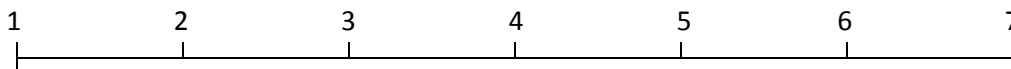


Sign In not done at all

**1. Setting the Stage**

*The Checklist is initiated appropriately.*



Poor

Excellent

**Examples**

**ESTABLISHING READINESS**

- Checklist reader starts reading out Checklist items without establishing readiness of participants.
- Sign In is begun while one or more of the team are doing other things (e.g., the anaesthetist is inserting a line).
- Sign In starts by the Checklist initiator raising his or her voice rather than establishing readiness.
- Sign In is begun after the induction of anaesthesia.

**Examples**

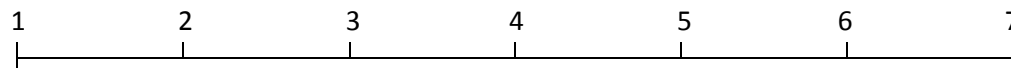
**ESTABLISHING READINESS**

- The Checklist initiator says something like “Is everyone able to take a couple of minutes for the Checklist?” or (to an individual) “Are you free to do the Sign In now or should we wait a minute or two?”
- The anaesthetist says something like “I just need to finish this—can we wait a couple of minutes please?” The Checklist reader then waits until the anaesthetist is ready.
- Sign In is begun when patient first enters room before any drugs are administered.

Comments: \_\_\_\_\_

**2. Team Engagement**

*All team members participate in the Checklist process in an engaged and attentive manner supportive of the process.*



Poor

Excellent

**Examples**

**SUPPORTIVE**

- Anaesthetist says something unsupportive like “How long is this going to take? I need to get on with some real work.”

**ENGAGEMENT**

- A key team member is absent from the room during Sign In (e.g., the anaesthetist).
- Anaesthetist and/or nurse continue doing their work, attempting to multi-task.
- Any person in the room conducting conversations, speaking on the phone, hooking up equipment, and so on instead of concentrating on the Sign In.

**Examples**

**SUPPORTIVE**

- Anaesthetist says something supportive like “Thank you, Jane [to Checklist reader]. Could everyone pay attention please? This is important.”

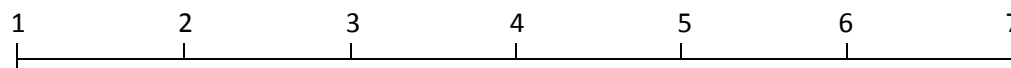
**ENGAGEMENT**

- All team members stop other activities and concentrate on the Checklist.
- Surgeon, if present, participates at least by listening and by supportive body language.
- Patient, if not too sedated, has process explained and is invited to confirm key points.

Comments: \_\_\_\_\_

**3. Communication: Activation**

*Activation of all individuals using directed communication and demonstrating inclusiveness by encouraging participation in the process.*



Poor

Excellent

**Examples**

**COMMUNICATION**

- No names are used.
- Speaking softly indicating a private rather than shared conversation.

**INCLUSIVENESS**

- Senior team member makes a derogatory remark when someone asks a safety-related question or points out an important fact.
- Body language is exclusory (e.g., no eye contact) or hostile (e.g., angry expression).

**Examples**

**INCLUSIVENESS**

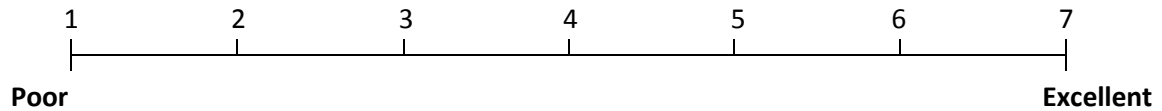
- Senior team member says something to the effect that she hopes that people will speak up if they see something they don't understand or think there is a possible problem.
- Senior team member thanks someone for asking a safety-related question or pointing out a possibly important fact.

Comments: \_\_\_\_\_

**WHOBARS: SIGN IN [A]**

**4. Communication: Problem Anticipation**

*Critical patient information is reviewed and matters of concern are discussed and addressed appropriately.*



**Examples**

**PATIENT INFORMATION**

- The nurse reminds the team that the patient is allergic to several drugs **after** the induction drugs have been administered.

