



Did You Know?

- ❑ **3,865 hospitals** representing **122 countries** have registered as Safe Surgery Saves Lives Participating Hospitals. Is your hospital registered with us? If not, click [here](#).
- ❑ **25 countries** have mobilized resources to implement the WHO Surgical Safety Checklist at a national level. To see a full list of these countries click [here](#).

The Checklist in Action:

After the Checklist was released in 2008, numerous hospitals have been able to successfully incorporate this tool into their operating theatres as a routine component of surgical care. These hospitals have learned key lessons that can be of use to other facilities that are in the process of introducing the Checklist. Below are stories of how individuals have introduced and monitored the Checklist.

Introducing the Checklist in a Pediatric Population: Children’s Hospital Boston, USA

In the July 2010 AORN Journal article, “Implementing a Pediatric Surgical Checklist in the OR and Beyond” clinicians Elizabeth K. Norton and Shawn J. Rangel at Children’s Hospital, Boston describe the essential steps that they took when introducing the Checklist in their hospital. These key steps have enabled them to successfully implement this tool and might be helpful as you work through this process in your institution. Below are a few of the steps that they discussed in their article.

Modification of the WHO Surgical Safety Checklist:

- ❑ Formed a working group of experienced clinicians to modify the Checklist.
- ❑ The working group presented the proposed changes to hospital leadership and received feedback.

One-month Checklist Trial:

- ❑ Used the Checklist in a few cases in every surgical service. They chose to work with enthusiastic clinicians, including the surgical chiefs of each division and nursing personnel.
- ❑ Worked through operational logistics, for example where the Checklist should be placed in the operating theatre (OT) and which team members should read each Checklist item.
- ❑ Collected data on Checklist use, including instances of when the Checklist caught something that would have otherwise been missed, and collected feedback from the individuals using the Checklist.

Further modification and testing of the Checklist:

- ❑ Based on the feedback from the first trial clinicians further modified the Checklist and defined each member of the team’s roles when using the Checklist in the OT. To enhance teamwork and collaboration they made each member of the team accountable for certain items on the Checklist. For example, designating it the surgeon’s responsibility to lead the “Before Skin Incision” portion of the Checklist.
- ❑ Printed large posters of the Checklist and posted them in the OTs. To see their version of the Checklist click [here](#).

Preparation for hospital launch of the Checklist in the Operating Suite:

- ❑ Set a date for the Checklist to be used in OTs.
- ❑ Obtained final approval for the Checklist from hospital leadership.
- ❑ Hospital leadership sent out a formal letter introducing the Checklist to all OT staff members mandating the use of the Checklist.
- ❑ Trained all relevant staff on how to use the Checklist utilizing both electronic training applications and in-service training programs.
- ❑ Publicized the Checklist through hospital newsletters, emails, and by displaying a Checklist screensaver on all computer screens.

Auditing and Sustaining Practice:

- ❑ Use nurses that were previously trained in evaluating the Universal Protocol to randomly observe surgical teams using the Checklist.
- ❑ During the first two months observers would intervene if the Checklist was used inappropriately and educated teams on its proper use.

To read more about the experience of Boston Children’s Hospital please click [here](#).

Monitoring the Impact of the Checklist: Complejo Hospitalario Universitario Insular Materno- Infantil, Spain

Our colleague at Complejo Hospitalario Universitario Insular Materno’ Infantil, Eva Alvarez Leon, is currently conducting a study on the benefits of using the Checklist at her 800 bed hospital in the Canary Islands of Spain. They use the Checklist in 8 operating theatres equating to 58% of their surgical volume. They have coupled Checklist implementation with collecting data on surgical complications and post-surgical deaths. Each day their Preventative Medicine team follows 1-2 patients post-operatively for up to 30 days collecting data on surgical death rates, unplanned return to the operating theatre, and surgical site infection rates.

(continued on page 2)

As of today, they have collected data for 203 patients and have found that the surgical site infection rate is 25% lower in patients that had the Checklist used in their surgical procedure, compared to patients in which the Checklist had not been used.

Frequently Asked Questions:

Q: Since the release of the 2009 New England Journal Medicine Article “A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population” has anybody published further evidence demonstrating that the Checklist impacts patient care?

A: While there hasn't been another large study published numerous hospitals have released data and anecdotal stories that the Checklist has made a difference in their operating theatres. We have listed some of the evidence that has been released below.

- In May 2009, clinicians at Regions New Zealand Hospital in Naevstved, Denmark introduced the Surgical Safety Checklist in their operating theatres. They coupled Checklist implementation with data collection and monitoring including, Checklist compliance, complication rates, and mortality. During the initial four months of Checklist use they found a 35% reduction in mortality. To learn more about their findings click [here](#).
- Private Hatwan Hospital in Kurdistan, Iraq experienced a significant reduction in their complication rate and found that the WHO Surgical Safety Checklist increased compliance with the administration of prophylactic antibiotics and site marking for Endoscopic procedures. To see these results click [here](#).
- Researchers at Tunisia's University Hospital of Monastir led a study to measure the effect of the WHO Surgical Safety Checklist in their Pediatric Surgery Department. Find out more about how they developed the study as well as their results by clicking [here](#).
- The use of the Checklist has now spread to every hospital in Wales that performs surgical procedures. Since the Checklist was implemented at a national scale, they have experienced increased compliance with the appropriate timing of antibiotic administration and verification of the patient's name, procedure, and where the incision will be made. To see the how the Checklist affected surgical care in Wales click [here](#).

The Checklist of the Month:

The Royal College of Ophthalmologists and the National Patient Safety Agency have developed a Checklist specific to Cataract Procedures. This Checklist has been tested with numerous cataract surgeons in the United Kingdom and is now available online. For more information about this endeavor, and to download the checklist, please click [here](#).

To Our Readers

The Safe Surgery Save Lives Team is conducting an international survey to learn about the use of the WHO Surgical Safety Checklist around the world. We are interested in better understanding what techniques and strategies you used when you introduced the Checklist into your operating theatres, as well as what effect you believe the Checklist has had on the safety practices within your hospital.

You will be receiving an e-mail from us asking you to complete this survey. When you receive this email, please don't delete it, our team would love to hear from you. Thank you in advance for taking the time to answer our questions. Completing this survey will not only help us better understand how the Checklist is being used, but it will also help our team become a better resource to you and your colleagues. If you are using the Checklist, but haven't registered with us, please do so today by clicking [here](#).