

The Surgical Checklist

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SURGICAL SAFETY CHECKLIST

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SPECIAL ARTICLE

A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population

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ABSTRACT

BACKGROUND

Surgery has become an integral part of global health care, with an estimated 234 million operations performed yearly. Surgical complications are common and often preventable. We hypothesized that a program to implement a 19-item surgical safety checklist designed to improve team communication and consistency of care would reduce complications and deaths associated with surgery.

METHODS

Between October 2007 and September 2008, eight hospitals in eight cities (Toronto, Canada; New Delhi, India; Amman, Jordan; Auckland, New Zealand; Manila, Philippines; Ifakara, Tanzania; London, England; and Seattle, WA) representing a variety of economic circumstances and diverse populations of patients participated in the World Health Organization's Safe Surgery Saves Lives program. We prospectively collected data on clinical processes and outcomes from 3733 consecutively enrolled patients 16 years of age or older who were undergoing noncardiac surgery. We subsequently collected data on 3955 consecutively enrolled patients after the introduction of the Surgical Safety Checklist. The primary end point was the rate of complications, including death, during hospitalization within the first 30 days after the operation.

RESULTS

The rate of death was 1.5% before the checklist was introduced and declined to 0.8% afterward ($P=0.003$). Inpatient complications occurred in 11.0% of patients at baseline and in 7.0% after introduction of the checklist ($P<0.001$).

CONCLUSIONS

Implementation of the checklist was associated with concomitant reductions in the rates of death and complications among patients at least 16 years of age who were undergoing noncardiac surgery in a diverse group of hospitals.

From the Harvard School of Public Health (A.B.H., T.G.W., W.R.B., A.A.G.), Massachusetts General Hospital (A.B.H.), and Brigham and Women's Hospital (S.R.L., A.A.G.) — all in Boston; University of California–Davis, Sacramento (T.G.W.); Prince Hamzah Hospital, Ministry of Health, Amman, Jordan (A.-H.S.B.); University of Washington, Seattle (E.P.D.); College of Medicine, University of the Philippines, Manila (T.H.); St. Stephen's Hospital, New Delhi, India (S.); St. Francis Designated District Hospital, Ifakara, Tanzania (P.L.K.); National Institute of Health—University of the Philippines, Manila (M.C.M.L.); University of Auckland and Auckland City Hospital, Auckland, New Zealand (A.F.M.); Imperial College Healthcare National Health Service Trust, London (K.M.); and University Health Network, University of Toronto, Toronto (R.K.R., B.T.). Address reprint requests to Dr. Gawande at the Department of Surgery, Brigham and Women's Hospital, 75 Francis St., Boston, MA 02115, or at safesurgery@hsph.harvard.edu.

*Members of the Safe Surgery Saves Lives Study Group are listed in the Appendix.

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“WE HYPOTHESIZED THAT A PROGRAM TO IMPLEMENT A SURGICAL SAFETY CHECKLIST DESIGNED TO IMPROVE TEAM COMMUNICATION AND CONSISTENCY OF CARE WOULD REDUCE COMPLICATIONS AND DEATH WITH SURGERY.”

Haynes, AB, et al. NEJM 2009; 360(5): 491-499.

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SURGICAL SAFETY CHECKLIST (FIRST EDITION)

BEFORE INDUCTION OF ANAESTHESIA

BEFORE SKIN INCISION

BEFORE PATIENT LEAVES OPERATING ROOM

SIGN IN

- PATIENT HAS CONFIRMED
 - IDENTITY
 - SITE
 - PROCEDURE
 - CONSENT
 - SITE MARKED / NOT APPLICABLE
 - ANAESTHESIA SAFETY CHECK COMPLETED
 - PULSE OXIMETER ON PATIENT AND FUNCTIONING
- DOES PATIENT HAVE A:*
- KNOWN ALLERGY?
- NO
 - YES
- DIFFICULT AIRWAY / ASPIRATION RISK?
- NO
 - YES, AND EQUIPMENT / ASSISTANCE AVAILABLE
- RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
- NO
 - YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

TIME OUT

- CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
 - SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
 - PATIENT
 - SITE
 - PROCEDURE
- ANTICIPATED CRITICAL EVENTS
- SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
 - ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
 - NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?
- HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
- YES
 - NOT APPLICABLE
- IS ESSENTIAL IMAGING DISPLAYED?
- YES
 - NOT APPLICABLE

SIGN OUT

- NURSE VERBALLY CONFIRMS WITH THE TEAM:
- THE NAME OF THE PROCEDURE RECORDED
 - THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
 - HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
 - WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
- SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

