Crew resource management in the OR takes another step forward with the World Health Organization’s (WHO) launch of Safe Surgery Saves Lives, which puts a new checklist, the surgical safety checklist (SSC), at the center of patient safety.

Preliminary results from 8 pilot sites worldwide indicate the checklist nearly doubled the likelihood patients would receive proven standards of surgical care. Adherence increased from 36% to 68%, and in some hospitals to nearly 100%. Final pilot study data will be available Fall 2008.

Atul Gawande, MD, MPH, associate professor of surgery at the Harvard Medical School and associate professor of health policy and management at the Harvard School of Public Health, led the global initiative, announced at a June 25 meeting in Washington, DC, attended by OR Manager.

Patient advocates, who played a key role in the initiative, call for health care professionals to embrace it.

"Make safe surgery a reality," says Susan Sheridan, leader of the Patients for Patient Safety program at WHO. “Do it in honor of those who have died and those who have been left disabled.”

Sheridan has experienced both. Her son’s cerebral palsy can be traced back to undiagnosed severe hyperbilirubinemia that resulted in kernicterus. Her husband’s diagnosis of a spinal cord tumor was delayed by 6 months due to miscommunication of a pathology report, a delay that she says likely contributed to his greater discomfort and ultimately, his death.

Low-tech checklist to yield big results

Checklists have long been integral to the start of a train, the take-off of an airplane, and the launch of a rocket, but only in recent years has medicine embraced their value. The SSC comprises a 3-phase process: sign in (before induction of anesthesia), time out (before skin incision), and sign out (before the patient leaves the operating room.) (See chart.)

“It’s a simple checklist that costs almost nothing,” said Dr Gawande at the launch meeting. A strength of the SSC is that additions and modifications to fit local practice are encouraged.

The only pilot site in the US was led by E. Patchen Dellinger, MD, professor and vice chairman, Department of Surgery, and chief, Division of General Surgery at the University of Washington (UW) in Seattle. UW has been using a version of the SSC since April.

Susan Banschbach, RN, MSN, CNOR, president of AORN, says WHO invited representatives from AORN and the Association for Perioperative Practice (AfPP, a United Kingdom organization) to Geneva in January for input into the final revision.

“We emphasized that this has to be a team approach,” says Banschbach. “It’s much more effective when surgeons, anesthesiologists, and nurses work as a team to ensure safety.”

The Safe Surgery Saves Lives initiative takes a 3-pronged approach:

- 10 essential objectives for safe surgery
- 5 surgical “vital statistics” to measure surgical capacity, volume, and results
- 1 SSC for each surgical procedure.
Collecting the vital statistics will enable comparison of surgical data from different countries.

Making it happen
What Dr Gawande referred to as the “American coalition” at the launch meeting included representatives from the American College of Surgeons, the American Society of Anesthesiologists, and AORN.

Banschbach says this same model will be important in implementing the checklist. She acknowledges that, “Someone has to coordinate it, and nurses are probably in the best position in the team to do so.” However, she adds, “It’s important that each professional association provides its members with information and stresses that it’s a team event.” Support from hospital and medical administrators will also be key.

Like most change, individual attitudes may hamper progress. Dr Dellinger shared the response of one surgeon when he brought the SSC to the General Surgery Division: “That sounds like a good idea if I don’t have to do anything I’m not already doing.” After much education, discussion, and an email that clearly outlined Dr Dellinger’s expectations, he says at least one-third of the general surgeons are now enthusiastic champions, and only a couple are not “taking it seriously.” At the launch, one perioperative nurse at UW said she first found the checklist “cumbersome” and was “skeptical,” but now, she added, it takes less than 1 minute to complete, and “if we don’t use it, it seems odd.” (The pilot was done only with general surgery patients.)

Dr Dellinger says the sign-in phase of the checklist may be completed before the surgeon is in the room, but adds, “The surgeon has to call for and lead the checklist.” The surgeon verifies the sign-in section if he or she was not present, then completes the other 2 phases with the team. The UW checklist, which is more detailed than the SSC, takes an average of 1 minute, 50 seconds to complete.
Each OR at UW has an enlarged version of the checklist that is attached by Velcro to the wall when not in use. When needed, the checklist is hung on an IV pole and brought to where the entire surgical team can see it. During the pilot, the nurse recorded that the checklist was completed and sent it to the data collection site.

Banschbach says the list isn’t much different from existing practice. “We are so used to doing these processes that it really shouldn’t add to turnover time.”

**What’s next?**

It’s hoped that 2,500 hospitals will be using the SSC by the end of 2009. The Surgical Care Outcomes Assessment Program in Washington State has a goal for all hospitals in the state to have implemented the checklist by the end of 2008.

Banschbach says AORN plans to post the SSC on its website and distribute laminated copies at a leadership meeting in July, among other plans. Many health care leaders believe the SSC will be refined to meet the Joint Commission requirements for completing and documenting the Universal Protocol and will become a permanent part of the medical record.

**Nurses and safety**

Sheridan reminds nurses of their special role in patient safety. “We trust and rely on nurses. They are the link between us and the surgeons and the health care system,” she says, adding, “We know it can be difficult to speak up when something is not right. The checklist is a mechanism and a vehicle for speaking up. It should help nurses feel empowered.”

—Cynthia Saver, RN, MS

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Learn more about Safe Surgery Saves Lives at [www.who.int/patientsafety/safesurgery/en](http://www.who.int/patientsafety/safesurgery/en). Here you can obtain tools and training materials, including the WHO Surgical Safety Checklist and Implementation Manual. According to the website, 381 hospitals worldwide have signed up to evaluate the SSC.