

# Implementation of the Surgical Team Safety Checklist

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It is vital that all patients are correctly matched to their intended care and that checking processes are put in place to assist in reducing the number of preventable events that cause patient harm.

The Australian Health Ministers and the College of Surgeons have endorsed the WHO Surgical Safety Checklist to be implemented nationally by 1 July 2011. This Surgical Team Safety Checklist has been adapted by the SA Health Surgical Taskforce chaired by Doctor Rob Padbury.

Ensures correct site correct patient.

Antibiotic prophylaxis is most effective when antibiotics are administered < 1 hour prior to incision.

Confirm thrombo-prophylaxis by mechanical means and / or anticoagulant(s) to prevent VTE.

A discussion of 'critical or unusual steps' is intended to inform all team members of any steps that put the patient at risk.

<b>SURGICAL TEAM SAFETY CHECKLIST</b>		Affix patient identification label in this box	
<b>(MR 87)</b>		UR No: .....	
Hospital: .....		Surname: .....	
		Given Name: .....	
		Second Given Name: .....	
		D.O.B: ..... Sex: .....	
<b>The operating surgeon leads the completion of the checklist. During the in theatre check – all theatre attendees must participate. No other activities should be undertaken during this time.</b>			
<b>1. IN THEATRE – PRE INCISION</b>			
a)	Confirm all team members name and role is displayed on white-board or they have been introduced	Yes <input type="checkbox"/>	
b)	Correct patient?	Yes <input type="checkbox"/>	
c)	Correct site (check site marking)?	Yes <input type="checkbox"/>	
d)	Correct procedure?	Yes <input type="checkbox"/>	
e)	Is the consent signed?	Yes <input type="checkbox"/>	
f)	Does patient have an allergy? If yes, please provide detail: .....	Yes <input type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>
g)	Antibiotic prophylaxis (within last 60 minutes)	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
h)	Has thrombo prophylaxis been arranged? If yes, please circle type: Stockings / LMW / Heparin / Compression devices	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
i)	Is essential imaging available?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
j)	Surgeon review i) Are there any critical/unusual steps? If yes, provide detail: .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ii) What is the expected duration?	..... Hours ..... minutes	
	iii) Is there likely to be blood loss requiring transfusion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	iv) If the answer above is yes, is blood available?	Yes <input type="checkbox"/>	
k)	Anaesthesia review i) Are there any patient specific concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l)	Nursing review: i) Are there any equipment or other issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m)	Has any prosthesis (or special equipment) to be used in theatre been checked and confirmed?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>2. IN THEATRE – POST PROCEDURE</b>			
n)	Nurse verbally confirms with the team i) The name of the procedure recorded	Yes <input type="checkbox"/>	
	ii) That instrument, sponge, needle and other counts are correct	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	iii) Specimen is labelled correctly (including patient's name)	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
	iv) Are there any equipment problems to be addressed If yes, provide detail:.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
o)	Are there any unusual or specific concerns regarding recovery postop management? If yes, provide detail: .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>3. CHECKLIST CONDUCTED BY</b>			
Full name (Please print)		Designation	
Signature		Date ____/____/____	Time ____:____ AM/PM

SURGICAL TEAM SAFETY CHECKLIST

MR 87

SA Health  
Created January 2011

The Surgical Team Safety Checklist Policy has been released to ensure that a consistent approach to the checklist is achieved across SA Health.

Training and support materials have been provided to your health service; to assist in the implementation.

Further information can be found on the Safety and Quality website under Patient Identification/Surgical Team Safety Checklist.