HURDLES TO A SUCCESSFUL IMPLEMENTATION OF THE SURGICAL SAFETY CHECKLIST: A PILOT STUDY

The Test Run



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PERCEIVED BARRIERS (PRIOR TO PILOT)

- Time
- Buy in
- Compliance



BUILDING THE TEAM

- Committee
 - 2 Surgeons
 - Anesthetist
 - Respiratory Therapist
 - Nurse



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RESULTS OF 5 DAY PILOT

- Specialty
 - Colorectal
 - General
- Total Number of Surgeries
 - 12
- Team
 - Surgeons
 - Anesthetists
 - Residents & Fellows
 - Respiratory Therapists
 - Nurses (TL & ATL)
 - Nursing Assistants
 - O.R. Technician



SUCCESS FACTORS

- Education
 - When staff is well educated prior to running the checklist, compliance =100%
 - Seniority of nurse
 - Awareness of Surgeon



CHALLENGES

- Noise level
- Intimidating experience for nurse
- Perceptions of nurses of NOT participating in the checklist pilot or integrated in the process
- Surgeon not present for 'Sign In'



BENEFITS

- Interprofessional communication
 - Specific requirements/plan sharing
 - Potential complications identified
 - Accurate documentation in charts and handling of specimens

- Feeling of delivering safer care



MODIFICATIONS

- Modified from original WHO checklist
 - Based on pilot results
- One size does not fit all (surgical specialties, ophthalmology vs general surgery)
- Appropriate modifications creates buy in
 - E.g. Ophthalmology (SSC shouldn't take longer than the procedure!)





LA LISTE CHIRURGICALE DE SÉCURITÉ SURGICAL SAFETY CHECKLIST

Date
Date :

Heure _____ Infirmière _____
Time : _____ Nurse: _____

Avant l'induction de l'anesthésie	Before induction of anesthesia
À L'ARRIVÉE	SIGN IN
LE PATIENT A CONFIRMÉ : <input type="checkbox"/> THE PATIENT HAS CONFIRMED: <i>identité</i> • identity <i>site de chirurgie</i> • site <i>procédure</i> • procedure <i>consentement</i> • consent	THE PATIENT HAS CONFIRMED: • identity • site • procedure • consent
LE SITE EST MARQUÉ <input type="checkbox"/>	THE SITE IS MARKED
EST CE QUE LE PATIENT A DES ALLERGIES ? <i>oui</i> <input type="checkbox"/> yes <i>pas d'allergie connue</i> <input type="checkbox"/> no known allergy	DOES THE PATIENT HAVE ALLERGIES? <input type="checkbox"/> yes <input type="checkbox"/> no known allergy
LA PROPHYLAXIE ANTIBIOTIQUE <i>oui</i> <input type="checkbox"/> yes <i>no – chirurgien averti</i> <input type="checkbox"/> no – surgeon notified	ANTIBIOTIC PROPHYLAXIS <input type="checkbox"/> yes <input type="checkbox"/> no – surgeon notified
LA PROPHYLAXIE VTE <i>oui</i> <input type="checkbox"/> yes <i>non – chirurgien averti</i> <input type="checkbox"/> no – surgeon notified	VTE PROPHYLAXIS <input type="checkbox"/> yes <input type="checkbox"/> no – surgeon notified
INTUBATION DIFFICILE / RISQUE D'ASPIRATION ? <i>non</i> <input type="checkbox"/> no <i>oui – équipement/assistance disponible</i> <input type="checkbox"/> yes – equipment/assistance available	DIFFICULT AIRWAY / ASPIRATION RISK? <input type="checkbox"/> no <input type="checkbox"/> yes – equipment/assistance available
RISQUE DE PERTE SANGUINE DE >500 ml ? <i>non</i> <input type="checkbox"/> no <i>oui</i> <input type="checkbox"/> yes <i>oui – produits sanguines disponibles</i> <input type="checkbox"/> yes – blood products available	RISK OF >500 ml BLOOD LOSS? <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> yes – blood products available

