

Operating Theatres & Anaesthetics Checklist

The Care Quality Commission will be inspecting our organisation w/c 7 December and the areas below are some of the things which the inspectors will look for when they come to your service. To help you present your service as you would want, the checklist below may be a useful tool to use.

SAFE	Yes	No	Action required
How are incidents reported, lessons learned and shared with staff?			
Check that all staff are aware of the Duty of Candour and do they understand the requirements of Duty of Candour?			
Is the service open and transparent when things go wrong e.g. evidence of involving patient/relative in incident investigation or follow up			
Check if staff are aware of the Major Incident and Business Continuity plan			
Are there practices for major incidents?			
What staff training is there in relation to the Major Incident plan?			
How are safety alerts disseminated to staff and where is any action taken recorded?			
The service response to a Major Incident should be consistent with the Trust Major Incident Plan. It may be part of the service operational policy, or the Trust Major Incident Plan, or both.			
How is safety or patient harm data collected? E.g. theatre generated pressure ulcers			
Is a record made of the positioning of the patient in the patient's perioperative care plan?			
Are patient outcomes reviewed and improved through the use of care bundles e.g. SSI bundle			
Is there a standardised handover procedure of patients from theatre to recovery?			
Does the service ensure that professional or national standards for theatres are implemented?			
Check compliance of staff mandatory training			
Are the Managers aware of the current status of the staff regarding mandatory training?			
Have staff been trained in safeguarding to the required level for their role?			
Check the observed skill mix/nursing numbers comply with expectations. Check if staffing levels comply with national AfPP staffing guidelines to ensure minimum safe staffing levels			
Are requirements within Recovery being met e.g. staffing numbers, environment etc.			
Check that all new starters, agency and locum staff complete an induction and have a review of competencies for the expected role.			
Check that arrangements are in place for monitoring and reviewing staff sickness, vacancy and turnover levels			
The service should have arrangements for equipment management covering: <ul style="list-style-type: none"> - Procurement and management of equipment and consumables - Installation assurance - Calibration, operation and performance of equipment - Equipment maintenance (service contracts and maintenance schedules) covering planned maintenance and 24/7 breakdown or unscheduled maintenance - Do staff keep a track of equipment service and maintenance? - Contingency plans in the event of equipment breakdown - Monitoring and management of equipment failures and faults - Ensuring safety warnings, alerts and recalls are circulated and acted upon within specified timescales - Programme of equipment replacement and risk management of equipment used beyond its replacement date - Ensure equipment checklist has been completed (according to agreed frequency) and kept for archiving 			



SAFE	Yes	No	Action required
Consumables			
<ul style="list-style-type: none"> - Check that the relevant staff understand regulation, policy and guidance at international, national and local level in relation to governance and good practice relating to stock and single use medical devices - Is there a recognised order process category for each item, e.g. stock and non-stock orders, blanket orders and 'top up' 			
Stock rotation - reducing out of date items			
Have staff received job specific and equipment training?			
Ensure WHO checklist is in use and compliant against the policy. Are audits undertaken and actions taken as required?			
Ensure all fluids are stored appropriately			
Check blood and blood product management systems are in place and adhered to			
Check that the service has appropriate facilities and equipment to deliver the expected operations and procedures.			
Facilities and equipment should comply with all relevant standards and should ensure the following:			
<ul style="list-style-type: none"> - Appropriate separation of children and adults (i.e. recovery) - Immediate availability of resuscitation equipment for children and adults, which is checked in accordance with the Trust policy 			
Ensure vital signs recording equipment is in place and working such as sphygmomanometer/Dynamap(s), Thermometers etc.			
Moving and handling aids should be available and appropriately maintained.			
Check in patients notes that for each procedure, patients have been offered written information, and the opportunity to discuss the following:			
<ul style="list-style-type: none"> - Preparation for the procedure - Types of anaesthesia offered - Any side effects 			
Check through patients notes for patient information sheet			
Check through patient notes for completeness of record keeping, consent, etc.			
Ensure that Theatre and Anaesthetic Services have a Clinical Director, Lead Nurse and lead Manager with responsibility for staffing, training, guidelines and protocols, governance and liaison with other services			
Count record			
Check if a copy of the count record has been retained in the patient's notes indicating the names of the scrub and circulating staff responsible for the final count. Where electronic records are utilised the record should indicate the names of the scrub and circulating staff responsible for the final count			
Responsibility for counts			
<ul style="list-style-type: none"> - The same two perioperative personnel should perform all the counts that are done during a surgical procedure. - The team brief should discuss the staff allocation to scrub and count which should remain consistent throughout the procedure. - Where it is known that the operative procedure may take longer than six hours to complete, a risk assessment should be undertaken to ensure that the scrub and circulating practitioner are able to practice for the duration of the case and to plan for the case continuance if circumstances require. 			
Instruments			
<ul style="list-style-type: none"> - The staff involved in the counting procedure must be able to recognise and identify the instruments and medical devices in use. - Tray lists should be available providing an accurate record of instruments. Instruments should be counted audibly, singularly and viewed by the scrub practitioner and allocated circulator. Instrument trays should be standardised to assist with the count. 			

