Welcome to the Time Out Surgical Checklist Webinar

The call will begin shortly.

Just a few reminders:

- Please use the chat box at *anytime* during the call to ask questions.
- If you are using the dial-in option, mute your computer speakers to avoid feedback.
- We will show three videos throughout this webinar. You will need to **unmute** your computer speakers to hear the videos.

Time Out
Surgical Checklist

Minnesota Hospital Association

Time Out Surgical Checklist Kick-off Webinar

June 19, 2019

What are you going to learn

- Provide an overview of MHA's Surgical and Procedure Committee and the development of the Time Out Surgical Checklist
- Review the Time Out Surgical Checklist toolkit available at www.mnhospitals/timeout
- Next steps

Who's in the room?

- Use the chat box to type your name, role and organization
  - Indicate if you are a member of MHA's surgery and procedure committee
  - Share how your organization celebrated National Time Out day.

Meet your speakers

Dr. Robert Quickel
Allina Health

Melissa Stowe
CentraCare Health

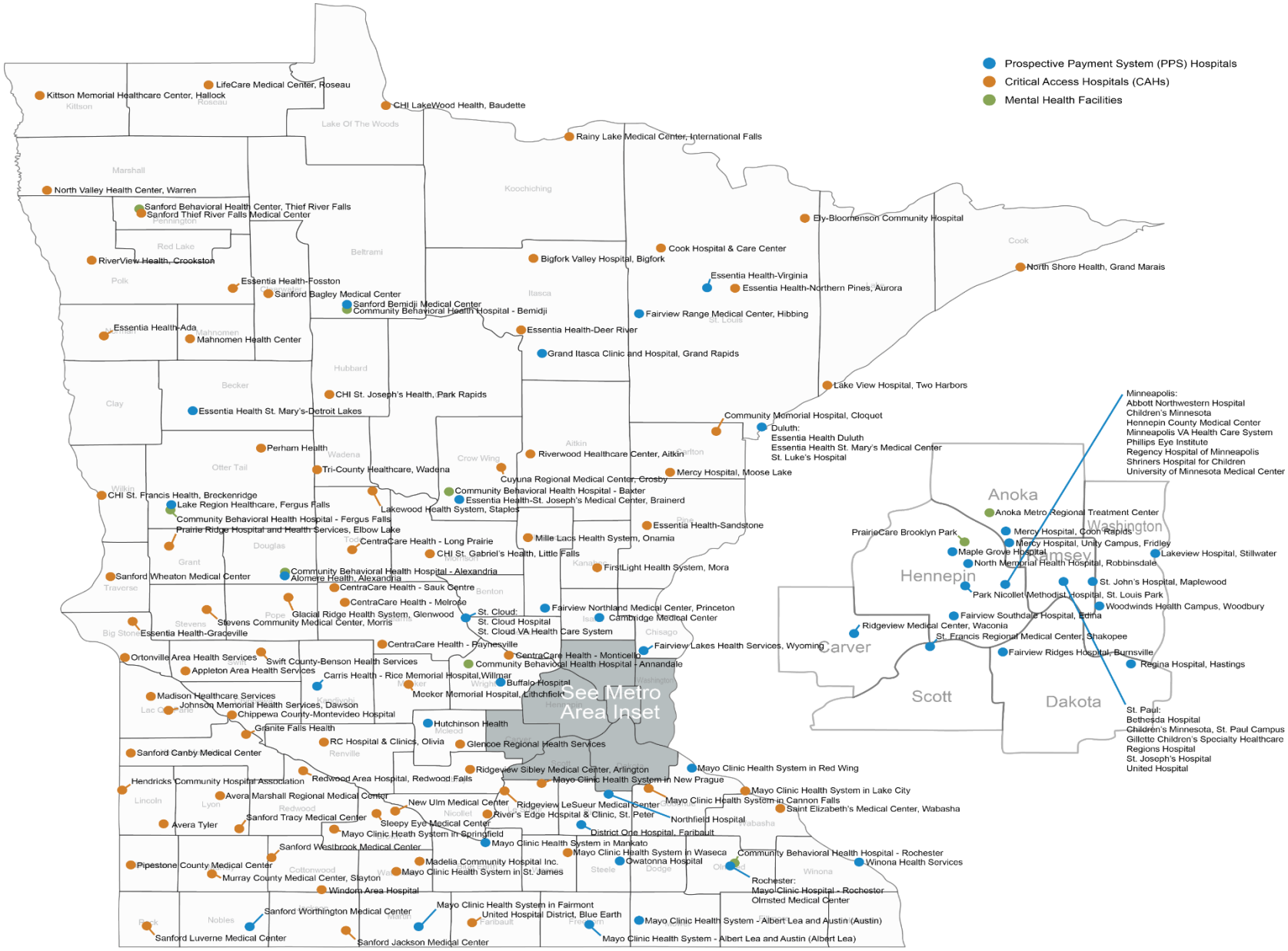
Tyler Lindquist
Allina Health

Chelsie Bakken
CentraCare Health

Brenda Bearden
Mayo Clinic Health System

Deb Moengen
CentraCare Health

Statewide quality improvement



SpeakUP™

The Universal Protocol

for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

Guidance for health care professionals

The Joint Commission

Conduct a pre-procedure verification process

Address missing information or discrepancies before starting the procedure.

- Verify the correct procedure, for the correct patient, at the correct site.
- When possible, involve the patient in the verification process.
- Identify the items that must be available for the procedure.
- Use a standardized list to verify the availability of items for the procedure. (It is not necessary to document that the list was used for each patient.) At a minimum, these items include:
  - ☐ relevant documentation
    Examples: history and physical, signed consent form, preanesthesia assessment
  - ☐ labeled diagnostic and radiology test results that are properly displayed
    Examples: radiology images and scans, pathology reports, biopsy reports
  - ☐ any required blood products, implants, devices, special equipment
- Match the items that are to be available in the procedure area to the patient.

Mark the procedure site

At a minimum, mark the site when there is more than one possible location for the procedure and when performing the procedure in a different location could harm the patient.

- For spinal procedures: Mark the general spinal region on the skin. Special intraoperative imaging techniques may be used to locate and mark the exact vertebral level.
- Mark the site before the procedure is performed.
- If possible, involve the patient in the site marking process.
- The site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed.
- In limited circumstances, site marking may be delegated to some medical residents, physician assistants (P.A.), or advanced practice registered nurses (A.P.R.N.).
- Ultimately, the licensed independent practitioner is accountable for the procedure – even when delegating site marking.
- The mark is unambiguous and is used consistently throughout the organization.
- The mark is made at or near the procedure site.
- The mark is sufficiently permanent to be visible after skin preparation and draping.
- Adhesive markers are not the sole means of marking the site.
- For patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (see examples below): Use your organization's written, alternative process to ensure that the correct site is operated on. Examples of situations that involve alternative processes:
  - ☐ mucosal surfaces or perineum
  - ☐ minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice
  - ☐ teeth
  - ☐ premature infants, for whom the mark may cause a permanent tattoo

Perform a time-out

The procedure is not started until all questions or concerns are resolved.

