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Surgery checklist is all about the patient

UW joins global test that seeks to improve safety

By [CHERIE BLACK](#), Seattle P-I, 06.26.08

The University of Washington is the first U.S. site involved in a global pilot program to test a surgical checklist aimed at improving patient safety in the operating room. The program launched Wednesday was developed in part by the World Health Organization and looks to improve safety in anesthesia, avoid infections and improve communication between members of surgical teams.

"Patients say to me, 'You mean you haven't already been doing this?'" said Dr. Patchen Dellinger, chief of surgery at the UW, which implemented the checklist in April. Dellinger joined surgeons from seven other test sites around the world during a morning videoconference of the launch, which was shown in a UW Medical Center operating room. "It's staggering to think it's courageous to put patients at the center of care," he said. "Even in the best of places, something like this isn't bad, and I believe this will catch problems."

The checklist is a 2-foot-by- 3-foot laminated poster hung on an IV pole that is rolled into the operating room. Before surgery begins, doctors, nurses and anesthesiologists stop and methodically run through the list. Questions include whether antibiotics were given, if the patient's glucose levels have been tested, if the patient has allergies -- even if everyone in the operating room knows what surgery is about to take place. So far, the checklist has only been used during general surgeries. By Oct. 1, Dellinger said the checklist will be used in every operating room for every surgery at the UW.

Not everyone was receptive to the idea at first. Some surgeons and nurses at the UW thought the checklist was cumbersome and would eat up too much preparation time. Others thought it repeated what was already being done. "It took longer at first, but as we got used to it, it goes much quicker," said Jodi Bloom, a registered nurse who initially called the checklist an extended timeout. "Now we're a true team instead of three separate groups playing on the same team." Debby Lunde, another nurse, said going through the list forces everyone to completely focus on the patient. "When you're focused, you really can complete everything in a minute or two," she said. "I also like that if there are concerns or questions we can speak up during that time, and we couldn't do that before."

Prior to the list, at least one item was missed 7 percent of the time during surgeries at the UW. That has dropped to 3 percent in the two months the list has been used, Dellinger said. Global data is scheduled to be released later this year.

The UW is working with the Surgical Care and Outcomes Assessment Program to implement checklists in every hospital throughout the state by the end of 2009. Dr. David Flum, a UW gastrointestinal surgeon and outcomes researcher, received \$1.35 million in 2007 from the Life Sciences Discovery Fund to support the assessment program, which includes use of a surgical checklist. Other hospitals involved in the pilot program include the University of Toronto; St. Mary's Hospital in London; University of Auckland in New Zealand; St. Stephen's Hospital in New Delhi; District Hospital in Ifakara, Tanzania; Philippine General Hospital in Manila; and Prince Hamza Hospital in Amman, Jordan.

Dellinger said he knows of a handful of cases where things have been left inside patients and safety measures weren't completely followed. A checklist can help eliminate mistakes. "We had unofficial briefings before because it made sense, but not everybody does that. This checklist makes it official," he said.