



Provincial Health Services Authority

SURGICAL AND PROCEDURAL SAFETY CHECKLIST (S-PSCL) PROCEDURE

Summary of Changes

	NEW	Previous
BC Cancer	Adapted PHC document to convert from policy to procedure. Content change to reflect current practice	Policy document

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SURGICAL SAFETY CHECKLIST PROCEDURE

1. Introduction

1.1. Focus

The purpose of this procedure is to establish a communication process that encourages team conversation among all Staff in a surgical and procedural health environment with the aim to:

- Establish awareness of the case at hand;
- Plan for and/or mitigate anticipated adverse events;
- Reduce unnecessary delays; and
- Identify near-miss events.

This procedure applies to all patients:

- That receive general anesthetic, procedural conscious sedation
- That receive neuraxial anesthesia with or without sedation
- That undergo a procedure that enters beyond the dermis i.e.: mastectomies, prostate brachytherapy,

1.2. Health Organization Site Applicability

This procedure applies to all BC Cancer Centers with Perioperative and Brachytherapy Programs.

1.3. Practice Level

Physician Specialists and Physician Designates

- Physician Designates must initiate and complete all three phases of the S-PSCL as outlined in section 2.3 Checklist Phases. An Anesthesiologist can only initiate the Briefing phase if assigned as a Physician Designate.

Nursing and Allied Staff in the Procedure or Operating Room

- Nursing and Allied Staff will actively participate in all phases of the S-PSCL.

Area/Unit Manager and Related Clinical Leaders or Directors

- Will support Staff in enabling this process; and ensure the entire procedural or surgical team is in compliance with this procedure.

1.4. Definitions

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Briefing: Done to confirm the correct patient, correct procedure, correct side, and the correct equipment and supplies are available, as well as address any team concerns before any anesthetic agent is administered.

Debriefing: Done at the conclusion of the case and before the patient leaves or is transferred out of the procedure or operating room. It is at this stage that the procedure performed is confirmed, and intra- or post-procedure concerns are discussed e.g. pain management, recovery destination, etc.

Interventional or Diagnostic Procedure: Includes, but is not limited to interventional radiology or cardiology procedures, endoscopy, bronchoscopy and colonoscopy procedures. For a list of applicable medical imaging procedures, see Appendix 1 in the Universal Protocol for Invasive Medical Imaging Procedures.

Physician Designate: The anesthesiologist, fellow, senior resident or surgical assistant (in swing rooms only) who will be part of the procedural or surgical team assigned to the patient, and will be present in the room during the surgery or procedure.

Procedural Team or Surgical Team: May consist of a surgeon, anesthesiologist, radiologist, physician specialist, fellow, resident, registered nurse, licensed practical nurse, technician, technologist, sonographer and/or students involved in the care of the patient while undergoing an interventional or diagnostic procedure.

Staff: All employees (including management and leadership), medical staff (including physicians, and nurses), residents, fellows and trainees, health care professionals, and students.

Swing Rooms: Two separate operating or procedure rooms with some degree of overlap between the cases due to staggered start times; a single attending physician specialist is responsible for both rooms.

Time Out: Done as a FINAL CHECK prior to the start of the procedure or surgery. Concerns brought up in the time out must be verified and settled before the procedure or surgery begins.

1.5. Need to Know

All members of the team are responsible for ensuring the S-PSCL is completed on every patient in a collaborative process. Team members are encouraged to ask if they are uncertain if a phase has been completed. Please refer to the [PHSA Stop the Line to Ensure Patient Safety Policy](#).

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If a section of the Surgical Safety Checklist is not completed, any member of the surgical team who recognizes the omission should speak out to ensure compliance. Deficiencies in completing all or part of the Safe Surgical Checklist are to be reported in [Patient Safety Learning System](#) and managed by the assigned handler in a timely fashion.

Audits will occur quarterly. Audit results, and action plans for improvement. These audits will be submitted to Regional Center leadership and Quality, Safety and Accreditation.

1.6. Equipment and Supplies

Please refer to [Appendix B: BC Cancer Surgical Safety Checklist Guide](#)

2. Procedure

2.1. Steps and Rationale

2.1.1 Prior to Surgery or Procedure

A. Site Marking

The procedure or surgical site is performed according to the [Universal Protocol for Invasive Medical Imaging Procedures](#).

Entering Procedure or Operating Room

Bring patient into the procedure or operating room only once the attending Provider is readily available and on site.

1. Identify the correct patient.
2. A member of the procedural or surgical team must be assigned the responsibility of patient identification and communication to all team members.
 - a) Refer to [VPP Patient Identification](#) policy. The patient, if able, is asked to state (not confirm) their name and date of birth. For patients admitted with an ID wristband, patient identification must be verified against the patient's ID wristband.
 - b) If there are language barriers, refer to [PHSA Language Access Policy](#) and consider PHSA Interpreting and Translation Services.

B. Assignment of Physician Designate

If the attending Physician Specialist plans to assign a Physician Designate, the attending Physician Specialist must:

- i. Identify and speak with the Physician Designate;

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- ii. Confirm and communicate with the entire procedural or surgical team that they have spoken to and discussed the identified case/patient with the Physician Designate; and
- iii. Confirm and communicate that the Physician Designate has agreed to initiate the S-PSCL on the identified case/patient on behalf of the same attending Physician Specialist.