- Conduct a time-out immediately before starting the invasive procedure or making the incision.
- A designated member of the team starts the time-out.
- The time-out is standardized.
- The time-out involves the immediate members of the procedure team: the individual performing the procedure, anesthesia providers, circulating nurse, operating room technician, and other active participants who will be participating in the procedure from the beginning.
- All relevant members of the procedure team actively communicate during the time-out.
- During the time-out, the team members agree, at a minimum, on the following:
  - ☐ correct patient identity
  - ☐ correct site
  - ☐ procedure to be done
- When the same patient has two or more procedures: If the person performing the procedure changes, another time-out needs to be performed before starting each procedure.
- Document the completion of the time-out. The organization determines the amount and type of documentation.

This document has been adapted from the full Universal Protocol. For specific requirements of the Universal Protocol, see The Joint Commission standards.

Background Information

Minnesota Department of Health — September 2008

Time-Out Process in Minnesota

	Minnesota Recommendation	Rationale
1.	Prior to the procedure, cover the Mayo stand with a towel with "Time Out" in black lettering.	The time-out towel will serve as a memory trigger to remind the surgeon to initiate the time-out, and provides support to team members who may need to reinforce the need to complete the time-out for every procedure.
2.	The surgeon will initiate the time-out after scrubbing and immediately prior to incision. The surgeon should initiate the time-out by saying, for example, "Let's do the time-out."	The surgeon needs to be engaged in the process, and having him/her call for the time-out reinforces its importance. Doing the time-out immediately prior to incision makes it less likely that other conversations or activities will happen between the time-out and the surgery that could distract the surgeon.
3.	All team members will cease their activity. (The anesthesia care provider will continue to manage ventilation.)	No distractions should be present during the time-out, so that all team members can listen for the information and play their part in the process.
4.	The circulating nurse will then conduct the time-out by audibly reading the following information from the patient's affirmation of informed consent: a. Patient Name and medical record number b. Procedure c. Site of procedure (and level, if appropriate) d. Position of patient	The circulating nurse has access to previously verified source documents, which he/she uses for the time-out. Having the circulator begin the process decreases the odds that other team members will simply agree with the most senior person in the room, which can happen if the surgeon is the first person to speak.
5.	The team verification will be conducted audibly in the following standard role sequence (not concurrently): 1. The ACP will read the patient's name, medical record number, and procedure. 2. The scrub tech will state the procedure he/she has set up for, look for and find the site mark, and announce that he/she sees the site marking. 3. The surgeon will state the patient's name, complete procedure, and site.	Visualizing the site marking during the time-out is crucial, as drapes, other materials or repositioning can obscure the mark. Having the scrub tech announce that they have seen the mark gives them an active role to play in the process, and dramatically lessens the odds of making an error due to an obscured mark. Having the surgeon go last minimizes the confirmation bias that sometimes happens in the OR, when team members defer to the surgeon and are reluctant to correct misinformation.

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Surgery and procedure committee work plan priority

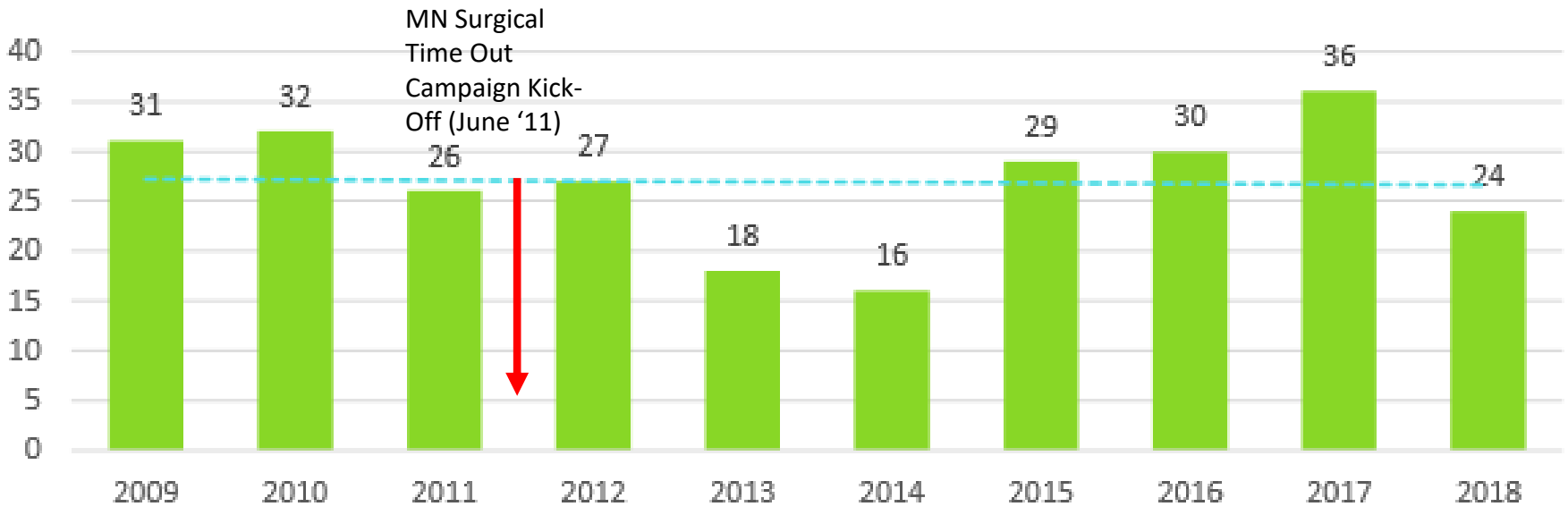
Quality improvement for Time Out: test, finalize and disseminate intervention

- Publish a list of critical elements that can occur in either pre procedure briefing or immediately prior to skin incision.
- Allow for flexibility for hospitals and health systems to choose where in the work flow elements fit

