

FAQ's – Surgical Safety Checklist

1. What is the Surgical Safety Checklist (SSCL)?

The SSCL is a patient safety communication tool that is used by a team of operating room professionals (nurses, surgeons, anesthesiologists, and others) to discuss important details about a surgical case at three distinct stages or phases during surgery: Pre-induction (before the patient is put to sleep), Time Out (just before the first incision), and Debriefing (during or after surgical closure). The SSCL is used to facilitate operating room team discussion so that everyone is familiar about the case, and reduces reliance on memory for certain necessary interventions.

In many ways, the surgical checklist is similar to an airline pilot's checklist used just before take-off. It is a last minute check to make sure everything is in working order, all equipment is available, and everyone is ready to proceed.

2. Why are SSCLs important?

Operating room teams have many important steps to follow in order to ensure a safe and effective surgery for every patient, and the SSCL is a useful tool that helps facilitate good communication among the health care team.

Essentially, the checklist is about improving overall teamwork – a critical factor in producing positive clinical outcomes. There is a lot of work being done in Ontario right now to improve patient safety, and the surgical safety checklist is one component.

3. Why are hospitals publicly reporting the SSCL indicator?

As part of the Ministry of Health and Long-Term Care's public reporting of patient safety indicators initiative, eligible hospitals are legally required to post their SSCL compliance percentages. This is a good thing for hospitals. The public reporting of patient safety indicators is about inspiring improved performance, enhancing patient safety, and strengthening the public's confidence in Ontario's hospitals.

Ultimately, using SSCLs will improve teamwork and communication in the operating room, which can lead to improved patient care and safety, decreased complications and deaths from surgery, and better operating room efficiency.

4. Why aren't all Ontario hospitals publicly reporting SSCL compliance?

Not all hospitals perform surgical procedures. Hospitals that don't are considered "ineligible" for the public reporting of this particular indicator.

"Eligible" hospitals are those that perform surgical procedures within a fully equipped operating room (OR) included in a set list of MIS Functional Centres, as designated by the Ministry of Health and Long-Term Care. (The definition is consistent with the definition used by the Surgical Efficiency Targets Program (SETP) and the Wait Time Information System (WTIS)).

5. What type of information is included in a SSCL?

SSCLs are divided into three parts relating to different phases of a surgery, and each section of the checklist has information that is relevant to that phase.

For example, in the Pre-induction phase, there are questions about blood type, or specific equipment needed for the surgery. This helps ensure that the right blood or equipment is available before the surgery begins. The Time-Out phase contains a "double check" of the surgery site to ensure correctness. The Debriefing phase contains information that is relevant to the surgery just completed and includes recovery plans for the patient.

6. Using a SSCL seems like an obvious strategy to use during a surgery. What keeps a hospital from having 100% compliance?

Rollout of SSCLs in hospitals has been a phased-in approach, which means some departments and some sites are at varying stages of implementation. With this new benchmarking ability in place, we expect to see continued improvement and full compliance with the SSCL in the time ahead.

It is also important to remember that the SSCL compliance indicator is a process measure, measuring the degree to which all three phases (i.e., a briefing, a time out, and a debriefing) of the SSCL was performed correctly and appropriately for each surgical patient. With the new three-phase approach to the SSCL, many hospitals and surgical teams need to change the way they work to get all three phases completed. This takes time, as work flow varies in different surgical departments, and different settings. In some cases, physicians have had to completely reorganize their day in order to attend all three phases, and this is not always easy due to their multiple competing priorities.

7. While SSCL compliance is just being publicly reported now, how long have SSCLs been in use?

Operating room teams have long been discussing most of the items covered in the SSCL for many years. Many hospitals have had their own versions of checklists, including "Pre-Operative", "Time Out" and "Surgical Count" checklists.

The new three-phase Surgical Safety Checklist is useful because it organizes all the important information contained in previous checklists at the right intervals in time. It is a

team communication tool that is used to inform all team members about important details regarding the patient and the surgery. It reduces reliance on memory so that one person is not responsible for remembering every single step needed for a safe surgery.

The new three-phased SSCL was trialed last year in a world-wide study, led by the World Health Organization and Dr. Atul Gawande of the Harvard School of Public Health. The investigators found that using a SSCL could lead to reduced surgical complications and mortality, whether carried out in developed or developing nations. The study appeared in the January 29, 2009 print edition of the New England Journal of Medicine, and started a world-wide movement to adopt surgical safety checklists to improve patient safety.

