



Summary of Debrief Session Following Gawande's Presentation January 12, 2010

Following the WSHA presentation by Atul Gawande, M.D. on the "Checklist Manifesto," a debrief session was facilitated by Dr. Lawrence Schechter, Chief Medical Officer, Providence Regional Medical Center Everett. With about 35 in attendance, the following questions were discussed:

- What are the key messages we heard from Dr. Gawande today?
- What are our experiences using the surgical checklist? What are the barriers?
- Do we believe the checklist makes a difference?
- What other areas would benefit from using checklists?

Below is a summary of the key points shared during discussion. In addition, a few comments on best practices were added from the January 21 Safe Table web-conference.

Discussion and Strategies:

Washington hospitals have found that the power of the team is greater than the power of the individual when it comes to patient safety. **The checklist builds upon the power of the team, making care safer.**

It is sometimes difficult to convince a surgeon who has never made a mistake to change practice. (The national incidence of incorrect procedure, wrong surgery, wrong patient, or wrong site, is 1 in 10,000. Most individual physicians will not experience an incorrect procedure in their career so they may not understand why the checklist is important. On the other hand, large hospitals in Washington can see as many as four incorrect surgeries per year and surgical adverse events are one of the most common causes for adverse events in Washington.) Be willing to listen to concerns, help physicians by sharing stories about how the checklist has prevented mistakes in your hospitals, and take the hard stand.

Leadership visibility can influence change. When the CEO dons scrubs and goes into the operating room to observe the use of the checklist, it can significantly increase buy-in, develop champions, and build relations. In addition to the CEO, it can be helpful to have the Chief Medical Officer and Chief of Surgery participate in surgery, reinforcing use of the checklist.

There is power in being on the front lines observing use of the checklist. It can help with implementation, gathering feedback, and observing operational processes. It can also help change processes that do not support the checklist and adversely impact teamwork and communication, such as the changing of staff in the middle of surgery.

How the checklist is implemented and used is more important than the checklist itself. It must be a conscious process. Make the checklist visible to the entire team in the OR—post a laminated poster on the wall.

The time-out needs to be a hard stop by the entire team. Auditing the process is helpful.

Get proactive. Consider how to incentivize the use of the checklist instead of penalizing non-use. Examples are positive publicity and sharing positive stories.

Ideally, the surgeon must be the “captain of the ship” with respect to the time-out and completion of the checklist. The surgeon must ensure a safe environment in the operating room. The checklist cannot work effectively if the surgeon does not lead.

There is power in story-telling. There is nothing more powerful than an individual standing up in front of a group to reinforce behavior. Creating stories of how the checklist has improved safety in your hospital is important to creating buy-in.

Transparency is important during debrief to discuss what could be done better. Common process issues can be found in most operating rooms. Disclosure and peer review protections can be used to protect this discussion just like they protect your other quality efforts.

The hospital debrief is important and takes at most two minutes. Even when hospital staff call into the surgery suite needing either the surgeon or the room, encourage staff to complete debriefing first. This will help send a consistent message that debriefing is an important part of every surgery process.

Video can be a powerful improvement tool. Some hospitals have created video re-enactments when safety issues have arisen in the operating room. Using the physician and staff involved in the video helps the team explore what happened, what should happen in the future, and educate others.

Create systems that reinforce use of the checklist and proper debriefing. Some hospitals place pathology slips on the door. Surgeon must sign before they leave the room helping to ensure the communications and debrief that need to occur happen with the surgeon.

Be aware of when the checklist begins. Some hospitals like to begin the checklist when the patient is positioned and draped. When a patient’s surgery is done in the prone position, it is easy to get confused if done prior to draping. They have added a sign on the IV pole to increase awareness.

Use mock tracers to identify opportunities to increase safety before, during, and after surgery.

Train on the checklist using simulation or video. Some hospitals have found that showing videos of their physician champions modeling use of the checklist is very helpful in implementation.

Create a medical staff policy around the surgical checklist. Some hospitals are considering making the checklist a red rule, a process that must be done or the surgery is held until it is completed.

Effective strategies for communication about the checklist include:

- Stories – errors picked up, short amount of time it takes, what is being learned during the debrief, and what is being done to fix the issues that have been identified
- Newsletters, emails, posters
- Meetings
- One-on-ones
- Leadership visibility

Use of the checklist should be expanded to:

- Surgeries and procedures outside the operating room (this may not be as easy as it seems due to resistance)
- Key processes with have significant safety impact on the patient
- Any intervention will require a version of the checklist

Final Thoughts

- CEO's frequent discussion on quality and safety help to move the culture forward.
- Placing quality at the beginning of every agenda is also important.
- Surgical teams should "live safety" the way aviation teams do.
- "Buckle your seatbelt, it is happening and there is nowhere in Washington where the checklist is not in use."
- This is not about convenience, it is about the patient.