Peer-to-peer learning: flexibility

Wrong site surgeries continue to happen

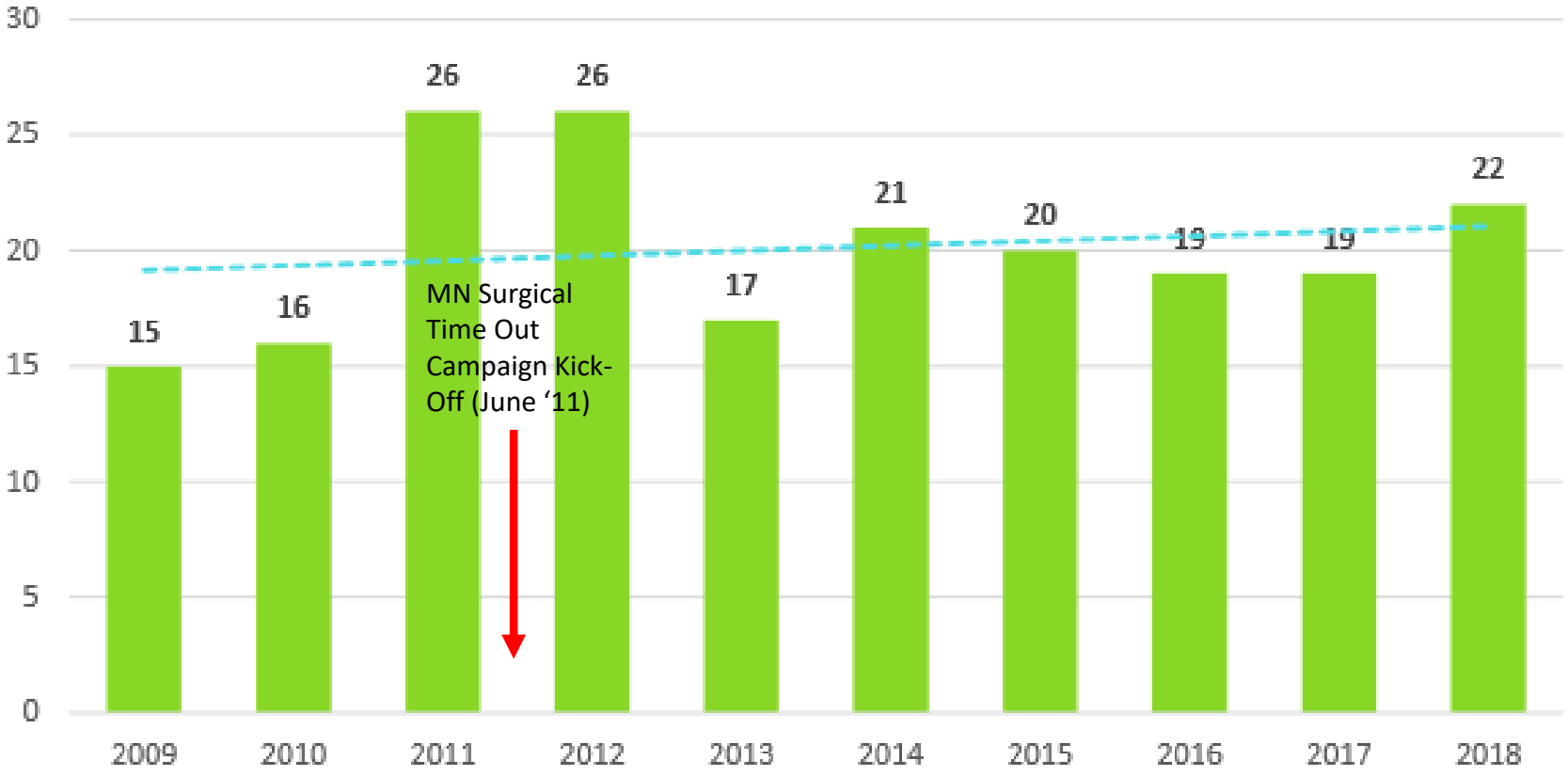
Figure 6: **Wrong Site Surgery/Invasive Procedures 2009-2018**



https://www.health.state.mn.us/facilities/patientsafety/adverseevents/index.html

Wrong procedure surgeries continue to happen

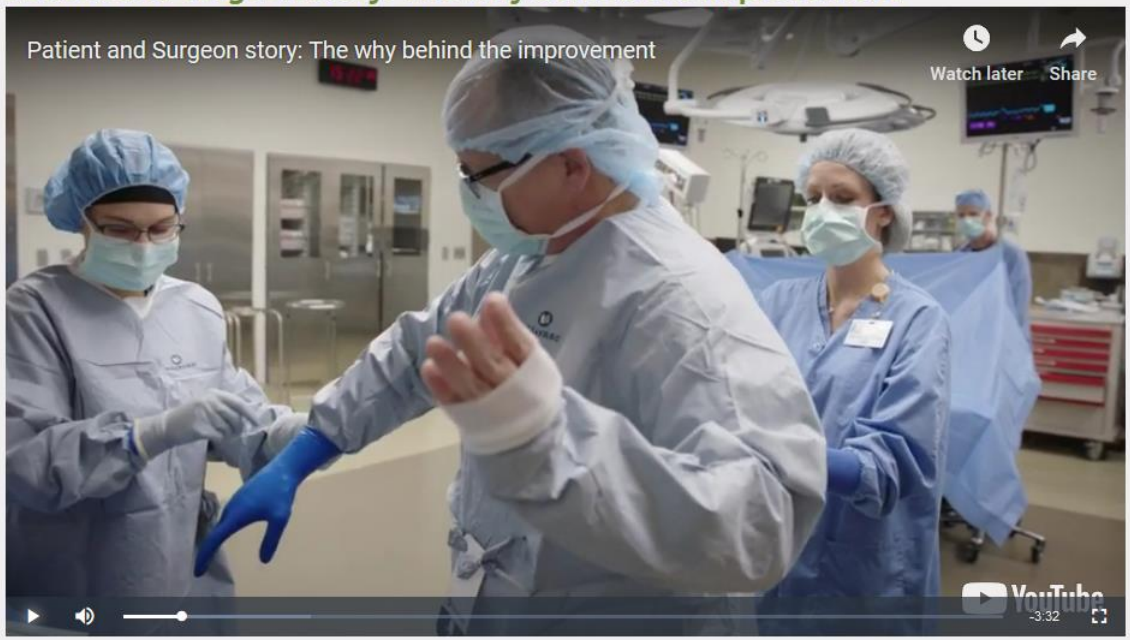
Figure 7: **Wrong Surgeries/Invasive Procedures**