SAFE	Yes	No	Action required
Check that Clinical guidelines are in use covering at least:			
<ul style="list-style-type: none"> - Mental Capacity Act (MCA) - where the MCA was applicable was it followed appropriately? - Management of patients with allergies - Post-operative management of epidural anaesthesia and peripheral nerve catheters - Blood transfusion including blood component therapy, intra-operative cell salvage and management of massive haemorrhage - Management of suspected anaphylaxis during anaesthesia - Peri-operative management of bariatric patients - Management of patients with diabetes - Management of hypothermia - Ensuring that NICE Clinical Guideline 65 on inadvertent Perioperative Hypothermia is implemented - Management of post-operative nausea and vomiting - Management of patients with trauma - Management of sepsis - Management of acute unplanned surgical care - Conditions requiring antenatal referral to an anaesthetist (available to both obstetricians and midwives) 			
Check that staff are aware of the Mental Capacity Act and check that they have a clear understanding of their responsibilities			
Check that the Trust resuscitation policy is in use and is adhered to.			
Ensure Resus Trolley is in place, checked and accessible.			
Are the Resus Trolley checks carried out daily by the nurses and logged in a log book or log sheet? Are these being kept for archiving?			
Ensure that the management of sharps complies with H&S Regulation 2013 and/or local Trust Policy			
Tracking and traceability systems			
<ul style="list-style-type: none"> - Surgical instruments - tracking system compliance - Decontamination - tracking system - Specimen tracking - Implant records for breasts, hips, knees (as per national guidance, National Joint registry). Is this being recorded accurately and logged with national database (hips and knees) 			
Infection Control			
Check that Guidelines on infection control are in use e.g.			
<ul style="list-style-type: none"> - Care of patients with suspected or confirmed contagious and communicable diseases and/or suppressed immune systems, including patient care before, during and after their procedure - Decontamination of equipment and environment, including before and after use by patients with suspected or confirmed contagious or communicable diseases - Use of single-use, disposable equipment - Is there evidence of good environmental cleaning with accurate records? - Are intubation trollies clean and dust free? 			
Guidelines should be consistent with, and may be part of, the Trust infection control policy.			
Environment Cleaning			
<ul style="list-style-type: none"> - Check that all working surfaces are cleaned in accordance with the local infection prevention and control policy and cleaning guidelines - Check that the Theatre manager maintains records of cleaning schedules, deep cleans and that a schedule of cleaning is available on request 			

SAFE	Yes	No	Action required
Management of Drugs and Anaesthetic Agents Guidelines on the management of drugs and anaesthetic agents should be in use covering at least: <ul style="list-style-type: none"> - Roles and responsibilities - Security and storage - Prescription, including prescription of unlicensed medicines and controlled drugs - Preparation and administration - Identification and management of extravasation - Identification and management of patients at risk of adverse reactions - Management of continual infusion and patient-controlled analgesia - Prescribing of drugs to take home for day case patients - Control of waste anaesthetic gases - Is there a standard in place relating to the frequency in which Pharmacist inspectors assess medicines management in theatres? Is this being compiled with? - Are medicines refrigerators cleaned at least monthly and serviced annually? - Are daily refrigerator temperature monitoring undertaken? Ensure systems are in place which provide assurance that: medicines are administered, stored and handled safely and securely; in accordance with the prescribing practitioner's instructions; and records comply with legislative requirements and current best practice			
Check the system that is in place for notice of estates work and permission to disconnect services etc. e.g. ventilation shut downs for maintenance			
Is there a guideline for the management of keys and drug cupboards within theatres?			
Is there a list in place showing the names of nurses authorised for ordering and receiving medicines?			
Are Controlled drugs kept in a lockable cupboard s in the theatres, recovery rooms and theatre stores?			
Check if there is a visitor/guest policy in use			
EFFECTIVE	Yes	No	Action required
Check that appraisals/supervision is undertaken. Evidence of appraisals/PDRs, training, revalidation etc.			
Check training and development including			
<ul style="list-style-type: none"> - One to one meetings - Mandatory training - Coaching & mentoring 			
Check the Trust consent procedure has been followed and signed consent form in all patient's notes			
<ul style="list-style-type: none"> - Check that consent forms are fully completed with legible writing and signature 			
Check that the risks, benefits and alternative options are evidenced on the consent form			
Check if local and national audits are carried out			
The service should have systems for ongoing review and improvement of quality, safety and efficiency, including at least:			
<ul style="list-style-type: none"> - Theatre utilisation - Staff utilisation 			

