



Surgical Safety Checklist Policy

1. Purpose

This policy outlines the requirements for use of the WA Country Health Service (WACHS) Surgical Safety Checklist (SSC) to promote and support safe practices, communication and teamwork in the perioperative setting.

The World Health Organization (WHO) launched the Surgical Safety Checklist in 2008 as part of the [“Safe Surgery Saves Lives” Second Global Patient Safety Challenge](#). It was endorsed by Australian Health Ministers and is now widely used in Australia as the nationally agreed strategy for surgical safety ([Australian Commission on Safety and Quality in Health Care, n.d.](#)). The WHO SSC is endorsed by the Royal Australasian College of Surgeons (RACS), Australian College of Perioperative Nurses (ACORN), Australian and New Zealand College of Anaesthetists (ANZCA) and Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

The SSC aims to reduce mortality rates and the incidence of surgical complications. It is intended to be a practical tool for clinicians assisting staff to consistently follow critical safety steps, thereby minimising the most common avoidable risks and optimising surgical patient outcomes. Most importantly, the SSC enhances communication within the perioperative team which is a critical factor in ensuring the safety and quality of patient care.

This policy aligns with the [National Safety and Quality Health Services Standards](#) requirements for correctly matching patients with their intended care.

2. Policy

The SSC is primarily a tool to improve verbal communication between members of the perioperative team. It is the final safety check before a procedure is commenced. Completion of the WACHS SSC is mandatory for all elective and emergency surgery/procedures undertaken in WACHS operating theatres and procedure rooms, noting a condensed approach may be required in life threatening situations at the discretion of the lead surgeon/proceduralist.

The SSC consists of three separate ‘moments’:

- **Sign In** – intended to engage all team members in confirming that all the requirements for a safe procedure have been met **before the initiation of anaesthesia**.
- **Time Out** – a final check to ensure the correct procedure is being performed on the correct site/side (if applicable) of the correct patient and to confirm that any essential steps have been undertaken **before the commencement of the procedure**.
- **Sign Out** – intended to confirm a shared understanding of the events that have occurred during the procedure amongst the surgical/procedural team and communicate important information for the ongoing care of the patient **before the patient leaves the operating theatre/procedure room**.

2.1 Key principles

When the lead clinician starts the moment, **all team members stop and actively listen** – this creates a shared understanding amongst the entire team, ensures key points are heard (and can be challenged) and empowers everyone to speak up for safety. The clinician leading each moment should announce clearly that they would like to start the moment and await the attention of the rest of the team.

Involve patients where possible, a clinician should briefly explain the SSC to the patient to ensure they are aware of the process and are not alarmed by it. For culturally and linguistically diverse patients, an interpreter may be required to facilitate patient involvement in the Sign In. If the patient is unable to participate in the SSC moments for any reason, there may be some circumstances in which a next of kin or other substitute decision maker can be directly involved in the Sign In. Clinicians are to be mindful of the patient's level of anxiety and raise any issues as sensitively as possible when discussing the elements of the SSC.

Role allocation defined for each moment of the SSC:

- the Sign In is initiated and led by the anaesthetist (or the surgeon/proceduralist in cases with no anaesthetist), who is to clearly announce the intention to start and wait for the attention of the team.
- the Time Out is initiated and led by the surgeon/proceduralist, who is to clearly announce the intention to start and wait for the attention of the team
- the Sign Out is initiated by the circulating nurse, who is to clearly announce the intention to start and wait for the attention of the team.

Addressing relevant concerns at the relevant time – the three moments are designed to ensure critical pieces of information are shared at key points in time. Communication during the moments must be direct and succinct.

2.2 Sign In: Initiated and led by Anaesthetist

The aim of the Sign In moment is to ensure all the requirements for a safe operation/procedure have been met before the initiation of anaesthesia. This includes:

- confirming the patient's identity, procedure, surgical site (including correct site marking), and consent with the patient
- ensuring key points of patient history have been gathered
- confirming the anaesthesia safety check
- checking the availability of essential investigations, equipment and personnel
- confirming the team (and patient) have a shared understanding of the procedure and any risks that are anticipated.

The Sign In is performed in the operating theatre/procedure room, ideally after the patient has transferred onto the operating table, and before the application of monitoring.

2.3 Time Out: Initiated and led by the surgeon/proceduralist

The aim of the Time Out moment is a **final check** to ensure the correct invasive procedure is being performed on the correct site (if applicable) of the correct patient and to 'close the loop' on any essential steps that must be undertaken before the commencement of that procedure. In most cases, the Time Out is performed:

- **after** initiation of anaesthesia

- **after** patient positioning, skin preparation and draping (if applicable)
- **after** the surgeon/proceduralist has scrubbed (if applicable); but
- **before** skin incision or procedure commencement.