https://www.health.state.mn.us/facilities/patientsafety/adverseevents/index.html

A patient and surgeon story

Patient and surgeon story: The why behind the improvement

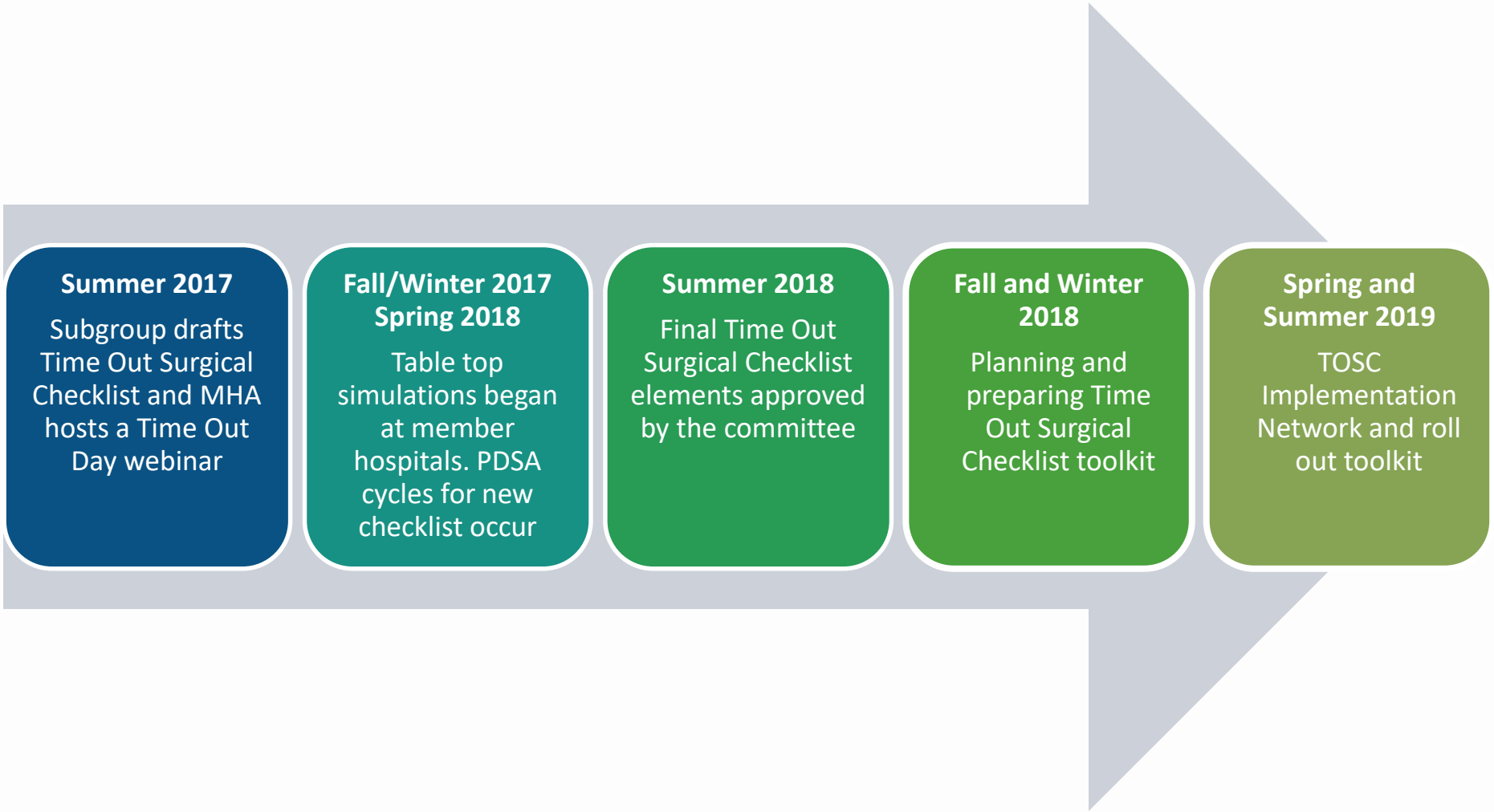


A patient and surgeon story of a surgical adverse event and the impact of the Time Out Surgical Checklist on surgical outcomes.

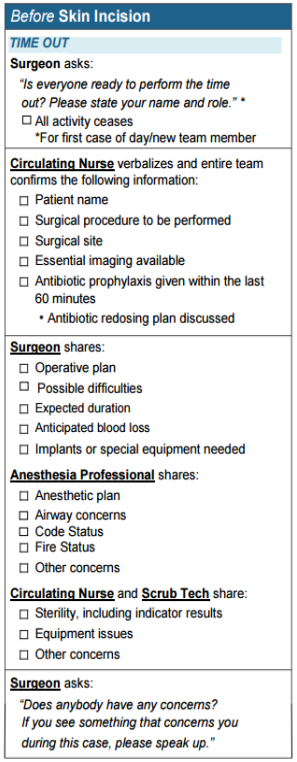
In order to hear the video, please unmute your computer speakers.

Peer-to-peer learning: your why

It’s been a journey



Checklist from 20 to 9 elements



Before Skin Incision

TIME OUT

Surgeon asks:

"Is everyone ready to perform the time out? Please state your name and role." *

☐ All activity ceases

*For first case of day/new team member

Circulating Nurse verbalizes and entire team confirms the following information:

☐ Patient name
☐ Surgical procedure to be performed
☐ Surgical site
☐ Essential imaging available
☐ Antibiotic prophylaxis given within the last 60 minutes
• Antibiotic redosing plan discussed

Surgeon shares:

☐ Operative plan
☐ Possible difficulties
☐ Expected duration
☐ Anticipated blood loss
☐ Implants or special equipment needed

Anesthesia Professional shares:

☐ Anesthetic plan
☐ Airway concerns
☐ Code Status
☐ Fire Status
☐ Other concerns

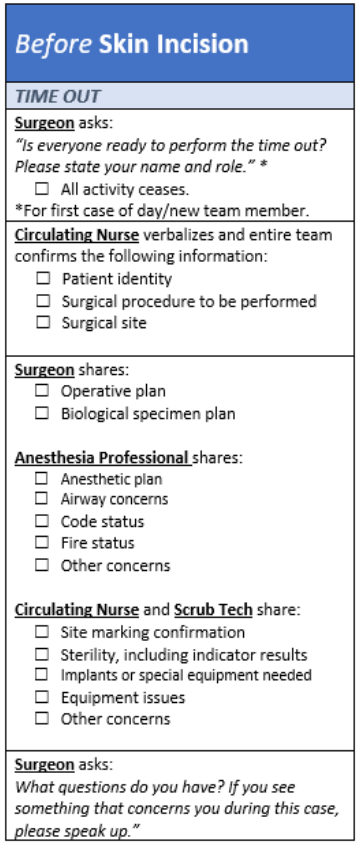
Circulating Nurse and **Scrub Tech** share:

☐ Sterility, including indicator results
☐ Equipment issues
☐ Other concerns

Surgeon asks:

"Does anybody have any concerns? If you see something that concerns you during this case, please speak up."

