

Surgical and Procedural Safety Checklist (S-PSCL)

1. Introduction

1.1. Purpose

The purpose of this policy 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.

1.2. Scope

This is a joint policy between Providence Health Care (PHC) and Vancouver Coastal Health (VCH).

This policy applies to all VCH and PHC Staff in all VCH and PHC affiliated inpatient and outpatient facilities including where invasive [Interventional or Diagnostic Procedures](#) are performed.

1.3. Exceptions

There are no exceptions to this policy.

2. Policy

2.1. Prior to Surgery or Procedure

2.1.1. Site Marking

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

2.2. Entering Procedure or Operating Room

The patient will be brought into the procedure or operating room only once the attending Physician Specialist is readily available and on site.

A member of the procedural or surgical team must be assigned the responsibility of patient identification and communication to all team members. Patient identification must be performed using two acceptable patient identifiers and matching the patient to the correct care intervention. 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. If there are language barriers, appropriate steps need to be taken to allow patient participation.

2.3. Assignment of Physician Designate

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

- Identify and speak with the Physician Designate;
- 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
- 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.

2.4. 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 physician or their designate must call for everyone's attention for a formal pause to initiate the S-PSCL. The Physician Specialist or their Designate must initiate the checks in ALL the phases indicated in the S-PSCL. The completion of each of the three phases of the S-PSCL must be documented on the intra-operative or the procedural record.

2.3.1. Briefing: Before the Induction of Anesthesia or Administration of Procedural Sedation

Members of the Procedural or Surgical Team will:

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

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.

- 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.

2.3.2. 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:

- 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.
- Make sure all issues, concerns and questions identified during this phase are addressed before the procedure or surgery begins.

2.3.3. Debriefing: Before Patient is Transferred out of the Procedure or Operating Room

Debriefing must be done 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.

3. Responsibilities

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.**

3.1 Physician Specialists and Physician Designates

Physician Specialists and 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.

3.2 Nursing and Allied Staff in the Procedure or Operating Room

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

3.3 Area/Unit Manager and Related Clinical Leaders or Directors

- Will support Staff in enabling this policy; and
- Ensure the entire procedural or surgical team is in compliance with this policy.

4. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members may warn others if they observe a violation of this policy. Non-compliance with this policy will result in a review of the incident. The incident shall be reported to the Operations Director and the Division/Department Head. Failure by staff to comply with this policy may result in disciplinary action up to and including termination of employment, services or privileges.

5. Supporting Documents

5.1 Related Policies

- [Patient, Client, and Resident Identification Policy](#)
- [Patient Identification and Time Out Medical Imaging Policy](#)
- [Surgical Site Identification Policy](#)
- [Surgical Count Policy](#)
- Intentionally Retained Surgical Items Policy (*in progress*)

5.2 Guidelines/Procedures/Forms

- [Surgical Safety Checklist Example](#)
- [FAQ: Surgical Safety Checklist](#)
- [Universal Protocol \(Time-Out\) for Invasive Medical Imaging Procedures](#)
- [LMMI Interventional Radiology Procedure Checklist](#)
- [VCH/UBCH Interventional Radiology Procedure Checklist](#)
- [Protocol - Cardiac Procedure Room: Cardiovascular Implantable Electronic Devices](#)

6. Definitions

“Briefing” is 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” is 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” means 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.

“Physician Specialist” means the lead medical or surgical specialist performing the 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” means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care

professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH or PHC.

“Swing Rooms” means 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” is 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.

7. References

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8. Appendices

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

Questions

Contact: [Regional Surgical Program](#)

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.