8. What exactly is being publicly reported?

Beginning July 30, 2010, each eligible hospital will post on its website, by site, the percentage compliance where all three phases of the SSCL were performed for all surgical procedures in that period.

9. As a multi-site hospital, are you reporting the SSCL compliance percentage by corporation or by site?

All hospitals are to report SSCL percentage compliance by site.

10. How frequently is SSCL compliance being publicly reported?

Hospitals will be posting the bi-annual percentage compliance on the hospital's website; with the first reporting period will cover the months of April, May and June 2010.

11. Where can the public access this information?

Each Ontario hospital will have this information available on their website

In addition, the MOHLTC will also report the same information on its website www.ontario.ca/patientsafety.

12. What is considered a high rate or low rate of compliance?

Currently, the public reporting of our hospital's SSCL percentage compliance allows hospitals to establish a baseline from which they can track their percentage compliance over time. Should percentage compliance decrease at all over time, hospitals will know to look at their operating room processes and target areas for improvement.

13. How do we know that a hospital is safe?

Patient safety is a number one priority for all Ontario hospitals. The SSCL compliance percentage is just one indicator.

Patients should know that their hospital is safe, and that Ontario hospitals are committed to ensuring patients receive the highest quality of care possible.

14. What steps can hospitals take if their SSCL compliance rates are too low?

If low SSCL compliance rates are identified, hospitals can refer to the strategies, tools and resources outlined in the *Surgical Safety Checklist Implementation Toolkit*, developed by the OHA and the Ministry of Health and Long-Term Care. The toolkit contains evidence-based best practices and a step-by-step implementation approach to help hospitals improve their SSCL compliance.

15. How do I respond to a patient who asks about our SSCL percentage compliance?

Tell them the hospital's SSCL compliance percentage and explain that the hospital's operating room is safe, that the care they receive is top-notch and that every effort – on behalf of all hospital staff – is to ensure they receive the highest quality of care possible, and that the SSCL is simply one way of doing so.

If they are a patient waiting for surgery, tell them to expect the SSCL to be done for them. Alleviate any potential stress by re-enforcing that the checklist is similar to an airline pilot's cockpit checklist done before take-off on every flight. Explain how it is used by the team to familiarize themselves with a patient's medical history and special requirements, so they can go through all of the important steps that need to be done to ensure their surgery is the safest possible.

16. Can hospitals compare their SSCL compliance rates against other organizations? Why does your hospital's SSCL compliance rate compare unfavourably/favourably to hospitals in your city/LHIN?

The public reporting of hospitals' SSCL compliance rates is not intended to serve as a measure for hospitals to compare themselves against other organizations, or for the public to use as a measure of where to seek care.

Like other indicators, it is important to look at SSCL compliance percentage in a broader context. The percentages must be examined in order to get a sense of how hospitals are performing – where they excel and where improvements could be made. It is important to look at all of these indicators in combination.

17. Do hospitals face consequences for low compliance rates?

The public reporting of patient safety indicators, including SSCL compliance, has been mandated by the government to help hospitals improve performance, not penalize them.

We expect that ongoing efforts among hospitals will continue to be supported by the government and the OHA, and that hospitals will receive the resources and tools needed to continue to quality and performance improvements.

18. Are there costs associated with implementing a SSCL into a hospital/operating room setting?

SSCLs are simply communication tools that often lead to savings more than they lead to additional costs. By improving teamwork and communication in the operating room, hospitals can improve patient care and safety, decrease complications and deaths from surgery, and improve operating room efficiency.

19. How are hospitals ensuring that staff use the SSCL?

Hospitals are working to create a culture of patient safety, and this involves everyone in the organization – health care administration, health care professionals, and, of course, patients and families. If low compliance rates are identified, hospitals have a variety of tools and resources available to them through a *Surgical Safety Checklist Implementation Toolkit* that was developed by the OHA and the Ministry of Health and Long-Term Care. The toolkit contains evidence-based best practices to help hospitals improve their SSCL compliance.

20. Does the SSCL reporting capture an individual physician's performance related to checklist compliance?

The public reporting of patient safety indicators – including the SSCL compliance percentage – has been mandated by the government to help hospitals improve performance, not penalize them. What's more is the SSCL is inherently about improving teamwork, not just individual performance.

Overall, if we identify low SSCL compliance percentages, we will need to review our policies and procedures to ensure they better reflect the evidence-based patient safety practices outlined in the SSCLs.