**EXPRESSED CONCERN**

- Uncertainty is expressed about the potential for blood loss, but no one speaks with the surgeon to check.
- Anaesthetist pays no attention and fails to respond to the question even by saying something like "I have no concerns."
- Surgeon says something like "There is no time for this— people should know what to expect."
- The anaesthetist says that there is a potential difficulty with intubation but is not provided adequate assistance or support or time to deal with this problem.

**Examples**

**PATIENT INFORMATION**

- Team member points out a potentially important clinical fact about the patient (e.g., "this patient has diabetes")
- Surgeon says something like "Jim [to anaesthetist] you do know this patient’s uncle had problems with anaesthesia, don’t you?"
- Surgeon asks something like “does anyone know anything else about this patient that might worry us?”

**EXPRESSED CONCERN**

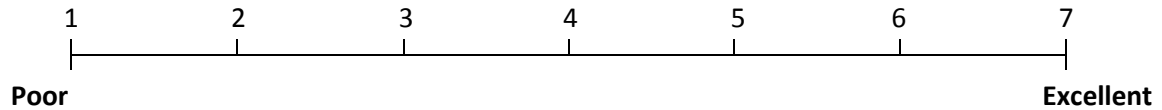
- In response to airway question, anaesthetist says that there may be difficulty, and makes sure that the difficult airway trolley is in the room and that there is adequate assistance on hand.
- In response to airway question, anaesthetist says something like “Airway is fine.”
- Anaesthetist says something like “I have no concerns about this patient.”
- Nurse says something like “Jim [to anaesthetist], are you worried about that IV? I wonder if it is big enough if we get into trouble with blood loss.”

*Comments:*

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**5. Communication: Process Completion**

*Key safety processes and procedures are reviewed and verified as completed or addressed appropriately if not.*



**Examples**

**PROCESSES & PROCEDURES**

- Anaesthetist fails to acknowledge one or more of the questions about airway, the readiness of anaesthetic machine, blood loss, etc.
- All of the team state that side is correct without anyone checking surgical site marking.

**Examples**

**PROCESSES & PROCEDURES**

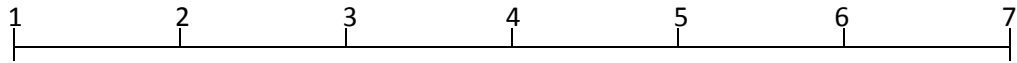
- Site confirmed as marked and visible by nurse, anaesthetist and surgeon.
- Checklist reader checks patient name and number with team members referring to patient’s wristband.
- Anaesthetist crosschecks site verification with patient (if not too sedated), saying something like “Mrs Smith, can you just confirm for me, one more time, which knee we are operating on?”

*Comments:*

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**1. Setting the Stage**

*The Checklist is initiated appropriately.*



**Poor**

**Excellent**

**Examples**

**ESTABLISHING READINESS**

- The Checklist reader starts reading out Checklist items without establishing readiness of participants.
- Time Out is begun while one or more of the team are doing other things (e.g., assembling the sterile field, assessing anaesthesia).
- Time Out is initiated after the first surgical incision.

**MANNER**

- Checklist is read quickly and the answers are assumed without pausing to check that the surgeon and anaesthetist agree with the answers.

**Examples**

**ESTABLISHING READINESS**

- The Checklist initiator says something like “Is everyone able to take a couple of minutes for the Checklist?” or (to an individual) “Are you free to do the Time Out now or should we wait a minute or two?”
- The Checklist initiator says something like “Can we do the Time Out now, please? Is everyone ready to take part?”
- Time Out is called at the end of prepping and draping, prior to surgical incision.

**MANNER**

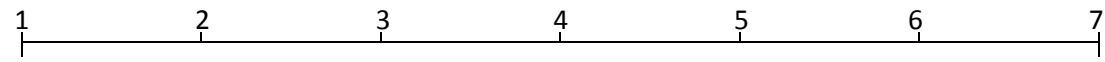
- The Checklist initiator thanks people for their input or acknowledges input in a positive way (i.e., eye contact, a friendly nod).
- The Checklist reader uses an assertive tone of voice conveying a commitment to the Checklist process.

*Comments:*

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**2. Team Engagement**

*All team members participate in the Checklist process in an engaged and attentive manner supportive of the process.*



**Poor**

**Excellent**

**Examples**

**SUPPORTIVE**

- Someone says something like “This is a waste of time.”

