

Rapid adoption sought for surgical checklist

Leaders of the Institute for Healthcare Improvement, encouraged by the rapidity with which many of its local “nodes” have moved to adopt new initiatives, are optimistic that one of its latest initiatives will likewise see large numbers of hospitals participating in the near future. This initiative involves adoption of the World Health Organization (WHO) Surgical Safety Checklist, developed by a team headed by **Atul Gawande**, MD, the surgeon serving as director of WHO’s Global Patient Safety Challenge.

The checklist identifies three phases of an operation (sign in, time out, sign out), each corresponding to a specific period in the normal flow of work. In each phase, the checklist helps teams confirm that the critical safety steps are completed before they proceed with the operation. (You can download the checklist free of charge at: www.who.int/patientsafety/safesurgery/en/index.html.)

“Some research work has been done that shows at least half of the major surgical complications that occur are preventable,” asserted Gawande during a Dec. 10 teleconference that was part of IHI’s 20th annual National Forum on Quality Improvement in Health Care, in Nashville, TN. “It is IHI’s ambition to come into line with the goals of WHO.”

The checklist, which was made public in June 2008, “can reduce complications by making sure surgical teams do simple things, such as making sure the patient gets antibiotics within the appropriate time before incision; that there is the right

access to blood and fluids; that the team makes sure they know each others’ names; that they know how long the surgery will take; and so forth,” said Gawande. IHI members, he added, made a commitment to have at least one operating room in every member hospital using the checklist within 90 days and then to spread the checklist to every operating room. IHI has dubbed this ambitious initiative The Sprint. “It’s a question of whether we can change what patients can expect in real ways quickly,” Gawande explained.

“Washington has already rolled out the checklist throughout the state,” reported **Donald M. Berwick**, MD, MPP, IHI’s president and CEO. “It’s already in 10 hospitals, and it will be in the rest of the state’s 97 by the end of the year. As members of IHI, they can become a model of how IHI can do this with all hospitals.”

“We had over 4,000 hospitals participating, and they will do so in this next phase,” added **Joseph McCannon**, IHI vice president and manager of the recently concluded 5 Million Lives Campaign. “To strengthen our ability to support initiatives on the local level, every state has a nodal infrastructure. The hospital association or QIO will act as our proxy, take content, and manage local improvement so people can learn from one another and accelerate the rate at which they improve. We have observed a willingness to take on new interventions, and we hope that will be the case with the surgical checklist — which is our most ambitious yet.”

McCannon said he feels optimistic. “We have a real obligation to make this part of the standard of care,” he concluded. ■