

# Checklists

## Checklists

Checklists in the operating theatre environment are now accepted as standard safety protocols since the Safe Surgery Saves Lives Study Group at WHO published its results. The use of a perioperative surgical safety checklist in eight hospitals around the world was associated with a reduction in perioperative mortality from 1.5% to 0.7% and major inpatient complications from 11.0% before to 7.0% after the introduction of the checklist. A more recent study from two hospitals in Norway (2015) showed a decrease in complications from 19.9% to 11.5%, a fall in mean length of stay of 2 days and a significant fall in hospital mortality from 1.9% to 0.2% in one hospital, carried out at three obligatory time points ( Figure 15.1 ). The checklist items are not intended to be comprehensive and additions and modifications are encouraged. For example, during the COVID-19 pandemic, the checklist lent itself to including COVID-19-specific checks within this pathway . The benefits of standardisation of surgical processes need not be limited to the operating theatre. Several studies have shown that the majority of surgical errors (53–70%) occur outside the operating theatre, either before or after surgery , and that a more substantial improvement in safety can be achieved by targeting the entire surgical pathway . There is no question that checklists are tools that improve outcomes, provided they are correctly implemented. However, there are some important considerations. Checklists are suited to solving specific kinds of problems, but not others. Even in comparison with aviation, managing patients involves an enormous amount of coordinated, time-pressured decision making and potential delays. Checklists are simple reminders of what to do; however, unless they are coupled with attitude change and efforts to remove barriers to actually using them, they will have limited impact. Simply put, if one begins to believe that safety is simple and that all it requires is a checklist, there is a danger of abandoning other important efforts to achieve safer, higher quality care. Experience has shown, however, that for successful implementation of a checklist considerable attention is required to the following factors: early engagement of staff ; active leadership and identification of local champions; extensive discussion, education and training; multidisciplinary involvement; coaching; ongoing feedback; local adaptation. Checklists

Checklists in the operating theatre environment are now accepted as standard safety protocols since the Safe Surgery Saves Lives Study Group at WHO published its results. The use of a perioperative surgical safety checklist in eight hospitals around the world was associated with a reduction in perioperative mortality from 1.5% to 0.7% and major inpatient complications from 11.0% before to 7.0% after the introduction of the checklist. A more recent study from two hospitals in Norway (2015) showed a decrease in complications from 19.9% to 11.5%, a fall in mean length of stay of 2 days and a significant fall in hospital mortality from 1.9% to 0.2% in one hospital, carried out at three obligatory time points ( Figure 15.1 ). The checklist items are not intended to be comprehensive and additions and modifications are encouraged. For example, during the COVID-19 pandemic, the checklist lent itself to including COVID-19-specific checks within this pathway . The benefits of standardisation of surgical processes need not be

limited to the operating theatre. Several studies have shown that the majority of surgical errors (53–70%) occur outside the operating theatre, either before or after surgery, and that a more substantial improvement in safety can be achieved by targeting the entire surgical pathway. There is no question that checklists are tools that improve outcomes, provided they are correctly implemented. However, there are some important considerations. Checklists are suited to solving specific kinds of problems, but not others. Even in comparison with aviation, managing patients involves an enormous amount of coordinated, time-pressured decision making and potential delays. Checklists are simple reminders of what to do; however, unless they are coupled with attitude change and efforts to remove barriers to actually using them, they will have limited impact. Simply put, if one begins to believe that safety is simple and that all it requires is a checklist, there is a danger of abandoning other important efforts to achieve safer, higher quality care. Experience has shown, however, that for successful implementation of a checklist considerable attention is required to the following factors: - /uni25CF early engagement of staff; /uni25CF active leadership and identification of local champions; /uni25CF extensive discussion, education and training; /uni25CF multidisciplinary involvement; /uni25CF coaching; /uni25CF ongoing feedback; /uni25CF local adaptation.

---

Revision #1

Created 2025-12-31 15:09:12 UTC by Omar Ayman

Updated 2025-12-31 15:09:12 UTC by Omar Ayman