Heure _____ Infirmière _____
Time : _____ Nurse: _____

Avant l'incision de la peau	Before skin incision
PAUSE PRÉOPÉRATOIRE	SURGICAL PAUSE
L'ÉQUIPE S'EST IDENTIFIÉE. <input type="checkbox"/> LE CHIRURGIEN, L'ÉQUIPE L'ANESTHÉSIE ET L'INFIRMIÈRE EXTERNE CONFIRMENT VERBALEMENT : <i>identité</i> • identity <i>site de chirurgie</i> • site <i>procédure</i> • procedure	TEAM MEMBERS ARE IDENTIFIED. THE SURGEON, ANAESTHESIA TEAM AND CIRCULATING NURSE CONFIRM VERBALLY: • identity • site • procedure
L'ÉQUIPE CHIRURGICALE <i>Durée de la chirurgie</i> <input type="checkbox"/> Duration of surgery <i>Pertes sanguines anticipées</i> <input type="checkbox"/> Anticipated blood loss <i>Complications anticipées</i> <input type="checkbox"/> Anticipated complications	SURGICAL TEAM <input type="checkbox"/> Duration of surgery <input type="checkbox"/> Anticipated blood loss <input type="checkbox"/> Anticipated complications
L'ÉQUIPE D'ANESTHÉSIE <i>Y a-t-il des inquiétudes spécifiques pour le patient ?</i> <input type="checkbox"/> Are there any specific patient concerns? <i>Échelle ASA</i> <input type="checkbox"/> ASA score	ANESTHESIA TEAM <input type="checkbox"/> Are there any specific patient concerns? <input type="checkbox"/> ASA score
L'ÉQUIPE INFIRMIÈRE <i>Badigeonage est sec et le champ est stérile.</i> <input type="checkbox"/> Prep is dry and field sterile. <i>Tout équipement prêt à être utilisé.</i> <input type="checkbox"/> All equipment ready for use. <i>Des inquiétudes spécifiques?</i> <input type="checkbox"/> Any patient-specific concerns.	NURSING TEAM <input type="checkbox"/> Prep is dry and field sterile. <input type="checkbox"/> All equipment ready for use. <input type="checkbox"/> Any patient-specific concerns.

Heure _____ Infirmière _____
Time : _____ Nurse: _____

Avant que le patient ne sorte de la salle d'opération	Before patient leaves operating room
À LA SORTIE	SIGN OUT
L'INFIRMIÈRE CONFIRME AVEC L'ÉQUIPE : <i>Le nom de la procédure est enregistré.</i> <input type="checkbox"/> <i>L'identification et transport du spécimen.</i> <input type="checkbox"/> <i>Le compte des instruments, des éponges et des aiguilles est correct (ou n/a).</i> <input type="checkbox"/> <i>Problèmes d'équipement.</i> <input type="checkbox"/>	NURSE VERBALLY CONFIRMS WITH TEAM : <input type="checkbox"/> The name of the procedure is recorded. <input type="checkbox"/> Identification and handling of specimen. <input type="checkbox"/> Instrument, sponge, and needle counts are correct (or n/a). <input type="checkbox"/> Equipment problems?
NORMOTHERMIE EST MAINTENUE PENDANT CHIRURGIE > 2 HEURES (GA SEULEMENT) <i>oui</i> <input type="checkbox"/> yes <i>no</i> <input type="checkbox"/> no <i>mesures approprié pris</i> <input type="checkbox"/> appropriate measures taken	NORMOTHERMIA MAINTAINED DURING SURGERY > 2 HOURS (GA ONLY) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> appropriate measures taken
LE CHIRURGIEN, L'ANESTHÉSISTE ET L'INFIRMIÈRE REVISITE LES INQUIÉTUDES/SOINS POST-OPÉRATOIRES. <input type="checkbox"/>	THE SURGEON, ANESTHETIST AND NURSE REVIEW THE POST-OP MANAGEMENT CONCERNS <input type="checkbox"/>
ANTIBIOTIQUE POST-OP NÉCESSAIRE ? <i>oui</i> <input type="checkbox"/> yes <i>no</i> <input type="checkbox"/> no	NEED FOR POST-OP ANTIBIOTICS? <input type="checkbox"/> yes <input type="checkbox"/> no
LA PROPHYLAXIE VTE NÉCESSAIRE ? <i>oui</i> <input type="checkbox"/> yes <i>non</i> <input type="checkbox"/> no	NEED FOR VTE PROPHYLAXIS? <input type="checkbox"/> yes <input type="checkbox"/> no

3 PHASES

Sign In

- Interprofessional communication
 - Specific requirements/plan
 - Potential complications
 - Accurate documentation and handling of specimens

