TITLE
SAFE SURGERY CHECKLIST

SCOPE
Provincial: Surgical Suites

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

• To enhance safe surgical care by initiating and completing an approved Alberta Health Services (AHS) Safe Surgery Checklist for every patient undergoing a surgical intervention in an operating room in an AHS facility or in a contracted non-hospital surgical facility.

PRINCIPLES

The AHS Safe Surgery Checklist is designed to assist surgical teams to reduce the number of preventable surgical complications, improve efficiency and further improve surgical outcomes for patients. Use of an approved AHS Safe Surgical Checklist is a requirement for accreditation.

The AHS Safe Surgery Checklist helps focus the entire team on patient safety at three critical stages, or phases, during the surgical procedure or intervention:

• Before induction of anesthesia - BRIEFING
• Before skin incision - TIME OUT
• Before patient leaves operating room – DEBRIEFING

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS
1. **Point of Emphasis**

1.1 The AHS Safe Surgery Checklist shall be used during all surgical interventions undertaken in AHS operating rooms in AHS facilities and contracted non-hospital surgical facilities.

1.2 Compliance is measured by completion of all three stages of the surgical-briefing, surgical-time-out, and surgical-debriefing, and requires the participation of the entire surgical team during these phases, to ensure effective communication of the Safe Surgery Checklist.

1.3 Refer to AHS Surgical Site Verification And Marking For Surgical Interventions Procedure for requirements regarding surgical site verification and marking.

2. **Completion of Safe Surgery Checklists**

2.1 Surgical teams shall undertake a process to identify, establish, implement and complete an approved safe surgery checklist for all surgical interventions.

2.2 The attending surgeon or alternative surgeon, the attending anesthesiologist or alternative anesthesiologist, and circulating nurse or scrub nurse, shall be present for surgical-briefing, surgical-time-out and surgical-debriefing.

2.3 In circumstances where multiple surgical teams are present for a single patient undergoing multiple procedures, the attending surgeon or alternative surgeon, the attending anesthesiologist or alternative anesthesiologist, and circulating nurse or scrub nurse, shall be present for surgical-briefing and surgical-time-out for each distinct procedure.

2.4 Following the completion of multiple procedures for a single patient, the most responsible surgeon, the attending anesthesiologist and circulating nurse or scrub nurse shall all be present at surgical-debriefing. This means the identified surgical team responsible for each procedure.

2.5 Surgical-briefing, surgical-time-out and surgical-debriefing sections of the AHS Safe Surgery Checklist shall be completed in the order they appear and prior to proceeding to the next step in the surgical procedure.

2.6 The AHS Safe Surgery Checklist shall be considered complete for each patient when the surgical team determines that all of the necessary steps at surgical-briefing, surgical-time-out, and surgical-debriefing, have been completed.

2.7 In an emergency situation, the most responsible health practitioner shall use discretion in determining which sections of the checklist shall be completed. This determination shall be subject to whether there is greater risk in taking the time required to complete the checklist than there is benefit to the patient. Documentation in the patient’s health record regarding surgical-briefing, surgical-time-out and surgical-debriefing is required following an emergency situation.
2.8 Use of all three sections of the AHS Safe Surgery Checklist (surgical-briefing, surgical-time-out and surgical-debriefing) shall be documented in the patient’s health record (e.g., perioperative record).

3. Compliance Requirements

3.1 **Zone executive leadership** shall ensure that Zones have achieved full compliance. Regular compliance measurement of the AHS Safe Surgery Checklist use shall be conducted at all surgical facilities across the province.

3.2 Quarterly compliance reporting shall be prepared by Clinical Quality Metrics and disseminated to the sites via the Zone Implementation Leads. Following review at the site level, reports shall be sent from the Zone Implementation Leads to Zone Executive. A provincial report shall also be sent to the Surgery Strategic Clinical Network.

3.3 Where sites or subspecialty groups feel the standard AHS Safe Surgery Checklist is not appropriate, an application to modify the process shall be initiated (refer to AHS Safe Surgery Checklist: Developing Alternate Versions Procedure. Any draft modifications to the checklist shall be reviewed by the Surgery Strategic Clinical Network.

3.4 To support 100% compliance in all operating rooms across Alberta, the following steps should be undertaken by Zone executive leadership:

   a) Review and circulate daily compliance logs and quarterly audit reports from the Reporting and Learning System for Patient Safety (RLS) and the safe surgery checklist observational audits to ensure continued awareness of adverse events and good catches related to surgical procedures.

   b) Review ‘close call’ data to demonstrate effectiveness of safe surgery checklist practices.

   c) Support the use of the local surgical ‘stop-the-line’ policy, whereby any staff member can stop the process without penalty, to ensure that the appropriate steps are put in place to ensure a safe surgery process.

   d) Ensure that Quality Assurance Review recommendations are appropriately socialized within the surgery services community and implemented where appropriate. Ensure knowledge and understanding of the AHS ‘just culture’ principles.

3.5 When 100% compliance is not achieved, despite the actions stated in Section 2.4, the following should be actioned by Zone executive leadership:

   a) Discussion with the individual(s) not maintaining compliance to establish a commitment to performing safely within an AHS operating room, including the development of a plan and timelines to achieve full compliance.
3.6 Continued issues with compliance and related patient safety issues will be reviewed and managed through AHS reporting structure for staff, and AHS Medical Staff Bylaws and AHS Medical Staff Rules for physicians as appropriate.