Note that for some procedures where there is a short duration of time between the Sign In and Time Out moments (e.g. endoscopy, electroconvulsive therapy (ECT), some ophthalmology cases), it is acceptable to combine the Sign In and Time Out moments.

The scrub nurse must wait until the Time Out has been completed before handing the sharps dish/first instrument to the surgeon/proceduralist.

2.4 Sign Out: Initiated and led by the circulating nurse

The aim of the Sign Out moment is to facilitate the **transfer of important information** to the care teams responsible for the patient after their procedure. The Sign Out is performed:

- **after** the final surgical count
- **before** the surgeon/proceduralist has left the operating theatre/procedure room
- **before** the end of anaesthesia (when applicable); and
- **before** the patient has left the operating/procedure room.

2.5 Escalation Process

At the time of surgery, if **any team member** has a concern that the SSC is not being followed or identifies a discrepancy, they should immediately voice their concerns to the other members of the operating/procedural team. The surgery should not proceed until the issue is resolved.

If the surgery proceeds despite non-compliance with this policy, the incident is to be reported to the relevant clinical lead as per the escalation pathway outlined in [Appendix A](#) and reported as a CIMS.

2.6 Documentation

The [MR91S WACHS Surgical Safety Checklist](#) is to be completed for each surgical/procedural case when the SSC is undertaken. The name and role of the person initiating and leading each moment must be documented.

Additionally the Time Out moment tick box in the Theatre Management System (TMS) must also be checked.

3. Roles and Responsibilities

The **Chief Operating Officer** has overall accountability for ensuring compliance with policy across the organisation.

Executive Director Medical Services and Executive Director Nursing and Midwifery Services are responsible for overseeing compliance and addressing issues as they arise.

Executive Directors are accountable for compliance with this policy in their regions.

Operations Managers, Regional Medical Directors (RMDs) and Regional Directors Nursing and Midwifery (RDNMs) are responsible for leadership and support and advocating for maintaining high standards of clinical practice.

Co-Directors, Coordinators of Nursing (CONs), Directors of Nursing (DONs)/Health Service Managers (HSMs), Director Medical Services (DMS), Senior Medical Officer (SMO) are responsible for compliance with policy within their specific areas of specialty. Oversee the implementation and adherence to SSC.

Theatre Clinical Nurse Managers (CNMs), Heads of Department (HoDs), Clinical Leads for Surgery and Anaesthesia are responsible for leading by example and promoting ongoing compliance with the SSC as outlined in the policy. They will address any instances of non-compliance with the SSC with relevant team members promptly.

The operating team has a role in ensuring safety and success of surgical operations/procedures. They are responsible for participating in and performing the SSC as part of their duties. Additionally, the delegated clinician has specific initiation and leadership responsibilities to ensure the SSC is followed.

Each role is crucial in maintaining a safe and compliant surgical environment, ensuring the SSC is effectively implemented and adhered to. Escalation responsibilities are outlined in [Appendix A](#).

4. Monitoring and Evaluation

The regional Clinical Governance Committees are accountable for monitoring compliance with this policy, with any risks and issues to be escalated via the appropriate regional channels.

Ongoing issues are to be addressed at the site and/or regional level in the first instance and escalated to the WACHS-wide level as appropriate. Refer to [Appendix A](#), Escalation Pathway.

Monitoring of compliance with this policy will include:

- minimum quarterly observational audits of compliance with the SSC, using the electronic [WACHS SSC audit tool](#)
- aggregate review of reported clinical incident data in the perioperative setting.
- review of consumer and staff feedback related to the use of the SSC.

The following clinical incidents are to be reported via CIMS (refer to MP0122/19 [Clinical Incident Management Policy 2019](#)):

- incidents involving the wrong patient, wrong procedure and/or wrong site (“sentinel events”) in the surgical/procedural setting
- incidents where the SSC has not been completed/non-compliance.

Audit results and relevant clinical incidents are to be tabled at the Surgical Services Committee (or equivalent) and/or escalated to the relevant Clinical Governance Committee as required.

This policy will be reviewed as required, to confirm its effectiveness, relevance and currency.

