



**Did You Know?**

- ❑ **3,925 hospitals** representing **122 countries** have registered as Safe Surgery Saves Lives Participating Hospitals. Is your hospital registered with us? If not, click [here](#).
- ❑ **25 countries** have mobilized resources to implement the WHO Surgical Safety Checklist at a national level. To see a full list of these countries click [here](#).

**The Checklist in Action**

Over the last three months new evidence has been published demonstrating that the use of a surgical checklist in operating theatres can dramatically reduce morbidity and mortality. These studies have been instrumental in showing the value of checklists in the operating theatre and overwhelmingly demonstrate that the use of a surgical checklist is vital to improving surgical safety. In a [press release](#) issued on 11 November by the United Kingdom's National Patient Safety Agency, Sir Liam Donaldson, Chairman of the WHO Patient Safety programme, said "Hospitals not using a surgical safety checklist are endangering patient safety. If I were to need an operation, I would want to be treated somewhere using a surgical checklist." The World Health Organization has also issued a statement describing the impact of these studies. To read the WHO statement please click [here](#).

**Effect of a Comprehensive Surgical Safety System on Patient Outcomes, Netherlands**

The November 10<sup>th</sup>, 2010 edition of the New England Journal of Medicine highlighted the impact that the SURPASS Checklist had in six hospitals in the Netherlands. Researchers developed a 100-item Checklist that spans the surgical pathway and includes checks that address medications, marking of the correct operative site, and postoperative instructions. Compared to controls, the test hospitals had a greater than one-third reduction in complications and achieved an almost 50% reduction in deaths (from 1.5% to 0.8%)<sup>1</sup>. They measured checklist adherence and found tight correlation between using the checklist and achieving the results. This publication is available online and can be accessed by clicking [here](#).

1. [de Vries EN, Prins HA, Crolla RM, den Outer AJ, van Anandel G, van Helden SH, Schlack WS, van Putten MA, Gouma DJ, Dijkgraaf MG, Smorenburg SM, Boormeester MA; the SURPASS Collaborative Group. Effect of a Comprehensive Surgical Safety System on Patient Outcomes. N Engl J Med. 2010 Nov 11;363\(20\):1928-1937.](#)

**Association Between Implementation of a Medical Training Program and Surgical Mortality, United States**

The Veterans Health Administration (VHA) implemented a formalized team training program in 74 of their facilities that included the use of a surgical checklist. The surgical checklist that was utilized by VHA teams helps to ensure that necessary patient specific information was communicated verbally amongst the surgical team prior to every surgical procedure. The 74 facilities that participated in this program experienced an 18% reduction in mortality<sup>2</sup>.

The VHA Training program required that surgical teams attend a one day onsite learning session that trained surgical teams to communicate better as a cohesive unit and to effectively use the surgical checklist in the operating theatre. The VHA published two articles on their experiences implementing the checklist and their surgical team training program. Please click on the below links to learn more.

2. [Neily J, Mills PD, Young-Xu Y, Carney BT, West P, Berger DH, Mazzia LM, Paull DE, Bagian JP. Association between implementation of a medical team training program and surgical mortality. JAMA. 2010 Oct 20;304\(15\):1693-700.](#)

3. [Paull DE, Mazzia LM, Wood SD, Theis MS, Robinson LD, Carney B, Neily J, Mills PD, Bagian JP. Briefing guide study: preoperative briefing and postoperative debriefing checklists in the Veterans Health Administration medical team training program. Am J Surg. 2010 Nov;200\(5\):620-3.](#)

**Does a Surgical Safety Checklist Improve Patient Safety Culture and Outcomes, Stanford University, United States**

Recently, Stanford University presented their findings at the 2010 American College of Surgeons Annual Clinical Congress held in Washington D.C. Researchers at Stanford found that the observed/expected mortality ratio declined from .88 in quarter one to .80 in quarter two with the use of a modified version of the WHO Surgical Safety Checklist.

Moreover, they found that the use of the Checklist increased the frequency in which staff reported "Patient Safety Never Events" while the number of Patient Safety Never Events that were related to errors or complications decreased from 35.2% to 24.3%. Overall, the Checklist has not only impacted outcomes, but it has also improved communication among the surgical team, and thus quality of care.<sup>4</sup>

4. Tsai Thomas, Boussard Tinna, Welton, Mark, Morton, John. Does a surgical safety checklist improve patient safety culture and outcomes? [Abstract]. In: American College of Surgeons Annual Clinical Congress. 2010 October 3-7; Washington D.C. Journal of American College of Surgeons.