Crisis Checklist Implementation Guide

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Operating Room Crisis Checklists

ARIADNE LABS

BRIGHAM AND WOMEN'S HOSPITAL

HARVARD SCHOOL OF PUBLIC HEALTH

A JOINT CENTER FOR HEALTH SYSTEMS INNOVATION

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Based on the OR Crisis Checklists at www.projectcheck.org/crisis.
All reasonable precautions have been taken to verify the information contained in this publication.
The responsibility for the interpretation and use of the materials lies with the reader.

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Crisis Checklist Implementation Guide

This guide outlines some implementation steps that you should consider including in your plan for your implementation of the crisis checklists. We are still in the process of learning how to put these checklists into meaningful use in operating rooms and we need your help to move this work forward. As you start this process at your hospital please send us feedback about what you have tried, what worked, what didn't work, and any ideas that you have to put the checklists into place. Please send all feedback to our team at: safesurgery2015.hsph.harvard.edu.

Build a Checklist Implementation Team

Before starting this work we recommend that you build a multi-disciplinary checklist implementation team. This team will help lead the effort at your hospital. The team should consist of multiple anesthesia providers (anesthesiologists, CRNAs, anesthesia techs, etc), surgical nurses, and at least one hospital administrator. Think critically about who needs to be engaged at this point of the project. Every hospital has a unique culture and you might consider including representatives from other disciplines perhaps a surgeon.

When you are thinking about which people to include on your team consider asking individuals that will be enthusiastic about this work. These people may not necessarily have a formal leadership role in your hospital.

This team will need to meet regularly and will be responsible for the following tasks:

- Reviewing and modifying the checklists for your facility
- Making critical implementation decisions
- Developing a plan to spread the checklists including how to train clinicians to use them
- Talking to clinicians and staff about the checklists
- Updating hospital administration and leaders on the project
- Developing a strategy for sustaining checklist use.

More information about each of these items can be found below.

Reviewing and Modifying the Checklists

Prior to using the checklists we recommend that your implementation team reviews them thoroughly and if necessary, customizes them for your facility. Modifying some of the checklist items may be important for your facility. For example, the defibrillator settings or pacing defibrillator settings that are included in the checklists are general instructions, but you may want to include your machine specific instructions. You may want to include phone numbers that are specific to your facility. We believe that local ownership of the checklists is important at a minimum consider putting your hospital's name and logo on the checklist cover page. We have also included some tips on the next page:

Modification Tips

- Carefully evaluate any additions in terms of their impact on usability: Does the benefit of new information outweigh the cost in added complexity?
- Use short, direct, unambiguous statements that are easy to say out loud.
- Streamline actions by using the fewest, most important steps.
- Follow established conventions for color, type, and organization if possible.
- Make text as large as possible, consistent with established styles.
- Do not add colored text or tabs; color coding is already used to highlight reference information.
- Boxes, arrows, or other graphics make a checklist more visually complicated; add them only if needed to prevent confusion and use a light color to minimize distraction.
- Conserve white space when possible.

Checklists Formats

The development team worked with a designer to optimize this content for usability in the operating room. That design is available to you in several formats for reference or use:

- Adobe Acrobat (PDF) files (http://www.projectcheck.org/crisis-checklists-registration.html)
  - OR Crisis Checklist set master layout, prepared for use in a binder or for digital reference
  - OR Crisis Checklist set master layout, prepared for ProClick binding and which corresponds to the printed samples
- Adobe InDesign native files
  - Please contact the SafeSurgery2015 team at safesurgery2015@hsph.harvard.edu

- Microsoft Word files (http://www.weebly.com/uploads/1/0/9/0/1090835/or_crisis_checklist_generic_content_version_10082013.docx)
  - This file should not be used in its current form as a checklist.
  - It is available for those who wish to:
    - Customize the content to suit local needs and practice
    - Review features of Word can streamline how teams evaluate and make potential changes
    - Create their own format for OR Crisis Checklists based on this content
    - Work with a graphic designer to develop a customized design and format based on this content

- Bound samples of the OR Crisis Checklists are available upon request, as supplies allow
  - Please contact the SafeSurgery2015 team at safesurgery2015@hsph.harvard.edu

- When building your binders of checklists for the operating room, please make sure to follow your local guidelines for sterilization in the operating room.

Critical Implementation Decisions

There are multiple ways to use these checklists in your hospital. To get the most out of your checklists the implementation team may need to make some decisions. Please remember, that some of these decisions are best made after trying the checklists in an empty operating room or by having a team role-play some of the checklists and simulate that they are in an emergency. Also consider holding small focus groups with some of your enthusiastic clinicians and asking them how they think the checklists should be used, where they should be kept, and how to best train people. We have outlined some of the decisions that the implementation team will have to make below:

Decisions:

Where should the checklists be placed and how many sets should be in the OR?

There are many places that the checklist can be placed in the OR. Consider having multiple copies of the checklist in the operating room. In the work that we have done so far nurses have expressed wanting a copy of the checklists in addition to having a copy of the checklists on or near the anesthesia machine.

How should the checklists be displayed?

In our work to date the checklists have been paper copies, but some hospitals have given us feedback that they would like them displayed on their OR monitors. We have included some additional information regarding how to best display these

checklists in a binder. Please click here to download this document.

Who should read the checklists during an emergency?
We recommend that the person who reads the checklist be someone that is not involved in directly caring for the patient. The checklist reader can range from someone outside of the OR (nursing supervisor), medical student, resident, or a member of the surgical team that has the ability to dedicate time to reading the checklists. Generally the people providing the care should not be reading directly from the checklists.

Who needs to be trained and what is the best way to train surgical team members about the checklists?
As a rule everyone who works in the operating room should be aware that these checklists are available for use. Additional training for anesthesia providers and nurses is desirable. We have just started to work with two hospitals to develop a training curriculum. As we move forward with this work we will be updating this portion of the manual. Consideration could be given to integrating crisis resource management training with checklist training.

Creating a Plan for Spread

It is extremely important to create an implementation plan before putting the checklists into place in your operating rooms. Before placing the checklists in the operating room it is important to make sure that everyone that works in the OR knows that they are available. In order to do that consider performing the following activities.

- Present this work at staff, physician, and hospital leadership meetings (e.g. OR council, medical/executive committee).

- Have one-on-one conversations with surgical team members about the checklists and ask them for their help in moving this work forward. If you can, one-on-one conversations are a great way to get people on board with quality improvement projects. Engaging clinicians individually can minimize resistance.

- Advertise that you will be implementing the crisis checklists at your facility. Some of the ways that you can advertise include: hospital newsletters, posters, screen savers, and buttons.

Updating Hospital Leadership

It is very important to keep hospital leadership informed about your work and how it is going. Often the hospital administrator that is part of your implementation team can serve in this capacity. Also think about other ways to engage hospital leadership. For example, ask one of your hospital executives to talk to some of the people that have been helping you test and modify the checklists.

Developing a Strategy For Sustaining Checklist Use

The initial implementation is extremely important to the success of this work. After clinicians have been trained it is helpful to build a system to collect feedback about how the checklists have helped in a case and identify items that should be modified in the future. Also consider holding periodic training with surgical team members.

We are excited to learn from how you move this work forward. Please remember to send us an email with ideas that you have, things that you tried, or any suggestions for how to improve our resources. We look forward to learning with you how to put the checklists into meaningful use.

Email: safesurgery2015@hsph.harvard.edu