June 2017
20 elements



Before Skin Incision

TIME OUT

Surgeon asks:

"Is everyone ready to perform the time out? Please state your name and role." *

☐ All activity ceases.

*For first case of day/new team member.

Circulating Nurse verbalizes and entire team confirms the following information:

☐ Patient identity
☐ Surgical procedure to be performed
☐ Surgical site

Surgeon shares:

☐ Operative plan
☐ Biological specimen plan

Anesthesia Professional shares:

☐ Anesthetic plan
☐ Airway concerns
☐ Code status
☐ Fire status
☐ Other concerns

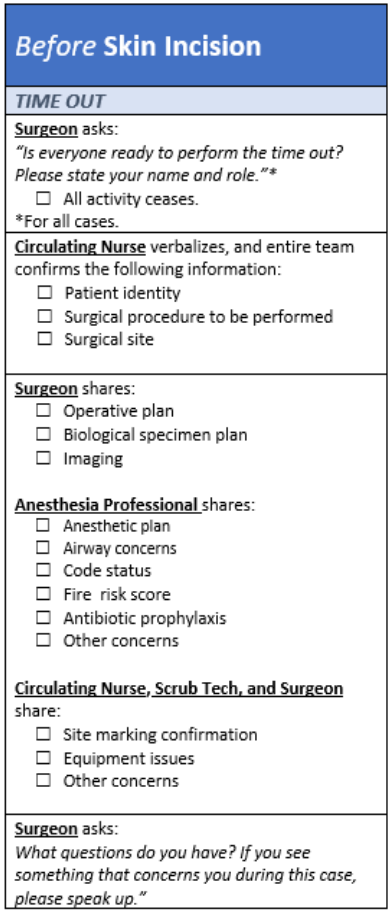
Circulating Nurse and **Scrub Tech** share:

☐ Site marking confirmation
☐ Sterility, including indicator results
☐ Implants or special equipment needed
☐ Equipment issues
☐ Other concerns

Surgeon asks:

What questions do you have? If you see something that concerns you during this case, please speak up."

November 2017
17 elements



Before Skin Incision

TIME OUT

Surgeon asks:

*"Is everyone ready to perform the time out? Please state your name and role."**

☐ All activity ceases.

*For all cases.

Circulating Nurse verbalizes, and entire team confirms the following information:

☐ Patient identity
☐ Surgical procedure to be performed
☐ Surgical site

Surgeon shares:

☐ Operative plan
☐ Biological specimen plan
☐ Imaging

Anesthesia Professional shares:

☐ Anesthetic plan
☐ Airway concerns
☐ Code status
☐ Fire risk score
☐ Antibiotic prophylaxis
☐ Other concerns

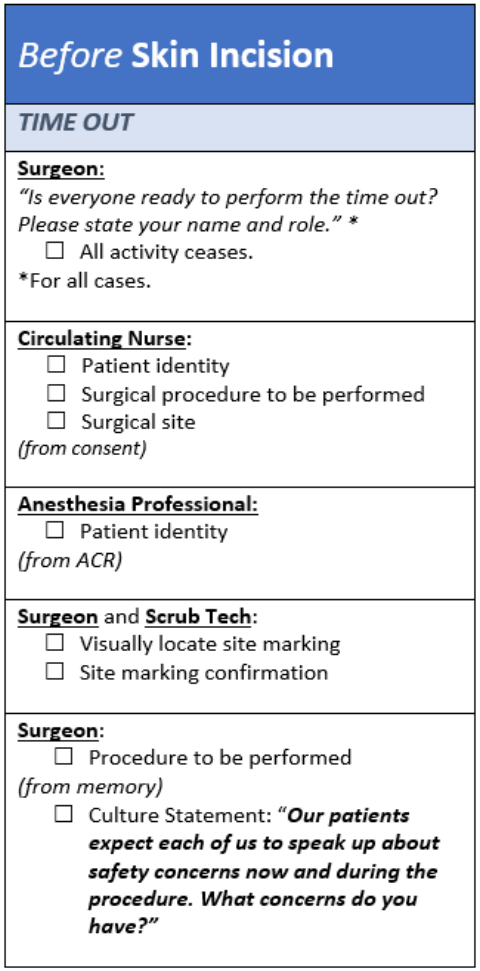
Circulating Nurse, Scrub Tech, and Surgeon share:

☐ Site marking confirmation
☐ Equipment issues
☐ Other concerns

Surgeon asks:

What questions do you have? If you see something that concerns you during this case, please speak up."

April 2018
17 elements



Before Skin Incision

TIME OUT

Surgeon:

"Is everyone ready to perform the time out? Please state your name and role." *

☐ All activity ceases.

*For all cases.

Circulating Nurse:

☐ Patient identity
☐ Surgical procedure to be performed
☐ Surgical site

(from consent)

Anesthesia Professional:

☐ Patient identity

(from ACR)

Surgeon and **Scrub Tech:**

☐ Visually locate site marking
☐ Site marking confirmation

Surgeon:

☐ Procedure to be performed

(from memory)

☐ Culture Statement: ***"Our patients expect each of us to speak up about safety concerns now and during the procedure. What concerns do you have?"***

May 2018-Final
9 elements

Peer-to-peer learning: table top simulations

What's different about this checklist?

MN Time Out (2009)	Time Out Surgical Checklist (2018)
Prior to the procedure, cover the Mayo stand with a towel with "Time Out" in black lettering.	
The surgeon will initiate the time-out after scrubbing and immediately prior to incision. The surgeon should initiate the time-out by saying, for example, **"Let's do the time-out."**	Surgeon initiates Time Out: **"Is everyone ready to perform the time out? Please state your name and role."**
All team members will cease their activity. (The anesthesia care provider will continue to manage ventilation.)	All activity ceases. All team members introduce themselves.
The circulating nurse will then conduct the time-out by audibly reading the following information from the patient's affirmation of informed consent: a. Patient Name **and medical record number** b. Procedure c. Site of procedure (and level, if appropriate) d. **Position of patient**	Circulating nurse reads audibly from the informed consent: • Patient name and DOB • Procedure to be performed • Site
The team verification will be conducted audibly in the following standard role sequence (not concurrently): 1. The ACP will read the patient's name, **medical record number, and procedure.** 2. The scrub tech will **state the procedure he/she has set up for,** look for and find the site mark, and announce that he/she sees the site marking. 3. The surgeon will state **the patient's name,** complete procedure, and site.	1. Anesthesia Care Professional reads patient name and DOB from arm band (if available), or alternate source such as the informed consent, ACR, or EHR). 2. Scrub and surgeon visually locate and verbally state the location of the site marking 3. Surgeon states procedure to be performed
	Surgeon ends time out with culture statement: **"Our patients expect each of us to speak up about safety concerns now and during the procedure. What concerns do you have?"**

Why include a culture statement

Item 9: Culture statement

Culture Statement

This item is sometimes referred to as "the surgeon safety statement." When the surgeon invites other surgical team members to speak up, she or he sets a positive a tone in the operating room, creates a sense of openness, and encourages everyone in the operating room to be comfortable voicing concerns during the case.