**ENGAGEMENT**

- Key members talk on the phone or to each other during Time Out.
- The surgeon says something like “Let’s get on with the checklist,” but then walks out of the room while it is being administered.
- Key members continue with preoperative tasks during the Checklist, attempting to multi-task.
- The registrar occupies self with other activities instead of paying attention.

**Examples**

**SUPPORTIVE**

- Surgeon or anaesthetist says something like “Thank you, Jane [to checklist reader]. Could everyone pay attention please? This is important.”

**ENGAGEMENT**

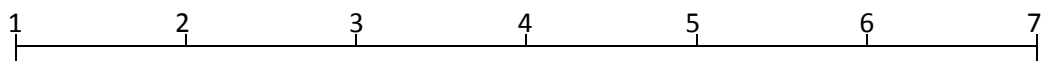
- All team members stop other activities and concentrate on the Checklist.
- Someone asks a question about something that he or she did not understand.
- Anaesthetist refers to patient chart to verify critical patient information as it is read out.

*Comments:*

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**3. Communication: Activation**

*Activation of all individuals using directed communication and demonstrating inclusiveness by encouraging participation in the process.*



**Poor**

**Excellent**

**Examples**

**COMMUNICATION**

- Some team members state name but not role during introductions.
- Communication during the Checklist process is undirected, even by body language, and people speak to “thin air” rather than to each other.

**INCLUSIVENESS**

- Senior team member makes a derogatory remark when someone asks a question they might have been expected to know the answer to.
- Observers such as students are ignored and not introduced.
- A negative remark is made about someone raising a patient safety concern.

**Examples**

**COMMUNICATION**

- Every OR team member clearly states name and role during introductions.
- The Checklist reader confirms that everyone knows each other, perhaps because introductions occurred in a previous case.

**INCLUSIVENESS**

- Every person in the OR is acknowledged during the introductions.
- Senior team member thanks someone for asking a safety-related question or pointing out a possibly important fact.
- Circulating nurse is given opportunity to view consent form prior to first incision and confirms it aloud to all team members.
- Observers such as students are introduced.

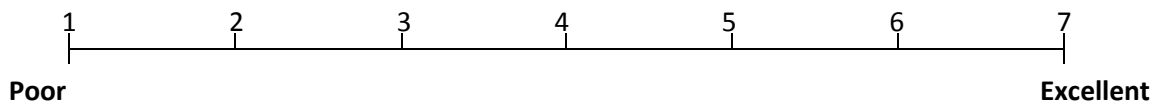
*Comments:*

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# WHOBARS: TIME OUT [S]

## 4. Communication: Problem Anticipation

*Critical patient information is reviewed and matters of concern are discussed and addressed appropriately.*



**Examples**

**PATIENT INFORMATION**

- Procedure is not delayed although an item of potentially important information is missing.

**EXPRESSED CONCERN**

- The surgeon indicates a potential for considerable bleeding, but the anaesthetist, who has inserted a small IV line, does not respond by supplementing this.
- Surgeon says something like “Can we just get on with the procedure please—people should know what to expect.”

**Examples**

**PATIENT INFORMATION**

- Surgeon says to anaesthetist something like “Although this patient is not diabetic, he is obese and this may be a stressful operation. Can you please check blood glucose levels after we have begun to be sure he is not becoming hyperglycemic?”
- Anaesthetist says something like “This patient has ischemic heart disease so I am worried about a myocardial infarction.”
- Surgeon says something like “OK, just a ‘heads up.’ This patient’s tissues are likely to be really poor, and I think I might have real problems with bleeding around the aorta.”
- Willingness is shown to delay procedure to get information needed.

**EXPRESSED CONCERN**

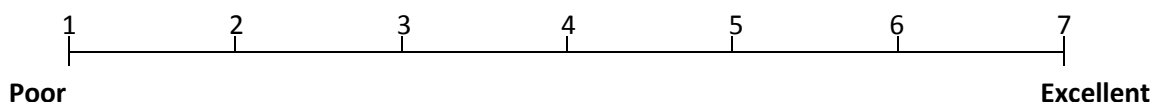
- Surgeon says something like “This should be routine today—I have no concerns.”
- Surgeon confirms the procedure which will be done and indicates whether there is anything out of the ordinary about this case.
- Surgeon confirms with nursing team that any necessary special equipment or supplies are available before patient is induced.
- Surgeon states, “I would not expect a transfusion to be needed for this procedure. Can you please inform me if we get to a situation where you think this is indicated?”
- Surgeon makes team aware that he/she is on call and there may be interruptions during the case, and the team decide on a mechanism to field bleeps / calls / interruptions.

