



### **How do I know whether the checklist we already use meets the goals of the WHO Surgical Safety Checklist?**

Conduct a small test. Print out the Checklist, take it to the OR to follow one case, and note the following:

- 1) Does the entire team stop all other activity for a few moments at three critical points, i.e., pre-anesthesia, pre-incision and before the patient leaves the OR? The goal is for the entire team to participate in each pause. (The surgeon may not have to be present for the pre-anesthesia check.)
- 2) Does the entire team verbally confirm each item on the Checklist? The goal is for the entire team to participate. At a minimum, every item on the Checklist should be confirmed. Other items may also be addressed.
- 3) Are the items verified without reliance on memory? The goal is to use a tool for reference to ensure every item is covered, e.g., a form, poster, or computer screen.

If you can answer “yes” to all of these questions, then the spirit of the Checklist is being met. Consider running through this exercise with several more cases to see if this occurs with every patient every time. If not, redesign your processes to ensure this occurs.

Improving teamwork and communication is one of the main goals for using a checklist. Many hospitals are already doing most of the items on the list but not reviewing them as a team. If there is no designated point when these items are reviewed, it is common to find that they are verified *most* of the time, but not *every* time, i.e., not reliably. The results of the WHO pilot study appear to confirm the conclusions of a number of earlier studies that indicate preoperative team introductions and briefings and postoperative debriefings contribute to improved processes and outcomes.