall in every theatre to reference, as below:

Wrap up

Ensure all members of the operating team are present



What happened?

What went well? What did not go well?



Why?



Suggestions for improvement

What can we do better next time?