Origin: Safe Surgery Checklist

Universal Protocol is implemented most successfully in hospitals with a culture that promotes teamwork and where all individuals feel empowered to protect patient safety. A hospital should consider its culture when designing processes to meet the Universal Protocol.

Culture statement poster

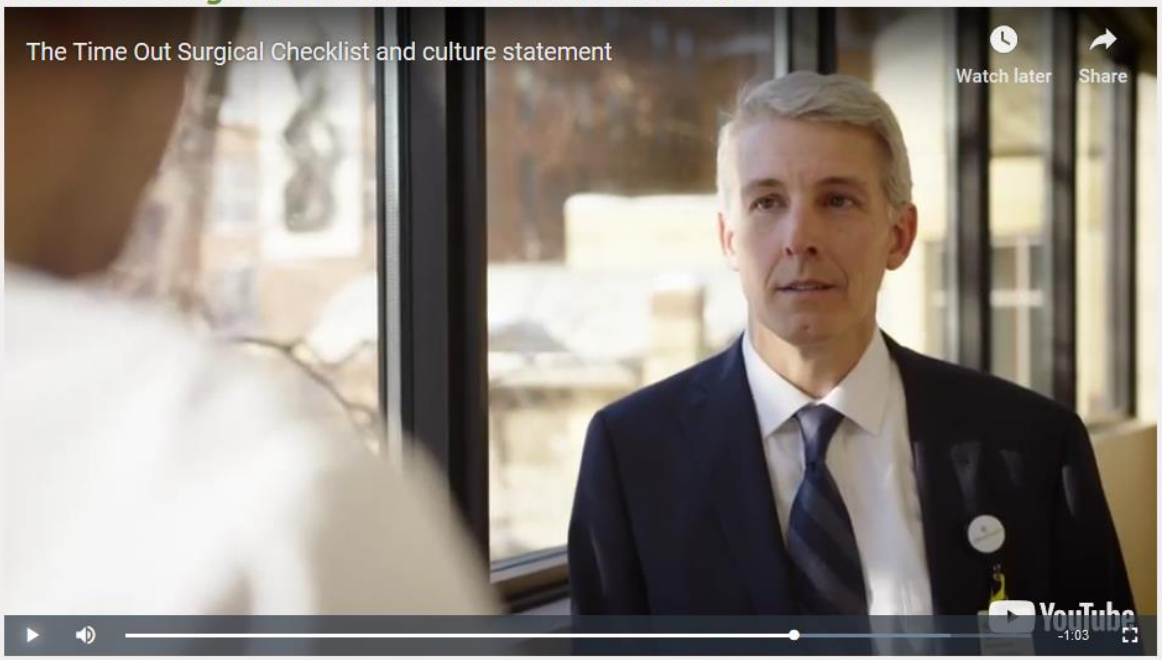
Add company logos

Time Out
Surgical Checklist

"Our patient expects each of us to speak up about safety concerns now and during the procedure. What concerns do you have?"

The culture statement empowers the team to speak up

Time Out Surgical Checklist and culture statement



A brief overview of the Time Out Surgical Checklist and the importance of the culture statement to help reduce surgery and procedural adverse health events across Minnesota.

In order to hear the video, please unmute your computer speakers.

Peer-to-peer learning: the culture statement

Nine elements to be included immediately before skin incision

Surgeon	Team	Circulator	ACP	Scrub & surgeon	Surgeon
Initiates Time Out	All Activity Ceases	Patient Identity	Patient Identity	Site Marking Confirmation	Procedure From Memory
	Introductions	Procedure & Site			Culture Statement

PROCESS CHECKS: Remind team members to verify, perform and discuss critical safety steps

Nine elements to be included immediately before skin incision

Surgeon	Team	Circulator	ACP	Scrub & surgeon	Surgeon
 Initiates Time Out	 All Activity Ceases	 Patient Identity	 ACP Patient Identity	 Site Marking Confirmation	 Procedure From Memory
 Introductions	 Procedure & Site				 Culture Statement

CONVERSATION PROMPTS: Remind team members to share and discuss critical information about the patient, risks and surgical plans so that they are prepared to work together more effectively as a unit.

Thirteen elements to be included immediately before skin incision or in pre procedure briefing

Surgeon, Scrub or Circulator

- Bio Specimen Plan
- Imaging
- Procedure Set Up

Surgeon

- Operative Plan

ACP

- Anesthetic Plan
- Airway Concerns
- Code Status
- Fire Risk Score
- Antibiotic Prophylaxis
- Other Concerns (ACP)

Circulator and Scrub

- Implants & Special Equipment
- Equipment Issues
- Other Concerns

22 time out surgical checklist elements

Time Out Surgical Checklist elements

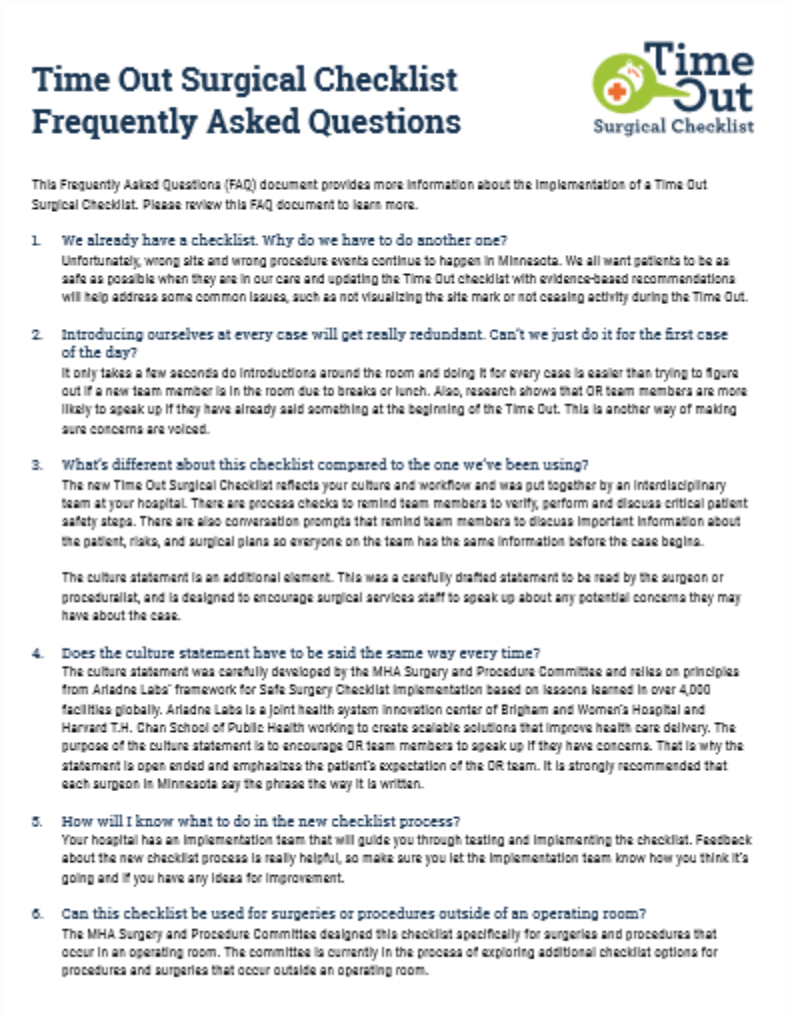
A training video explaining the elements in the Time Out Surgical Checklist.

