TOOLKIT 1 · SURGICAL SAFETY · TOOL 3 OF 5

Surgical Safety Checklist — Implementation Guide

How to introduce the checklist in a theatre that has never used one, in six weeks, and keep it alive after the enthusiasm fades

Why it works, and why it fails

In the WHO pilot across eight hospitals in eight countries, deaths fell from 1.5% to 0.8% and complications from 11% to 7% after the checklist was introduced. It fails when it is treated as paperwork: read silently, ticked after the fact, or read by someone with no authority to stop the procedure. It works when it is a conversation, led by one person, that the surgeon visibly supports.

Six weeks

Week	Do	Who
1	Lead surgeon and anaesthetist publicly commit. Choose a checklist coordinator role (usually circulating nurse). Print the ASF checklist and card.	Theatre manager
2	Adapt wording in one meeting: local drug names, local counting rules. Do not remove items. Decide where the sheet hangs.	Theatre committee
3	Pilot in one theatre with one willing surgeon for one week. Coordinator reads aloud every case.	Pilot team
4	Debrief the pilot: what was awkward, what took too long (target: under 2 minutes per pause). Adjust wording only.	Theatre committee
5	Train every theatre team in 30 minutes using the briefing card. Role-play one Time Out per team.	Quality lead
6	Go live in all theatres. Start the monthly audit (Tool 5). Report the first month's compliance to the medical board.	Theatre manager

Objections you will hear

Objection	Answer
"We already do this informally."	Then it costs nothing to say it aloud. The pilot data show the informal version misses the allergy and the antibiotic about a third of the time.
"It takes too long."	Under two minutes per pause, once practised. A retained swab costs a re-operation.
"The surgeon will not stand for it."	The surgeon leads the Time Out. Ask the lead surgeon to run the first one personally.
"Our cases are too simple."	Wrong-site surgery happens in simple cases. The Sign In is thirty seconds.

Keeping it alive

- Audit ten cases a month by observation, not by looking at signed sheets (Tool 5).
- Post compliance by theatre on the theatre notice board every month.
- When something is caught by the checklist — an allergy, a wrong side — tell the whole department. Stories keep checklists alive.
- Review the wording once a year; re-print.

ASF standards: Hospital Standard 4 — surgical safety criteria; Governance chapter — quality improvement evidence