EFFECTIVE	Yes	No	Action required
Regular data collection and monitoring should cover:			
<ul style="list-style-type: none"> - Theatre utilisation, theatre session over-runs and under-runs - Activity levels - Timed clinical events along the patient pathway - Achievement of agreed timescales for responding to emergency, urgent and planned demand - Operations on 'high risk' surgical patients carried out under the direct supervision of a consultant surgeon and consultant anaesthetist - Operations on patients with a predicted mortality of >5% where the consultant surgeon and consultant anaesthetist are present for the operation 			
A 'theatre dashboard' of relevant information may be used.			
For Major Trauma Centres data on achievement of timescales should include readiness of staffed and equipped emergency theatre, with equipment, instrumentation and supplies available when the patient arrives.			
Check if there is a cancellation process/policy and if it is being adhered to			
Check if achievement of cancellation rate is being met			
Are hospital initiated cancellations recorded and escalated for review? (? By Senior Executive)			
Check that there are regular checks and recording of the number of cancellations of surgery and that action is taken to minimise this and that reasons are documented.			
Is there an analysis of late start surgery? Are the reasons documented and reviewed?			
Check that Guidelines are in use covering at least:			
<ul style="list-style-type: none"> - Pre-assessment, including antenatal referrals - Check if the patient's notes contain a VTE risk assessment. Is this also completed for day case patients? - Pre-operative care - Assessment prior to anaesthesia and procedure - Range of anaesthetic techniques normally offered for each procedure - Use of WHO Safer Surgery Checklist - Anaesthetic assistance throughout the procedure. - Monitoring during anaesthesia and recovery - Post-operative care - Post-surgery review - Recognition and treatment of complications, including involving other services as required - Handover to post-anaesthetic care (Recovery) 			
Checking Procedure			
<ul style="list-style-type: none"> - Check that provision has been made in the theatre for a standardised dry wipe count board which states all relevant items used. This board should be permanently fixed to the theatre wall and be at a height and in a position that facilitates access and visibility during the procedure - Pharyngeal packs should contain a radio opaque marker. The anaesthetist is responsible for pharyngeal (throat) packs placed in the patient prior to or during an operation (AfPP2011). The insertion and removal of the pharyngeal (throat) pack should be documented on the anaesthetic record and the theatre dry wipe count board. The NPSA recommend one visual and one documented method to identify placement and removal of the pack (NPSA 2009). 			
Check adherence to the Surgical Site Bundles?			
Check participation in Enhanced Recovery Pathways			

CARING	Yes	No	Action required
Is there evidence to show that patient confidentiality is maintained at all times?			
Care of the dying or deceased patient - relatives and privacy etc.			
Check the system that is in place to ensure that staff are aware of which patients had previously consented to organ donation.			
Immediate advice must be sought from the coroner, via the consultant in charge. The coroner must be told and must agree before organs can be removed			
How do staff make sure that the patient's privacy, dignity has been maintained at all times?			
Check the management of patient's belongings (especially; false teeth, glasses and hearing aids)			
Do staff have an understanding of personal, cultural and religious needs?			
How do staff support people who require a language interpreter or sign language, learning disabilities			
Observe caring staff and patient interactions			
RESPONSIVE	Yes	No	Action required
Ensure there is access to interpreters and/or signing services			
Systems for caring for patients with learning disabilities or dementia			
Does the service provide appropriate facilities for bariatric patients?			
Responding to peaks and troughs in activity			
What system is in place for monitoring cancellations of surgery?			
Have any trends in cancellations been identified and what action has been taken as a result?			
Managing demand for patients requiring critical care post operatively			
WELL-LED	Yes	No	Action required
How are staff kept informed of developments, changes etc. and how can staff feed into the departments plans and ways of working?			
Are staff clear about their roles and what they are accountable for?			
What are the governance arrangements for the service?			
Is there an audit calendar for the service and have any service improvements being made based on the outcome of any audits?			
Are there comprehensive assurance systems and service performance measures, which are reported and monitored, and is action taken to improve performance?			
Is action taken to address behaviour and performance that is inconsistent with the vision and values of the service, regardless of seniority?			
Have financial pressures ever compromised the quality of the service delivered?			
Is there a systematic programme of clinical and internal audit, which is used to monitor quality and systems to identify where action should be taken?			
What innovative practice is being carried out?			