	Administrative Policy Manual
Interior Health	Code: AI Surgical Services

AI0300 – SURGICAL SAFETY CHECKLIST

1.0   PURPOSE

To provide clear directions to Interior Health (IH) medical and hospital clinicians/staff on the implementation and utilization of the Surgical Safety Checklist(s).

> The British Columbia Ministry of Health Services (MoHS), Accreditation Canada, IH Surgical Services Executive, and Health Authority Medical Advisory Committee (HAMAC) have mandated the use of the *Surgical Safety Checklist* as a tool to improve team communication and patient safety.
>
> **See also**:
>
> IH Standard Process # SS728SP **Surgical Safety Checklist: Surgical and Ophthalmology**
>
> IH Standard Process # SS1127SP **Surgical Safety Checklist: Endoscopy**

2.0   DEFINITIONS

TERM	DEFINITION
E1:	An emergency add-on case classification indicating that the surgical case is LLTO and must be performed immediately
HAMAC:	Health Authority Medical Advisory Committee
Interior Health Staff:	Includes all clinicians (i.e. perioperative nurses, operating room technicians, other) working in the perioperative environment as part of the perioperative team
LLTO:	Life, Limb, or Threatened Organ
Medical Staff:	The physicians, dentists, and midwives who have been appointed to the medical staff, and who hold a permit to practice medicine, dentistry, or midwifery in the facilities and programs operated by the Interior Health Authority.
Perioperative Team:	Is comprised of the surgeon(s)/physician, anesthesiologist, surgical assistant(s), nurses, technicians, and other personnel present or involved during the surgical/endoscopy procedure.
Perioperative Nurses:	Includes all nurses (i.e. registered nurse or licensed practical nurse) working in the perioperative/endoscopy environment for any given procedure.
Electronic systems	PICIS OR Manager and Meditech SUR Application are the electronic systems utilized in IH. These comprehensive digital information systems capture the booking process and related clinical documentation. They also provide a method to retrieve information

	for research, statistics, quality assurance, and legal/risk management purposes.
PSLS:	B.C. Patient Safety Learning Event System – a reporting system designed to enhance the capability to improve patient safety by capturing safety events electronically, managing them, and addressing risks.
Safety Checklist:	While titled a "checklist", this document is a communication tool designed to reinforce accepted safety practices and enhance communication and teamwork among perioperative team members.

3.0   POLICY

3.1   Standardization

Interior Health (IH) medical staff and hospital employees (clinicians/staff) shall utilize a standardized Surgical Safety Checklist developed regionally for implementation at all surgical sites. These shall include the:

> ➢ IH Surgical Safety Checklist
>   For Surgical Procedures – **See Appendix A**

> ➢ IH Surgical Safety Checklist: Endoscopy
>   For Endoscopy Procedures - **See Appendix B**

> ➢ IH Surgical Safety Checklist: Ophthalmology
>   For Ophthalmology/Eye Care Procedures - **See Appendix C**

3.2   Participation

All Perioperative Team members shall be present and participate in all phases of the Safety Checklist.

3.3   Leadership

It is recommended that Phase I of the Surgical Safety Checklist (see below) be led by either the surgeon or the anesthesiologist involved in the case (physician preference). This shall be determined prior to completion of the first phase of the checklist.

This phase requires the mandatory physical presence and involvement of the surgeon/physician, anesthesiologist, surgical assist, nursing personnel, and the perinatal team.

> ➢ Residents
>   Once competency has been assessed, surgical/anesthesia residents may perform (lead) the Safety Checklist without their supervising physician being present. This shall be at the discretion of their supervising physician.

4.0   PROCEDURES

4.1   Perioperative Team

Perioperative team members:

- Shall follow the process for using the Safety Checklist as outlined in ***IH Standard Process #SS728SP Surgical Safety Checklist: Surgical and Ophthalmology*** and ***#SS1127SP Surgical Safety Checklist: Endoscopy***

- Shall be familiar with and utilize the Safety Checklists (see **Appendices A, B and C)** when providing surgical care in operating rooms, procedure rooms, endoscopy suites, and/or eye care centers within IH.

- The IH Surgical Safety Checklist is divided into the following three phases (each phase corresponds to a specific time period in the normal flow of a surgical/endoscopy procedure):

  ➢ **Phase I: Briefing**

    ▪ Prior to induction of anesthesia

    ▪ *For Endoscopy:* Prior to induction of procedural sedation/anesthesia

  ➢ **Phase II: Time-Out**

    ▪ After draping; immediately prior to the incision or start of procedure.

    ▪ *For Endoscopy:* Prior to scope insertion

  ➢ **Phase III: Debriefing**
    ▪ Prior to drape removal
    ▪ *For Endoscopy:* Prior to room exit

4.2   Perioperative Nurses

Perioperative nurses shall document that the safety checklist was completed (all phases) by indicating Yes, No, or E1 on the Electronic Case Record and/or manually on the paper procedure record(s).

Perioperative nurses shall further document each phase as follows:
- **Phase I** – BRIEFING: Yes/No
- **Phase II** – TIME OUT: Time of Occurrence
- **Phase III** – DEBRIEFING: Yes/No

- In the event that the Safety Checklist was not performed according to this policy, nurses shall document that the Surgical Safety Checklist was not performed and indicate this on the OR case record. If patient safety was compromised, a PSLS event report shall be completed.

- In extreme LLTO emergencies, the utilization of the Surgical Safety Checklist may not be appropriate or applicable. In these circumstances, the perioperative nurse shall document on the case record that the Surgical Safety Checklist was not performed and indicate that the case was an E1. If patient safety was compromised, a PSLS event report shall be completed.

4.3   Monitoring and Participation

The use of the Surgical Safety Checklist shall be monitored through the *Surgical Safety Checklist – Participation and Reasons Insight Report* and PSLS system in conjunction with manual patient chart reviews. Random physical site audits may also be performed in order to monitor utilization, process and achievement.

In the event that compliance cannot be achieved:

- **Medical Staff** who fail to participate in the utilization of the checklist as per this policy:
  - Will be addressed formally with disciplinary action through the *Workplace Environment Policy* (Policy # AU1000)

- **IH Staff** who fail to participate will be addressed formally through progressive performance management as per the applicable collective agreement.

- **Managers and Site Administration** will address all participation concerns with IH Staff as per above.

4.4   Medical Leadership

Will address all participation concerns with Medical Staff as per 4.3 above.

4.5   Managers and Site Administration

Will address all participation concerns with IH Staff as per 4.3 above.

APPENDIX A: IH Surgical Safety Checklist: Surgery

APPENDIX B: IH Surgical Safety Checklist: Endoscopy

APPENDIX C: IH Surgical Safety Checklist: Ophthalmology

5.0   REFERENCES

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6.0 REVIEWED BY

OR Clinical Practice Standards Working Group – September 16, 2010, October 28, 2010, August 3, 2011
IH Leader Policy Development and Freedom of Information – April 5, 2011
OR Managers & Leaders – April 12, 2011, August 3, 2011
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IH Surgical Safety Checklist Policy Working Group – April 2021
IH OR Educators Group – April 2021
IH OR CPS Working Group – April 2021
IH OR Managers and Leaders Committee – April 2021
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IH Surgical Council – March 17, 2011

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October 19th, 2012 – as per IH Surgical Council
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