

Surgical Safety Checklist Compliance

Frequently Asked Questions

What is the Surgical Safety Checklist (SSCL)?

The SSCL is a patient safety communication tool that is used by a team of operating room professionals (nurses, surgeons, anesthesiologists, and others) to discuss important details about a surgical case at three distinct stages or phases during surgery: Pre-induction (before the patient is put to sleep), Time Out (just before the first incision), and Debriefing (during or after surgical closure).

The SSCL is used to facilitate operating room team discussion so that everyone is familiar about the case, and reduces reliance on memory for certain necessary interventions. In many ways, the surgical checklist is similar to an airline pilot's checklist used just before take-off. It is a last-minute check to make sure everything is in working order, all equipment is available, and everyone is ready to proceed.

Why are SSCLs important?

Operating room (OR) teams have many important steps to follow in order to ensure a safe and effective surgery for every patient, and the SSCL is a useful tool that helps facilitate good communication among the health care team. Essentially, the checklist is about improving overall teamwork – a critical factor in producing positive clinical outcomes.

Do hospitals use one standard SSCL? Why not?

The Canadian Patient Safety Institute has a SSCL that is generally considered the base for Ontario hospitals to use as a starting template. Hospitals may adapt or customize the checklist to fit their individual circumstances, including case-mix and type of surgeries performed.

Why are hospitals publicly reporting the SSCL indicator?

As part of the Ministry of Health and Long-Term Care's public reporting of patient safety indicators initiative, eligible hospitals are legally required to post their SSCL compliance percentages. This is a good thing for hospitals. The public reporting of patient safety indicators is about inspiring improved performance, enhancing patient safety, and strengthening the public's confidence in Ontario's hospitals. Ultimately, using SSCLs will improve teamwork and communication in the operating room, which can lead to improved patient care and safety, decreased complications and deaths from surgery, and better operating room efficiency.³

Why aren't all Ontario hospitals publicly reporting SSCL compliance?

Not all hospitals perform surgical procedures. Hospitals that don't are considered "ineligible" for the public reporting of this particular indicator. "Eligible" hospitals are those that perform surgical procedures within a fully equipped operating room (OR) as designated by the Ministry of Health and Long-Term Care.

What type of information is included in a SSCL?

SSCLs are divided into three parts relating to different phases of a surgery, and each section of the checklist has information that is relevant to that phase. For example, in the Pre-induction phase, there are questions about blood type or specific equipment needed for the surgery. This helps ensure that the right blood or equipment is available before the surgery begins. The Time-Out phase contains a "double check" of the surgery site to ensure correctness. The Debriefing phase contains information that is relevant to the surgery just completed and includes recovery plans for the patient.

Using a SSCL seems like an obvious strategy to use during a surgery. What keeps a hospital from having 100% compliance?

Rollout of SSCLs in hospitals has been a phased-in approach, which means some departments and some sites are at varying stages of implementation. With this new benchmarking ability in place, we expect to see continued improvement and full compliance with the SSCL in the time ahead.

It's also important to remember that the SSCL compliance indicator is a process measure, measuring the degree to which all three phases (a briefing, a time out, and a debriefing) of the SSCL was performed correctly and appropriately for each surgical patient. With the new three-phase approach to the SSCL, many hospitals and surgical teams need to change the way they work to get all three phases completed. This takes time, as workflow varies in different surgical departments and different settings. In some cases, physicians have had to completely reorganize their day in order to attend all three phases, and this is not always easy due to their multiple competing priorities.

While SSCL compliance is just being publicly reported now, how long have SSCLs been in use?

OR teams have been discussing most of the items covered in the SSCL for many years. Many hospitals have had their own versions of checklists, including "Pre-Operative," "Time Out" and "Surgical Count" checklists.

The new three-phase Surgical Safety Checklist is useful because it organizes all the important information contained in previous checklists at the right intervals in time. It is a team communication tool that is used to inform all team members about important details regarding the patient and the surgery. It reduces reliance on memory so that one person is not responsible for remembering every single step needed for a safe surgery.

What exactly is being publicly reported?

Beginning July 30, 2010, each eligible hospital will post on its website the percentage compliance where all three phases of the SSCL were performed for all surgical procedures in that period.

How frequently is SSCL compliance being publicly reported?

Hospitals will be posting the bi-annual percentage compliance on the hospital's website, with the first reporting period will cover the months of April, May and June 2010.

Where can the public access this information?

Each Ontario hospital will have this information available on their website. You can access the Hotel Dieu Hospital information by visiting www.hoteldieu.com and clicking on "Patient Safety." In addition, the MOHLTC will also report the same information on its website www.ontario.ca/patientsafety

What is considered a high rate or low rate of compliance?

Currently, the public reporting of our hospital's SSCL percentage compliance allows hospitals to establish a baseline from which they can track their percentage compliance over time. Should percentage compliance decrease at all over time, hospitals will know to look at their operating room processes and target areas for improvement.

How do we know that a hospital is safe?

Patient safety is a number one priority for all Ontario hospitals. The SSCL compliance percentage is just one indicator. Patients should know that their hospital is safe, and that Ontario hospitals are committed to ensuring patients receive the highest quality of care possible.

Can hospitals compare their SSCL compliance rates against other organizations?

The public reporting of hospitals' SSCL compliance rates is not intended to serve as a measure for hospitals to compare themselves against other organizations, or for the public to use as a measure of where to seek care. Like other indicators, it is important to look at SSCL compliance percentage in a broader context. The percentages must be examined in order to get a sense of how hospitals are performing – where they excel and where improvements could be made. It is important to look at all of these indicators in combination.

Does the SSCL reporting capture an individual physician's performance related to checklist compliance?

The public reporting of patient safety indicators – including the SSCL compliance percentage – has been mandated by the government to help hospitals improve performance, not penalize them. What's more is the SSCL is inherently about improving teamwork, not just individual performance.