- Feeling of delivering safer care



Avant l'induction de l'anesthésie	Before induction of anesthesia
À L'ARRIVÉE	SIGN IN
LE PATIENT A CONFIRMÉ : <input type="checkbox"/> <ul style="list-style-type: none"> <i>identité</i> <i>site de chirurgie</i> <i>procédure</i> <i>consentement</i> 	PATIENT CONFIRMED: <input type="checkbox"/> <ul style="list-style-type: none"> • identity • site • procedure • consent
LE SITE EST MARQUÉ <input type="checkbox"/>	THE SITE IS MARKED <input type="checkbox"/>
EST CE QUE LE PATIENT A DES ALLERGIES ? <i>oui</i> <input type="checkbox"/> <i>pas d'allergie connue</i> <input type="checkbox"/>	DOES THE PATIENT HAVE ALLERGIES? yes <input type="checkbox"/> no known allergy <input type="checkbox"/>
LA PROPHYLAXIE VTE <i>oui</i> <input type="checkbox"/> <i>non – chirurgien averti</i> <input type="checkbox"/>	VTE PROPHYLAXIS yes <input type="checkbox"/> no – surgeon notified <input type="checkbox"/>
INTUBATION DIFFICILE / RISQUE D'ASPIRATION ? <i>non</i> <input type="checkbox"/> <i>oui – équipement/ assistance disponible</i> <input type="checkbox"/>	DIFFICULT AIRWAY/ ASPIRATION RISK? no <input type="checkbox"/> yes – equipment / assistance available <input type="checkbox"/>
RISQUE DE PERTE SANGUINE DE >500 ml ? <i>non</i> <input type="checkbox"/> <i>oui</i> <input type="checkbox"/> <i>oui – produits sanguins disponible</i> <input type="checkbox"/>	RISK OF >500 ml BLOOD LOSS? no <input type="checkbox"/> yes <input type="checkbox"/> yes – blood products available <input type="checkbox"/>



3 PHASES

Time Out

- Interprofessional communication
 - Specific requirements/plan
 - Potential complications
 - Accurate documentation and handling of specimens

- Feeling of delivering safer care



3 PHASES - MODIFICATION

Time Out

- Was recently modified to include
 - 2nd dose of antibiotics required
 - Normothermia measures in place (rather than in sign out)



<i>Avant l'incision de la peau</i>	Before skin incision
<i>PAUSE PRÉOPÉRATOIRE</i>	TIME OUT
<p>L'ÉQUIPE S'EST IDENTIFIÉE. <input type="checkbox"/></p> <p>LE CHIRURGIEN, L'ÉQUIPE D'ANESTHÉSIE ET L'INFIRMIÈRE EXTERNE CONFIRMENT VERBALEMENT : <input type="checkbox"/></p> <p><i>identité</i></p> <p><i>site de chirurgie</i></p> <p><i>procédure</i></p>	<p>TEAM MEMBERS ARE IDENTIFIED.</p> <p>THE SURGEON, ANAESTHESIA TEAM AND CIRCULATING NURSE CONFIRM VERBALLY: <input type="checkbox"/></p> <ul style="list-style-type: none"> • identity • site • procedure
<p>L'ÉQUIPE CHIRURGICALE</p> <p><i>Durée de la chirurgie</i> <input type="checkbox"/></p> <p><i>Pertes sanguines anticipées</i> <input type="checkbox"/></p> <p><i>Complications anticipées</i> <input type="checkbox"/></p>	<p>SURGICAL TEAM</p> <p><input type="checkbox"/> Duration of surgery</p> <p><input type="checkbox"/> Anticipated blood loss</p> <p><input type="checkbox"/> Anticipated complications</p>
<p>L'ÉQUIPE D'ANESTHÉSIE</p> <p><i>Y a-t-il des inquiétudes spécifiques pour le patient ?</i> <input type="checkbox"/></p> <p><i>Échelle ASA</i> <input type="checkbox"/></p> <p><i>La prophylaxie antibiotique donnée</i> <input type="checkbox"/></p>	<p>ANESTHESIA TEAM</p> <p><input type="checkbox"/> Are there any specific patient concerns?</p> <p><input type="checkbox"/> ASA score</p> <p><input type="checkbox"/> Antibiotic prophylaxis given?</p>
<p>L'ÉQUIPE INFIRMIÈRE</p> <p><i>Badigeonage est sec et le champ est stérile.</i> <input type="checkbox"/></p> <p><i>Tous équipements prêts à être utilisés.</i> <input type="checkbox"/></p>	<p>NURSING TEAM</p> <p><input type="checkbox"/> Prep is dry and field sterile.</p> <p><input type="checkbox"/> All equipment ready for use.</p>



3 PHASES

Sign Out

- Specimen identification
 - Oncology centre – accurate pathology
- Plan for patient post-operatively
 - Meds, follow up, potential complications etc