In order to hear the video, please unmute your computer speakers.

What's in the toolkit?

- 3 Training Videos
  - The Importance of the Time Out Surgical Checklist culture statement
  - Patient and Surgeon Time Out Surgical Checklist Story
  - Time Out Surgical Checklist Elements Training
- Time Out Surgical Checklist elements rationale and origin
- Frequently asked questions
- Culture statement posters
- Media and branding material (fonts, colors, logos for each element)
- TOSC implementation checklist
- Additional implementation materials taken from Ariadne Labs Safe Surgery Checklist Implementation Guide.

Frequently asked questions



Time Out Surgical Checklist
Frequently Asked Questions

Time Out Surgical Checklist

This Frequently Asked Questions (FAQ) document provides more information about the implementation of a Time Out Surgical Checklist. Please review this FAQ document to learn more.

1. **We already have a checklist. Why do we have to do another one?**
   Unfortunately, wrong site and wrong procedure events continue to happen in Minnesota. We all want patients to be as safe as possible when they are in our care and updating the Time Out checklist with evidence-based recommendations will help address some common issues, such as not visualizing the site mark or not ceasing activity during the Time Out.

2. **Introducing ourselves at every case will get really redundant. Can't we just do it for the first case of the day?**
   It only takes a few seconds do introductions around the room and doing it for every case is easier than trying to figure out if a new team member is in the room due to breaks or lunch. Also, research shows that OR team members are more likely to speak up if they have already said something at the beginning of the Time Out. This is another way of making sure concerns are voiced.

3. **What's different about this checklist compared to the one we've been using?**
   The new Time Out Surgical Checklist reflects your culture and workflow and was put together by an interdisciplinary team at your hospital. There are process checks to remind team members to verify, perform and discuss critical patient safety steps. There are also conversation prompts that remind team members to discuss important information about the patient, risks, and surgical plans so everyone on the team has the same information before the case begins.

   The culture statement is an additional element. This was a carefully drafted statement to be read by the surgeon or proceduralist, and is designed to encourage surgical services staff to speak up about any potential concerns they may have about the case.

4. **Does the culture statement have to be said the same way every time?**
   The culture statement was carefully developed by the MHA Surgery and Procedure Committee and relies on principles from Ariadne Labs' framework for Safe Surgery Checklist implementation based on lessons learned in over 4,000 facilities globally. Ariadne Labs is a joint health system innovation center of Brigham and Women's Hospital and Harvard T.H. Chan School of Public Health working to create scalable solutions that improve health care delivery. The purpose of the culture statement is to encourage OR team members to speak up if they have concerns. That is why the statement is open ended and emphasizes the patient's expectation of the OR team. It is strongly recommended that each surgeon in Minnesota say the phrase the way it is written.

5. **How will I know what to do in the new checklist process?**
   Your hospital has an implementation team that will guide you through testing and implementing the checklist. Feedback about the new checklist process is really helpful, so make sure you let the implementation team know how you think it's going and if you have any ideas for improvement.

6. **Can this checklist be used for surgeries or procedures outside of an operating room?**
   The MHA Surgery and Procedure Committee designed this checklist specifically for surgeries and procedures that occur in an operating room. The committee is currently in the process of exploring additional checklist options for procedures and surgeries that occur outside an operating room.

Introducing ourselves at every case will get really redundant. Can't we just do it for the first case of the day?

It only takes a few seconds to do introductions around the room and doing it for every case is easier than trying to figure out if a new team member is in the room due to breaks or lunch. Also, research shows that OR team members are more likely to speak up if they have already said something at the beginning of the Time Out. This is another way of making sure concerns are voiced.

There is rationale behind each element

Item 2: Introductions

The WHO recommends that every person in the operating/procedure room introduce himself or herself by name and role before skin incision.

Introductions are also critical in creating an environment where individuals can voice concerns about the patient. People who are given the opportunity to contribute to a conversation will also find it easier to speak up later. It is recommended that every person in the operating/ procedure room introduce himself or herself, including manufacturer/ equipment representatives, students, and observers.

Many clinicians have raised concerns about having surgical team members introduce themselves before every case because everybody already knows each other, or the team will be working together for the entire day. A best practice is to have surgical team members introduce themselves by name and role prior to the first case and have surgical team members check off with each other in subsequent cases. An example of checking off with one another is, “Betty, are you ready to go?”

Origin: WHO Surgical Safety Checklist

Peer-to-peer learning: communication is key

Design and display your checklist with these logos


Bio Specimen Plan


Imaging


Anesthetic Plan


Airway Concerns


Fire Risk Score

Other Concerns (ACP)