C. Checklist Phases

Prior to start of a surgery or procedure and in the presence and full participation of the entire procedural or surgical team, the attending Provider or their Designate will:

1. Call for everyone's attention for a formal pause to initiate the S-PSCL.
2. The Physician Specialist or their Designate must initiate the checks in ALL the phases indicated in the S-PSCL.
3. Complete each of the three phases of the S-PSCL and document the intra-operative in Cerner or the procedural record. The S-PSCL must be available for reference in the Operating Room

I. Briefing:

Before the Induction of Anesthesia or Administration of Procedural Sedation,

Members of the Procedural or Surgical Team will:

1. Introduce themselves and their roles in person to the patient.
2. Confirm that the completed informed consent matches the scheduled procedure or surgery (and side, if applicable).
3. Verify allergies (if applicable).
4. Communicate the patient positioning required (including any planned intraoperative repositioning).
5. Confirm that the patient specific implants are on site and available, and the vendor representative is present (if applicable).
6. Verify that required equipment and supplies for the case are onsite and available.

Specific Surgical Procedures:

- For patients having a regional block prior to entry into the procedure or operating room, a separate briefing must be completed by the Anesthesiologist (Appendix A).
- For procedures involving multiple Physician Specialists, it is the responsibility of the most responsible physician (MRP) to ensure that all Physician Specialists are available.
- In the Operating Room, it is the responsibility of the circulating nurse, scrub nurse and surgeon to confirm any implant(s) prior to implantation.

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Vendor Representatives:

- The vendor representative may only provide technical support and education.
- The vendor representative must NOT open sterile implant packaging, nor provide the implant(s) directly to the surgeon.

II. Time-Out: Before Introduction of Scopes or Before Initial Incision/Injection

A Time-Out will be performed prior to the start of the procedure e.g. skin incision or introduction of scopes, etc. All members of the procedural or surgical team must:

1. Take a complete pause from individual physical tasks or verbal discussions, to actively participate and give full attention to all the components of this phase.
2. Make sure all issues, concerns and questions identified during this phase are addressed before the procedure or surgery begins.

III. Debriefing: Before Patient is transferred out of the Procedure or Operating Room

Debrief at the conclusion of the procedure or surgery to confirm exactly what procedure or surgery was performed on the patient, and to identify any intra- or post-procedural or surgical concerns from the team.

2.2. Documentation

Procedures done by Anesthesiology personnel shall be documented in the patient medical record in their own anesthesiology record.

Nursing shall document on the intra-operative in CST or the procedural record.

3. Related Documents and References

3.1. Related Documents

[Stop the Line to Ensure Patient Safety](#)

[Patient Safety Learning System](#)

[VPP Patient Identification Policy](#)

[PHSA Language Access Policy](#)

3.2. References

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4. Appendices

[Appendix A: Anesthesia Briefing – Regional Blocks](#)

[Appendix B: BC Cancer Surgical Safety Checklist Guide](#)

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Appendix A: Anesthesia Briefing – Regional Blocks

The anesthesiologist led briefing for a regional block must include the following:

1. Confirmation of correct patient
2. Confirmation of procedure by asking the patient and checking the consent
3. Confirmation and marking of the limb/side, if appropriate
4. Confirm allergy status
5. Confirm if patient is on any anticoagulation medication
6. Confirm appropriate monitors, resuscitation equipment and functioning IV

This must be performed with the anesthesiologist, patient and another health care professional.

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Appendix B: BC Cancer Surgical Safety Checklist Guide

BRIEFING: Before Induction of Anesthesia or Administration of Procedural Sedation	TIME-OUT: Before Initial Incision or Introduction of Scopes	DEBRIEFING: Before Patient is Transferred Out of the Operating Room
<input type="checkbox"/> Patient identification <input type="checkbox"/> Known allergies <input type="checkbox"/> Confirmed consent <input type="checkbox"/> Surgical site & site marked/Not applicable <input type="checkbox"/> Patient positioning <input type="checkbox"/> Equipment/implants/imaging available or not applicable <input type="checkbox"/> Antibiotic prophylaxis/Not applicable <input type="checkbox"/> Any patient specific concerns or alerts? Signature _____ Printed Name _____ Date/Time _____ _____	<input type="checkbox"/> All team members introduced themselves by name <input type="checkbox"/> Patient name <input type="checkbox"/> Known allergies <input type="checkbox"/> Procedure and consent <input type="checkbox"/> Surgical Site and side/ Not applicable <input type="checkbox"/> Antibiotics given/Not applicable <input type="checkbox"/> VTE/DVT Prophylaxis <input type="checkbox"/> Are there any other concerns/anticipated critical events before proceeding? Signature _____ Printed Name _____ Date/Time _____ _____	<input type="checkbox"/> Surgical Procedure to be recorded <input type="checkbox"/> Counts complete/Not applicable <input type="checkbox"/> Specimen number/type documentation complete and correct <input type="checkbox"/> Equipment issues to be addressed/Not applicable <input type="checkbox"/> Surgeon/proceduralist/anesthesiologist and nurse to review key concerns for recovery and management of patient <input type="checkbox"/> If perioperative incident has occurred, any PSLS required/Not applicable? <input type="checkbox"/> Any final concerns for patient's recovery? Signature _____ Printed Name _____ Date/Time _____ _____
<input type="checkbox"/> Nursing <input type="checkbox"/> Surgery <input type="checkbox"/> Anesthesia <input type="checkbox"/> Radiation Therapist	<input type="checkbox"/> Nursing <input type="checkbox"/> Surgery <input type="checkbox"/> Anesthesia <input type="checkbox"/> Radiation Therapist	<input type="checkbox"/> Nursing <input type="checkbox"/> Surgery <input type="checkbox"/> Anesthesia <input type="checkbox"/> Radiation Therapist

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