3 PHASES - MODIFICATION

Sign Out

- Wound classification



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<i>Avant que le patient ne sorte de la salle d'opération</i>	Before patient leaves operating room
À LA SORTIE	SIGN OUT
<p>L'INFIRMIÈRE CONFIRME AVEC L'ÉQUIPE :</p> <p><i>Le nom de la procédure est enregistré.</i> <input type="checkbox"/></p> <p><i>L'identification et transport du spécimen.</i> <input type="checkbox"/></p> <p><i>Le compte des instruments, des éponges et des aiguilles est correct (ou n/a).</i> <input type="checkbox"/></p> <p><i>Problèmes d'équipement.</i> <input type="checkbox"/></p>	<p>NURSE VERBALLY CONFIRMS WITH TEAM :</p> <p>The name of the procedure is recorded. <input type="checkbox"/></p> <p>Identification and handling of specimen. <input type="checkbox"/></p> <p>Instrument, sponge, and needle counts are correct (or n/a). <input type="checkbox"/></p> <p>Equipment problems? <input type="checkbox"/></p>
<p>NORMOTHERMIE EST MAINTENUE PENDANT CHIRURGIE > 2 HEURES (GA SEULEMENT) <input type="checkbox"/></p> <p><i>oui</i> <input type="checkbox"/> <i>no</i> <input type="checkbox"/></p> <p><i>mesures appropriées prises</i> <input type="checkbox"/></p>	<p>NORMOTHERMIA MAINTAINED DURING SURGERY > 2 HOURS (GA ONLY) <input type="checkbox"/></p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>appropriate measures taken <input type="checkbox"/></p>
<p>LE CHIRURGIEN, L'ANESTHÉSISTE ET L'INFIRMIÈRE REVISENT LES INQUIÉTUDES/SOINS POST-OPÉRATOIRES. <input type="checkbox"/></p> <p>ANTIBIOTIQUE POST-OP NÉCESSAIRE ?</p> <p><i>oui</i> <input type="checkbox"/> <i>no</i> <input type="checkbox"/></p> <p>LA PROPHYLAXIE VTE NÉCESSAIRE ?</p> <p><i>oui</i> <input type="checkbox"/> <i>non</i> <input type="checkbox"/></p>	<p>THE SURGEON, ANESTHETIST AND NURSE REVIEW THE POST-OP MANAGEMENT CONCERNS</p> <p>NEED FOR POST-OP ANTIBIOTICS?</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>NEED FOR VTE PROPHYLAXIS?</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>



REINFORCES SEVERAL HOSPITAL SAFETY PROTOCOLS

- Patient Identification
- Timely administration of appropriate antibiotic use (before incision and every 4 hres)
- VTE Prophylaxis
- Maintenance of Normothermia



FACTORS INFLUENCING SUCCESSFUL IMPLEMENTATION

- Leadership commitment
 - Communication to Chiefs, TL's
 - Goals clearly stated – 100% compliance required
- Education
- Champion nurses, surgeons, anesthesiologists, RT's

Leader was circulating nurse – now is a team effort and often Surgeon driven



OUTCOMES

- Team communication enhanced
 - Promotes professional environment
 - Assists learning of procedures, steps of interventions and possible complications
 - Reminds us that we are operating on a person rather than fixing a body part
- Several anecdotes by nurses of near misses
 - We need a formal way of keeping track
 - Whiteboard
 - Log book



IMPLEMENTATION RESULTS

- Initial compliance 30 – 50%
 - Followed by Opera electronic system
 - Day shift
- Current compliance 90% (and higher)
 - Stats shared with staff regularly, per room, per surgeon
 - White board for sharing stats
 - Reminders weekly and evaluation-validation visits in operating rooms



IMPLEMENTATION RESULTS

- Beyond statistics,
there is the message (Dre L. Lingard, PhD)
 - Parallel conversations
 - Complementary messages
 - Communication effectiveness
 - Compliance to process



IMPLEMENTATION RESULTS

How to measure our successes

- Work groups share their anecdotes
- Diffusion of the good catches and not so good ones
- ...



LINK TO QUALITY

- a tool to facilitate the reduction of near misses and medical errors represents a theoretical prevention of adverse events of approximately **450 surgical patients per year**



CONCLUSION

It works!

- Adds patient safety value
- Is inexpensive and easy to use
- Gives a voice
- Easy to align

(cpsi, 2009)

Results

- Data comparing pre and post implementation periods are being gathered to further assess the impact for patients of JGH



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ONE PATIENT

ONE GOAL

ONE TEAM

**And partnering with
CPSI-SHN SSSL faculty
And Checklist Action
Series**



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Thank you!

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