

Safety Checklist (Procedural) for PHC Endoscopy/GI Suites

Site Applicability

SPH and MSJ: Endoscopy/GI suites

Skill Level

Basic: within the scope of practice of every RN and physician in endoscopy/GI.

Related Documents and Resources:

1. PHC Surgical Site and Side Identification Policy (34-100)
2. PHC Surgical safety Checklist Policy (55-450)

Need to Know:

In the Endo/GI suite the briefing and time out phases of the Safety Checklist are completed concurrently, before the patient receives sedation. The debriefing phase is completed before the patient leaves the Endo/GI suite.

All patients having an Endo/GI procedure must have the Endoscopy Safety Checklist completed. The entire Endo team will ensure that the Safety Checklist has been completed. The checklist will be led by the physician or designate as described in the Procedures section below.

The purpose of the Safety Checklist is to:

- Reinforce accepted safety practices by using the Safety Checklist as a tool to: foster better communication and teamwork amongst endoscopy team members, and to reduce unnecessary delays and complications or adverse events.
- The Safety Checklist is used as an opportunity to verify that critical safety steps are consistently completed during 3 strategic phases:

Briefing: before sedation

Time Out: before scope insertion

Debriefing: before patient leaves the Endo/GI suite

PRACTICE GUIDELINE

Procedures

Briefing/Time Out: Before Sedation

The physician or RN may initiate the **briefing/time out** and the subsequent procedures with the team present in the room.

- Before scope insertion, all members of the endoscopy team take a complete pause (of physical tasks and verbal discussions) to participate in the Safety Checklist **briefing/time out phase**.
- It is a shared responsibility of the physician and RN to ensure that the **briefing/timeout** is initiated and completed appropriately.

Debriefing: Before Patient Leaves the Endo/GI suite

- Occurs at the end of the case and prior to the patient leaving the Endoscopy suite.
- It is a shared responsibility of the physician and RN that this phase be completed; the **debriefing** may be initiated by the physician or RN.

See [Appendix A](#) for items discussed in the briefing/time out and debriefing phases.

Documentation:

The completion of the Safety Checklist must be documented on the Endo/GI record (form PHC-GI008) for every case.

References:

1. Haynes AB, Weiser TG, Berry, WR, et al (2009). A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population. NEJM, 360 (5), 491-497.
<http://content.nejm.org/org/cgi/content/full/NEJMsa0810119>.
2. World Health Organization (2009) Guidelines for Safer Surgery: safe surgery saves lives. Accessed at: <http://www.who.int/patientsafety/safesurgery/en> April 11 2017
3. Surgical Safety Checklist Policy (Policy Number CP_100), Vancouver Coastal Health

NURSING PRACTICE STANDARD

B-00-13-10185 – Safety Checklist Endoscopy

Persons/Groups Consulted:

Nurse Educator OR, MSJ

Patient Care Manager, OR, PACU, SDCU, Endo, Breast Clinic, DT Procedure Room, MSJ

Patient Care Manager, Surgical Ambulatory Clinics, SPH

Gastroenterologist, MSJ and SPH

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Approved By: Professional Practice Standards Committee


Date of Creation/Review/Revision:

September 2017

Appendix A: Procedural Safety Checklist

PHC Procedural Safety Checklist

GI / Endoscopy Suite



Briefing / Time Out

On arrival in Endo Suite, before PSA administration and before scope insertion

- ☐ **Slate review**
- ☐ **Equipment Safety Check** *(Completed at the beginning of the day)*
 - Monitoring equipment
 - Suction
 - Oxygen
 - Endo equipment
- ☐ **Instruments and supplies available**
 - Scopes
 - Biopsy forceps
- ☐ **Pre-procedure Patient Checklist completed**
- ☐ **Patient information confirmed**
 - Identification
 - Allergies
 - Procedure consent
- ☐ **Patient-specific concerns communicated**
 - Isolation precautions
 - Medication needed intra-procedurally
 - Positioning needs

Debriefing

Before Patient Leaves Endo Suite

- ☐ **Endoscopy procedure verified**
- ☐ **Specimen verified**
- ☐ **Equipment problems identified**

55-453 Procedural Safety Checklists: Providence Health Care
R/NC/PS/SG/TV Aug 2017