

# News Release

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## **Promoting a Low-Tech Solution for Safer Surgery** March is Missouri Patient Safety Awareness Month

JEFFERSON CITY, Mo.—Medical breakthroughs aren't always advanced machines emitting radiation or precision lasers. Sometimes, they're as simple as a checklist.

In celebration of March as Missouri Patient Safety Awareness Month, health care leaders are promoting a 19-item checklist found to improve safety during surgery. Health advocates are working with hospitals across the state to adapt the checklist for use within local surgical units.

On January 29, *The New England Journal of Medicine* reported that using the checklist reduced the death rate from 1.5 percent to 0.8 percent. Surgical complications found while patients were still in the hospital were reduced from 11.0 percent to 7.0 percent.

“We're excited because this is moving rather quickly,” said Becky Miller, executive director of the Missouri Center for Patient Safety. “The study was released only a month ago. Already we have a movement to implement it, both in Missouri and nationally, through the Institute for Health Care Improvement. As with anything in health care, change will not happen overnight. It will take a while for hospitals and surgeons to work it into their routine, to adapt the checklist for use within each setting and to align it with other safety measures they already have in place.”

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MOCPS, the Missouri Hospital Association and Primaris, Missouri's Medicare quality improvement organization, are working together with the National Institute for Health Care Improvement to complete the checklist project in Missouri.

Margaret Donnelly, director of the Missouri Department of Health and Senior Services, said her department supports the effort.

“This is a major step forward in our efforts to increase patient safety,” Donnelly said.

“The health care industry has seen remarkable results from this 19-item checklist. Once put into practice in Missouri hospitals, we hope to see reduced death rates and complications associated with surgeries.”

#### **About MOCPS**

A private, not-for-profit corporation, the Missouri Center for Patient Safety is dedicated to fostering change throughout Missouri's health care systems. Based in Jefferson City, the mission of MOCPS is to improve health care quality and patient safety in collaboration with health care providers, physicians, purchasers, consumers and government. MOCPS is a federally-recognized Patient Safety Organization. More information is available online at [www.mocps.org](http://www.mocps.org)

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## Recommended Surgical Checklist

(Source: *The New England Journal of Medicine*)

### Sign In

Before induction of anesthesia, members of the team (at least the nurse and an anesthesia professional) orally confirm that:

1. The patient has verified his or her identity, the surgical site and procedure, and consent.
2. The surgical site is marked or site marking is not applicable
3. The pulse oximeter is on the patient and functioning
4. All members of the team are aware of whether the patient has a known allergy
5. The patient's airway and risk of aspiration have been evaluated and appropriate equipment and assistance are available
6. If there is a risk of blood loss of at least 500 ml (or 7 ml/kg of body weight, in children), appropriate access and fluids are available

### Time Out

Before skin incision, the entire team (nurses, surgeons, anesthesia professionals and any others participating in the care of the patient orally):

7. Confirm that all team members have been introduced by name and role
8. Confirm the patient's identity, surgical site and procedure
9. Review the anticipated critical events
10. Surgeon reviews critical and unexpected steps, operative duration and anticipated blood loss
11. Anesthesia staff review concerns specific to the patient
12. Nursing staff review confirmation of sterility, equipment availability and other concerns
13. Confirms that prophylactic antibiotics have been administered  $\leq 60$  minutes before incision is made or that antibiotics are not indicated
14. Confirms that all essential imaging results for the correct patient are displayed in the operating room

### Sign Out

Before the patient leaves the operating room, the nurse reviews items aloud with the team:

15. Name of the procedure, as recorded
16. That the needle, sponge and instrument counts are complete or not applicable
17. That the specimen (if any) is correctly labeled, including with the patient's name
18. Whether there are any issues with equipment to be addressed

The surgeon, nurse and anesthesia professional review aloud:

19. The key concerns for the recovery and care of the patient.