

Surgical Safety Checklist – Frequently Asked Questions

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 with the case, and to reduce 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.

2. Do hospitals use one standard SSCL? Why not?

The Canadian Patient Safety Institute has a SSCL that is generally considered the base for Ontario hospitals to use as a starting template. Hospital may adapt or customize the checklist to fit their individual circumstances, including case mix and the type of surgeries performed.

Because St. Mary's General Hospital and Grand River Hospital share medical staff, the two worked jointly to create a common SSCL.

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 hospital 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 compliance.

4. 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.

5. What keeps a hospital from having 100% compliance?

Rollout of SSCLs in hospitals has been a phased-in approach, which means some department 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 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 workflow varies in different surgical departments and different settings. In some cases physicians have had to completely reorganized their day in order to attend all three phases and this is not always easy due to their multiple completing priorities.

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

St. Mary's has been performing a version of the checklist for many years. The new three-phase checklist organizes all the important information contained in previous checklists at the right intervals in time.

7. How frequently is SSCL compliance being publicly reported?

Hospitals will post the bi-annual percentage compliance on the hospital website. The first reporting period will cover April, May and June, 2010.

8. Where can the public access this information?

The information for St. Mary's is available at www.smgh.ca and the MOHLTC will also report the same information on its website www.ontario.ca/patientssafety.

9. 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.

10. 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 organization, 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 factors in combination.

11. 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. A low percentage would prompt the hospital to review its policies and procedures to

ensure they better reflect the evidence-based patient safety practices outline in the SSCLs.