5. References

Australian College of Perioperative Nurses Ltd (ACORN). 2023. "Surgical safety." In [The New ACORN Standards: Volume 3 - 2023 Standards for Safe and Quality Care in the Perioperative Environment \(SSQCPE\) for Organisations](#), edited by Michelle Hibberson and Eleanor Tan, 174-180. Adelaide, South Australia: ACORN.

Australian Commission on Safety and Quality in Health Care (ACSQHC). n.d. "Surgical safety checklist." [Accessed September 4, 2024]. <https://www.safetyandquality.gov.au/our-work/communicating-safety/patient-identification/patient-procedure-matching-protocols/surgical-safety-checklist>

Australian and New Zealand College of Anaesthetists (ANZCA). 2021. [A framework for perioperative care in Australia and New Zealand](#). [Accessed September 4, 2024].

Scott Douglas, Anthony Lock, and Carmen Owusu-Ansah. 2020. [Royal Perth Bentley Group: Surgical Safety Checklist - Guiding Principles and Behaviours](#). Perth, Western Australia: East Metropolitan Health Service.

Perth Children's Hospital. 2023. [Perioperative Practice Manual – Surgical Safety Checklist Protocol](#). Perth, Western Australia: Child and Adolescent Health Service.

Royal Australasian College of Surgeons. n.d. Useful guides & standards – Surgical Safety Checklist. [Accessed September 4, 2024]. <https://www.surgeons.org/Resources/reports-guidelines-publications/useful-guides-standards#Surgical%20Safety%20Checklist>

Royal Perth Bentley Group. 2022. [Surgical and Procedural Safety Checklists Policy](#). Perth, Western Australia: East Metropolitan Health Service.

World Health Organization (World Alliance for Patient Safety). 2008 (reprint 2009). [The Second Global Patient Safety Challenge: Safe Surgery Saves Lives](#). Geneva, Switzerland: World Health Organization.

World Health Organization. n.d. "Safe surgery: Tools and Resources." [Accessed September 4, 2024]. <https://www.who.int/teams/integrated-health-services/patient-safety/research/safe-surgery/tool-and-resources>

WACHS gratefully acknowledges the work undertaken by the Royal Perth Bentley Group (RPBG), East Metropolitan Health Service (EMHS) which has been adapted to develop this Policy and supporting materials.

6. Definitions

Term	Definition
Moment	A moment, in the context of this policy, is the Sign In, Time Out and Sign Out component of the Surgical Safety Checklist.
Surgeon/proceduralist	The surgeon/proceduralist is a specialist, General Practitioner (GP) Proceduralist and/or doctor in training who is operating on/performing the procedure in question on the patient.
Surgical/procedural team	The Surgical/procedural team includes all clinicians/technicians participating in the

	delivery of care during surgery/procedure.
Surgical Safety Checklist	The surgical safety checklist (SSC) is a checklist utilised for surgical procedures undertaken in operating theatres and procedure rooms where invasive procedures requiring sedation or anaesthesia are performed. The SSC was originally launched by the World Health Organisation (WHO) in 2008 and is now widely used in Australia as the nationally agreed strategy for surgical safety.

7. Document Summary

Coverage	WACHS Wide
Audience	All WACHS healthcare workers in the perioperative (surgical) setting
Records Management	Clinical: Health Record Management Policy
Related Legislation	Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0134/20 - National Safety and Quality Standards Accreditation Policy • Clinical Governance, Safety and Quality Policy Framework
Related WACHS Policy Documents	Nil
Other Related Documents	Nil
Related Forms	TMR 91S WACHS Surgical Safety Checklist (trial form)
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2769
National Safety and Quality Health Service (NSQHS) Standards	6.03, 6.04, 6.05, 6.06, 6.09, 6.10
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
3.00	02 December 2024	02 December 2024	<ul style="list-style-type: none"> complete revision of Surgical Safety Checklist materials and approach removal of surgical site marking information.

9. Approval

Policy Owner	Executive Director Medical Services
Co-approver	Executive Director Nursing and Midwifery Services Executive Director Clinical Excellence
Contact	Director of Surgery
Business Unit	Surgical Services Program
EDRMS #	ED-CO-17-54900
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This document can be made available in alternative formats on request.

Appendix A: Escalation Pathway

To ensure clinical safety in theatres and procedure rooms, any non-adherence to the revised SSC process should be promptly addressed and resolved in real time in the first instance by escalating to line managers.

Any unresolved issues are to be escalated as per the local Tier structures (see example below).

From December 2024 once the revised SSC policy is published, all occasions of non-compliance with the revised SSC process are to be escalated via the pathway below (noting the structures may be slightly different in each region) and registered as a clinical incident.

