

**STANDARD OPERATING PROCEDURE TO ENSURE “FIVE STEPS TO SAFER SURGERY” INCLUDING “WHO” CHECKLIST ARE COMPLETED CORRECTLY.**

<b>Process Name:</b>	<b>Process to ensure compliance with 5 Steps to Safer Surgery</b>		
SOP Number:	WHO checklist	Version Number:	1
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### Background

The Safer Surgery Saves Lives initiative was launched by the World Health Organisation (WHO) in 2008 to reduce the number of surgical errors and enhance patient safety during the perioperative phase of their care. The launch saw the introduction of a surgical safety checklist. The Five Steps to Safer Surgery was introduced in 2010. It is a process for improving the way theatre teams communicate with each other. It consists of 5 steps:

1. **Briefing**
2. **Sign in**
3. **Time out**
4. **Sign out**
5. **Debriefing**

The WHO surgical safety checklist forms steps 2, 3 and 4 of the five steps.

### Assessment

The WHO surgical safety checklist is a core set of safety checks, identified for improving performance at safety critical time points within the patients perioperative journey. The 3 steps in the checklist are not intended as a tick-box exercise but as a tool to initiate effective communication between the clinical team.

The WHO checklist should be carried out for all patients including those having procedures under Local anaesthetic or sedation.

The Briefing and Debriefing should be carried out for all theatre lists and should include all members of the theatre team.

### Objectives

- To ensure a safe operating environment for patients and staff
- To reduce the number of Serious incidents and Never events
- To complete WHO checklist for all patients
- To improve efficiency and safety through effective Briefing

- To improve practice through effective Debriefing

## **Scope**

Briefing to be carried out prior to the start of all theatre lists and to include the whole team.  
Debriefing to be carried out at the end of each theatre list and to include the whole team.  
The WHO Surgical Safety checklist to be completed for all patients.  
The Five Steps to Safer Surgery to form part of all theatre staff, surgical and anaesthetic trainees induction to the Trust.

## **Stages of the Process**

### **Briefing**

#### **Purpose**

Team briefing is an opportunity for highly effective face-to-face communication which can enhance team performance however; it must be focused and supportive. Briefing facilitates delivery of clear messages and reduces misunderstandings; it is not just about informing people, but listening and responding to questions and concerns. It is essential that all staff feel able to speak up and that senior members of the team actively welcome queries from more junior ones. Briefing can help to clarify the aims of the team and sets the tone for a professional working environment.

Teams are encouraged to refer to the briefing prompt sheet (Appendix 1) to aid the conduct of the briefing.

#### **General Points**

- The briefing should be attended by the whole team and carried out before the list starts.
- Due regard to patient confidentiality must be given. Briefing should take place in a quiet room with the door closed – the anaesthetic room is ideal.
- The briefing can be led by any member of the team who must encourage open communication.
- All team members must be able to see a copy of the list during the briefing.
- Use the Pre-Operative briefing prompt sheet and Issues log or Theatre team Briefing and Debriefing record

#### **Introductions**

- All members of the team must introduce themselves: this emphasises that every team member has a duty to speak up and to be heard.
- All team members must state their role and are encouraged to declare if they are new to theatre or unfamiliar with the department. This is an opportunity to make them feel welcome.

### **Overview of List**

- The whole list should be considered and uncertainties, concerns etc should be highlighted

### **Individual Cases**

- All patients must be discussed. It is essential that each patient is referred to by name and that the operating list describes the correct procedure, site +/- side. See prompt sheet for other details to be covered.

### **Personnel**

- It is essential that breaks for staff are considered and that an appropriate time to stop the list is identified if required. The need for additional personnel eg. radiographer must be clarified.

### **Confirm Order of List**

- The list order must be confirmed clearly and unambiguously: reprint if necessary as per SOP for 'Process to changes to operating list on day of surgery'

### **Delegate Tasks**

- It must be clear, at the end of the briefing, what tasks remain and who is responsible for them. Delegated staff must report back to the team when they have completed the task(s).

### **Check understanding**

- Team members must be given the opportunity to ask questions during and at the end of the briefing. This should be done in a non-judgmental way to promote openness and honesty.

It may be necessary for a team to undertake more than one briefing during a theatre session if, for example, a case is added to the list or if there is a change of staff.