4. **Accountabilities for Re-enforcing Compliance**

4.1 The identified administrative lead for each site (e.g., Operating Room Manager) is responsible for ensuring accurate compliance reporting for the site. Failure to report compliance and audit results shall result in notification to the immediate supervisor.

4.2 Non-compliance shall be escalated to site leadership via the Zone Implementation Lead.

5. **Monitoring the Use of the Safe Surgery Checklist**

5.1 AHS surgical teams undertaking surgical interventions shall monitor and report on the usage of the AHS Safe Surgery Checklist.

5.2 All specialties undertaking surgical interventions shall be involved in safe surgery checklist quality monitoring activities, including compliance measurement and observational audits.

5.3 Persons responsible for observing during quality monitoring activities, shall review the patient’s health record and confirm that the use of the AHS Safe Surgery Checklist for surgical-briefing, surgical-time-out and surgical-debriefing, has been documented in the patient’s health record (e.g., in the patient’s perioperative record).

5.4 AHS Settings undertaking surgical interventions shall collect and submit data on the usage of the AHS Safe Surgery Checklist for every patient.

5.5 The facility-based **administrative lead for surgery** shall ensure that data collected on the usage of the Safe Surgery Checklist is submitted to the site administrative operational leadership (e.g., site lead) and Clinical Quality Metrics, on a quarterly basis.

5.6 Each site shall receive a quarterly compliance report demonstrating their use of the Safe Surgery Checklist.

5.7 The Surgery Strategic Clinical Network will review the quarterly provincial report; the quarterly provincial report will also be disseminated to Zone Executive Leadership and Clinical Operations Executive Committee (COEC).
6. **Procedure for Developing Alternate Versions of the Safe Surgery Checklist**

6.1 The AHS Safe Surgery Checklist: Developing Alternate Versions Procedure shall be adhered to when developing alternate versions of the Safe Surgery Checklist.

7. **Accreditation Canada – Tests for Compliance**

7.1 A three-phase checklist (refer to AHS Safe Surgery Checklist) shall be used in the Operating Room.

7.2 The surgical team shall use the AHS Safe Surgery Checklist for every surgical procedure undertaken in operating rooms.

7.3 Ongoing monitoring for compliance with the AHS Safe Surgery Checklist shall be completed.

7.4 The surgical team shall use results of the evaluation to support compliance with the use of the AHS Safe Surgery Checklist.

**DEFINITIONS**

**Accountable leader** means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the [insert name of procedure/guideline]. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level.

**Administrative lead for surgery** means the most senior administrator (e.g., Executive Director, Director) of the operating room, or designate.

**AHS facility** means any facility, property, or ground owned, operated, leased, or funded by AHS.

**AHS setting** means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

**Alternative anesthesiologist** means an anesthesiologist, Fellow or second anesthesiologist.

**Alternative surgeon** means a surgeon, Fellow or second surgeon.

**Close call** means an event that has potential for harm and is intercepted or corrected prior to reaching the patient.

**Emergency situation** means a circumstance which requires immediate health care that is necessary to preserve life, to prevent serious physical or mental harm, or to alleviate severe pain.

**Health record** means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.
Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such treatment/procedure(s) within the scope of his/her practice.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Reporting and Learning System for Patient Safety (RLS) means the electronic software program designated by Alberta Health Services to report patient related events resulting in adverse events, close calls or hazards.

Surgical intervention means an intervention that involves at least one of the following:
  a) general, spinal or local anesthetic, regardless of where it is provided;
  b) an incision below the skin or eye, into the underlying body structure or cavity; or
  c) an operating room, due to the condition or age of the patient.

Surgical team(s) means Alberta Health Services employees, and other persons working on behalf of or in conjunction with Alberta Health Services, including surgeons, anesthesiologists, nurses, technicians, and other support staff, involved in surgical interventions.

Zone executive leadership means the leadership team consisting of a Chief Zone Officer and a Zone Medical Director, which shares responsibilities and accountabilities for the clinical and operational decision-making of their designated zone.

REFERENCES

• Alberta Health Services Governance Documents:
  o Medical Staff Bylaws
  o Medical Staff Rules
  o Reporting of Clinical Adverse Events, Close Calls and Hazards Procedure (#PS-03)
  o Safe Surgery Checklist Alternate Version Procedure (#PS-04-01)
  o Surgical Site Verification and Marking for Surgical Interventions Procedure (#PS-106-01)
• Alberta Health Services Forms:
  o Safe Surgery Checklist Observational Audit
• Alberta Health Services Resources:
  o AHS Safe Surgery Checklist
  o AHS Safe Surgery Checklist – C-Section
  o AHS Safe Surgery Checklist – Ophthalmology
  o Safe Surgery Checklist Frequently Asked Questions (FAQ)
  o Safe Surgery Checklist User Manual
  o Safe Surgery Checklist Process Flow Chart
• Non-Alberta Health Services Documents:
  o Accreditation Canada Qmentum Program – Perioperative Services & Invasive Procedures Standards; (Standard 9.3 January 6, 2019)