Implants & Special Equipment


Equipment Issues


Other Concerns


Procedure Set Up


Operative Plan


Code Status


Antibiotic Prophylaxis


Initiates Time Out


All Activity Ceases


Introductions


Patient Identity


Procedure & Site

Patient Identity


Site Marking Confirmation


Procedure From Memory


Culture Statement

A checklist for the checklist

Time Out Surgical Checklist Implementation Checklist

Time Out Surgical Checklist

Phase	Checklist Items*	Notes	Leader Responsible	Date Initiated
Plan	1. Identify the implementation team	Include: surgeon, scrub tech, circulating nurse, anesthesiologist/CRNA, administrator/quality improvement officer.		
	2. Assess surgical culture and environment	Understand the surgical workflows in order to inform your organization's checklist.		
	3. Decide where elements belong on the checklist	Use local practice to place the 20 elements and draft a checklist.		
Do	4. Test the draft checklist	Tabletop simulations ↠ practice in an empty OR ↠ one case with a patient ↠ full day of cases for one surgical team. Stop and gather feedback at every stage and incorporate changes into the final checklist.		
	5. Create a plan for checklist expansion	Create a plan before putting the finalized checklist into use across all ORs.		
	6. Checklist design and display	Easy to use with large, easy to read font. Consider handheld, poster or electronic options for display.		
Check	7. 1-on-1 conversations	Meet individually with surgical team members to engage them on the new checklist and address any potential barriers to enthusiastic adoption.		
Act	8. Promote the checklist	Internally advertise the checklist at your organization.		
	9. Teach the checklist	Train surgical team members on how to properly use the checklist.		
	10. Coach the checklist	Observe surgical teams in action using the checklist and provide feedback and coaching.		
Sustain	11. Continually improve	Celebrate and publicize the work that's been done, continue to coach surgical teams, and keep senior leadership informed of long-term success.		

*All checklist items have a corresponding chapter from the Ariadne Labs Safe Surgery Checklist Implementation Guide.

Who is Ariadne Labs

ARIADNE LABS

BRIGHAM HEALTH
BRIGHAM AND WOMEN'S HOSPITAL

HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH

First step in implementation is planning

Phase	Checklist Items*	Notes
Plan	1. Identify the implementation team	Include: surgeon, scrub tech, circulating nurse, anesthesiologist/CRNA, administrator/quality improvement officer.
	2. Assess surgical culture and environment	Understand the surgical workflows in order to inform your organization's checklist.
	3. Decide where elements belong on the checklist	Use local practice to place the 20 elements and draft a checklist.

Corresponding Ariadne Lab Safe Surgery Implementation Guide chapters:

- Chapter 3: Building a checklist implementation team
- Chapter 4: Assessing your surgical culture and environment
- Chapter 7: Customizing the checklist

Second step is doing

Do	4. Test the draft checklist	Tabletop simulations ⏩ practice in an empty OR ⏩ one case with a patient ⏩ full day of cases for one surgical team. Stop and gather feedback at every stage and incorporate changes into the final checklist.
	5. Create a plan for checklist expansion	Create a plan before putting the finalized checklist into use across all ORs.
	6. Checklist design and display	Easy to use with large, easy to read font. Consider handheld, poster or electronic options for display.

Corresponding Ariadne Lab Safe Surgery Implementation Guide chapters:

- Chapter 8: Testing your checklist in the operating/procedure room
- Chapter 9: Creating a plan for checklist expansion
- Chapter 6: Checklist design and display

Third step is acting

Act	8. Promote the checklist	Internally advertise the checklist at your organization.
	9. Teach the checklist	Train surgical team members on how to properly use the checklist.
	10. Coach the checklist	Observe surgical teams in action using the checklist and provide feedback and coaching.

Corresponding Ariadne Lab Safe Surgery Implementation Guide chapters:

- Chapter 11: Promoting the checklist
- Chapter 12: Teaching the checklist
- Chapter 13: Coaching the checklist

Fourth step is sustaining

Sustain	11. Continually improve	Celebrate and publicize the work that's been done, continue to coach surgical teams, and keep senior leadership informed of long-term success.

Corresponding Ariadne Lab Safe Surgery Implementation Guide chapters:

- Chapter 15: Continually improve

Plan: identify the implementation team

CHAPTER 3: Building a checklist implementation team

Resources and materials:

- Implementation team roles and responsibilities
- Overview of checklist implementation

Key concepts:

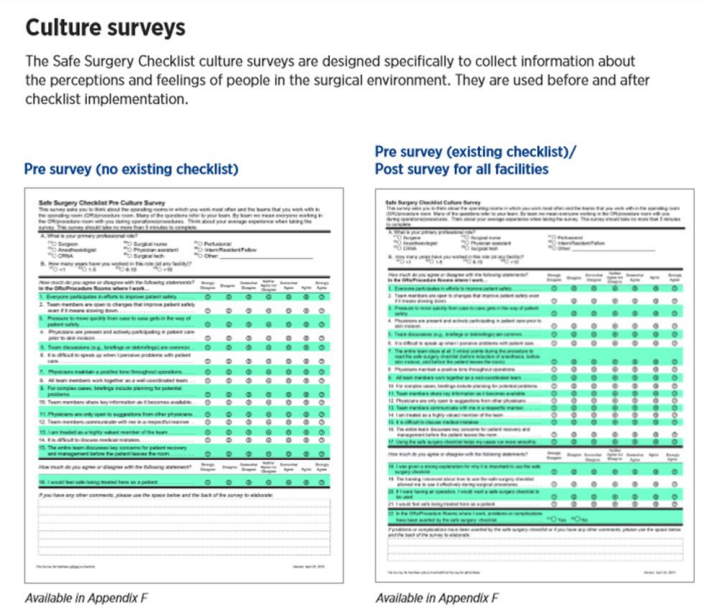
- The implementation team is a multidisciplinary group of people responsible for planning and executing the checklist initiative.
- The team should include representatives from each role on the surgical team.
- Team members need to be enthusiastic, respected, and committed.
- Use 1-on-1 conversations to recruit people for your team.
- Finding physician champions is important but may be challenging.

Plan: assess your surgical culture and environment

CHAPTER 4: Assessing your surgical culture and environment

Resources and materials:

- Assessment Observation Tool
- Action guide: Assessment observer's guide
- Safe Surgery Checklist Culture Survey: Pre survey (no existing checklist)
- Safe Surgery Checklist Culture Survey: Pre survey (existing checklist)/Post survey for all facilities
- Implementation Lead Project Spreadsheet



Culture surveys

The Safe Surgery Checklist culture surveys are designed specifically to collect information about the perceptions and feelings of people in the surgical environment. They are used before and after checklist implementation.

Pre survey (no existing checklist)

Available in Appendix F

Pre survey (existing checklist)/ Post survey for all facilities

Available in Appendix F

Plan: customizing the checklist

CHAPTER 7: Customizing the checklist

Resources and materials:

- Action guide: How to make improvements to your existing surgical checklist
- How to customize the Time out Surgical Checklist for your facility
- Action guide: Checklist for customizing the checklist

Peer-to-peer learning: success and challenges

Use the chat box to type your questions

Next steps

- MHA will set-up quarterly check-ins and a listserv for you to network with peers as you implement the Time Out Surgical Checklist at your organization
- For the next three months focus on the plan sections of the implementation checklist:
  1. Identify an implementation team
  2. Assess surgical culture and environment
  3. Decide where elements belong on the checklist