### **Sign In**

All activity must **STOP** to allow staff to focus on the SIGN IN. The purpose of the SIGN IN is to ensure that it is safe to induce anaesthesia and that all preparations have been made for surgery.

- This must be completed by the Anaesthetist and ODP
- SIGN IN must be completed in the Anaesthetic room prior to induction of anaesthesia
- All the questions to be read aloud and the box ticked on confirmation
- It is often feasible to include the patient in the SIGN IN and this should be encouraged
- If any element in the checklist needs clarifying (eg. validity of G&S sample) then this must be done at the time and the SIGN IN repeated from the beginning.
- 'Stop before you block' may be required in addition to the sign in.
- Anaesthesia must not commence until any discrepancies have been resolved
- No other activity should be happening whilst the SIGN IN is being completed

## Time Out

All activity must **STOP** to allow staff to focus on the TIME OUT. The purpose of the TIME OUT is to ensure that the correct procedure is undertaken on the correct patient and that the correct measures are in place to prevent patient harm.

- This must be completed by the whole team
- TIME OUT should be completed after the patient has been safely positioned and appropriate monitoring is attached
- TIME OUT will usually be completed once the patient is prepped and draped however, in some specialties, it may be appropriate to do the TIME OUT before draping. It is essential that TIME OUT is done prior to incision.
- All questions must be read aloud and the box ticked on confirmation (questions must not be asked from memory)
- Patient identity must be confirmed by reference to patient ID bands
- Operative site must be confirmed by reference to the patient procedure band, surgical site marking, consent form and operating list.
- Displayed imaging must also be identified as being the correct patient
- Surgery should not commence until any discrepancies have been resolved
- No other activity should be happening whilst the TIME OUT is being completed

## Sign Out

All activity must **STOP** to allow staff to focus on the SIGN OUT. The purpose of the SIGN OUT is to ensure surgery has been completed in its entirety, documented accordingly and to ensure ongoing safety of the patient beyond the theatre.

- This must be completed by the whole team
- SIGN OUT must be completed before any member of the team leaves the Operating theatre (following the first count, before the surgeon leaves the table and before the anaesthetist starts to wake the patient)
- All questions must be read aloud and the box ticked on confirmation
- The patient must not leave the theatre until any discrepancies have been resolved
- No other activity should be happening whilst SIGN OUT is being completed

## Debriefing

### Purpose

Team debriefing is an opportunity for the team to review their performance during the session and to identify positive achievements and areas that need to be improved. It is an opportunity to acknowledge good performance, say thank you and to boost team morale.

As with briefing, it essential that the debriefing is conducted in a professional manner with all staff members encouraged to contribute and all listened to respectfully.

Teams are encouraged to refer to the debriefing prompt sheet (Appendix 1) to aid the conduct of the debrief.

### General Points

- Debrief should be attended by the whole team and carried out at the end of the list prior to any member of the team leaving the theatre suite.
- The debrief can be led by any member of the team who must encourage open communication.
- Consider Scheduling, Equipment, Safety and Team work/communication
- Review what went well
- Record actions needed in an Issues log or Theatre Team briefing and Debriefing record
- Each action needed must have a clearly identified person responsible for dealing with it
- Threats to safety must be escalated to senior staff and an incident report completed.

### Review

This SOP should be reviewed annually unless new guidance or policy dictates a review any sooner.

### Monitoring Compliance with the SOP

Requirement to be monitored. Must include all requirements within NHS LA Standards	Process to be used for monitoring e.g. audit	Responsible individual/ committee for carrying out monitoring	Frequency of monitoring	Responsible individual/ committee for reviewing the results	Responsible individual/ committee for developing an action plan	Responsible individual/ committee for monitoring the action plan
N/A	Datix incident reports	Theatre TL's / Matron / DM	Daily	Theatre TL's/ Matron meetings	Theatre TL's/ Matron /DM	Directorate Governance Meeting

N/A	Induction Training	Theatre TL's/ Matron / DM	Monthly	Theatre TL's/ Matron meetings	Theatre TL's/ Matron / DM	Directorate Governance Meeting
N/A	Observational Audits	Theatre TLs / Matron / DM	Daily reducing to weekly once assurance gained	Matron / DM	Matron / DM	Directorate Governance Meeting