11.0 Core Services

11.3 Surgical

11.3.6 Surgical Safety Checklist

1.0 Purpose:

To provide clear directions to Vancouver Island Health Authority medical and hospital clinicians/staff on the implementation and utilization of the Surgical Safety Checklist(s). VIHA is committed to reducing complications and death associated with surgical procedures. The VIHA surgical safety checklist tool is based on the World Health Organization Safe Surgery Saves Lives Checklist, demonstrated to reduce the complications and mortality associated with surgical procedures.

The British Columbia Ministry of Health (MoH), Accreditation Canada, VIHA Quality and Patient Safety Council, and VIHA Medical Advisory Committee (HAMAC) have mandated the use of the Surgical Safety Checklist as a tool to improve surgical team communication and patient safety.

2.0 Policy

Compliance:

- A VIHA approved Surgical Safety Checklist will be used during all surgical procedures in VIHA surgical facilities.
- A permanent record of the completion of the checklist will be maintained on the patient’s health record.
- All members of the surgical team must actively participate when the checklist is being conducted.
- Participation will be measured with the PSLS report, ORSOS data reports, and regular site audits.
Non Compliance:

- If a surgical procedure is carried out without adherence to the safety checklist procedure a PSLS report will be filed.

- **Medical staff** who fails to participate will be addressed formally with disciplinary action through the Medical Staff Bylaws, Article 11/ Discipline and Appeal (page 29)
  
  - [https://intranet.viha.ca/pnp/pnpdocs/medical-staff-bylaws-vancouver-island-health-authority.pdf](https://intranet.viha.ca/pnp/pnpdocs/medical-staff-bylaws-vancouver-island-health-authority.pdf)

- **VIHA staff** who fails to participate will be addressed formally through progressive performance management as per the applicable collective agreement.

- **Managers and Site** Administration will address all participation concerns with the VIHA staff as per above.

- **Medical Leadership** will address all participation concerns with medical staff as per above.

### 3.0 Procedure

1. The appropriate VIHA surgical safety checklist tool will be displayed and/or available for all team members to consult during the all phases of the OR procedure.

2. Any member of the surgical team (nurse, surgeon, anesthesiologist, surgical assistant etc.) may initiate the use of the checklist.

3. In the absence of a team member initiating the safety checklist, the RN will be the default lead.

4. The surgical checklist is divided into three phases; the first two phases, ‘before induction’ and ‘before skin incision’, take place prior to the commencement of surgery (intervention, incision). The third phase, ‘sign out’, takes place towards the completion of the procedure.

5. All team members must be present and actively engaged in all three phases of the checklist. Although BCPSQC recommends that whenever possible and appropriate, patients are engaged in phase one of the checklist, all surgical team members must be present.
6. The minimum staff required to be present for all three phases include: one RN, the surgeon, the anesthesiologist.

7. Confirmation of the checklist completion is to be documented on the OR record.

8. The information is a permanent part of the chart and the data is extracted, audited, and reported monthly.

9. Site audits will be performed on a regular basis.

10. PSLS data will be monitored for safety checklist participation.

11. Audit results, improvement strategies put in place as a result of the checklist findings and audits, and follow up on operative team participation and success, are the joint responsibility of the medical and program staff and leadership.

12. The results will be provided to the individual and combined VIHA Quality Council Committees.

4.0 Related Policies and Standards

Phase 2.1 & 2.1.a:
5.0 References

4. Dyble J, Letter from Deputy Minister to CEOs. 2010
9. Surgical Checklist, Clinical Care Management