Comments:

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## 5. Communication: Process Completion

*Key safety processes and procedures are reviewed and verified as completed or addressed appropriately if not.*



**Examples**

**PROCESSES & PROCEDURES**

- Anaesthetist says something like “Oh thanks—just giving the antibiotic now”, but surgeon says something grumpy and proceeds to make incision anyway, without waiting for this to happen (i.e., he ignores the message).
- The Checklist reader asks “Has antibiotic been given within last 60 minutes?” There is no response, but reader carries on with Checklist regardless.
- All of the team state that side is correct without anyone checking surgical site marking.

**Examples**

**PROCESSES & PROCEDURES**

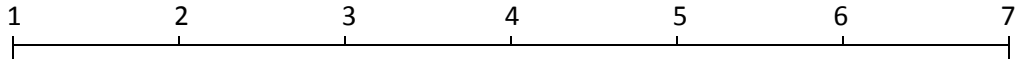
- Anaesthetist says something like “Sorry, I was distracted—I will just give the antibiotic now”, and surgeon says something like “OK, thanks for that,” waits for it to be given and allows some time for it to work before making an incision.
- The Checklist reader prompts team members for further information, such as lack of clarity over confirmation that the patient has had thrombo-prophylaxis.
- Surgeon asks anaesthetist, “Can you please tell me the antibiotic which was given, which one, how much, and at what time.”
- Surgeon and anaesthetist check key blood products are available.
- Patient’s identification is re-checked and verified.

Comments:

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**1. Setting the Stage**

*The Checklist is initiated appropriately.*



**Poor**

**Excellent**

**Examples**

**ESTABLISHING READINESS**

- Sign Out is done after surgeon has left the room or has left the table and is trying to do something else like write the operation note.
- The Checklist reader starts reading out checklist items without establishing readiness of participants.
- Sign Out is performed when all team members are present, but during the transfer of the patient from table to bed, i.e. with no "pause."

**MANNER**

- Checklist reader uses tone of voice that suggests apathy, disinterest or disdain for the checklist process.

**Examples**

**ESTABLISHING READINESS**

- The Checklist initiator says something like "Can we do the Sign Out now, please? Is everyone ready to take part?"
- Sign Out is initiated as skin is being closed with all team members present and able to participate.

**MANNER**

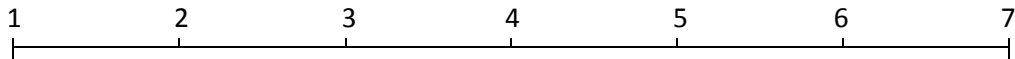
- Checklist initiator says something suggesting personal interest or commitment to the checklist, e.g., "listen up folks, checklist time," in a tone of voice that suggests all have to pay attention.

*Comments:*

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**2. Team Engagement**

*All team members participate in the Checklist process in an engaged and attentive manner supportive of the process.*



**Poor**

**Excellent**

**Examples**

**ENGAGEMENT**

- Surgeon has already left theatre.
- Surgeon says "You guys take care of this" and walks out.
- Scrub nurse continues to tidy instruments and ignores process.
- Anaesthetist and/or nurse continue doing their work, attempting to multi-task.

**Examples**

**SUPPORTIVE**

- The surgeon says something like "I am going to let the resident close. Would it be OK to do the sign out now and then I can go and see the next patient while the rest of you finish off?"

**ENGAGEMENT**

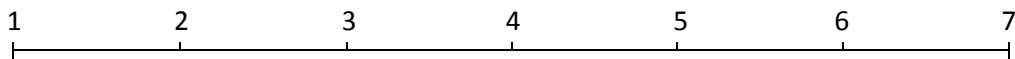
- All team members stop other activities and concentrate on the Checklist.
- Scrub nurse stops all other activity and says something like "Are we all sure this patient's coags are okay? He still looks pretty wet to me."
- Anyone asks a question about some aspect of the patient's care.

*Comments:*

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**3. Communication: Activation**

*Activation of all individuals using directed communication and demonstrating inclusiveness by encouraging participation in the process.*



**Poor**

**Excellent**

**Examples**

**INCLUSIVENESS**

- Senior team member makes a derogatory remark when someone asks a question they might have been expected to know the answer to.
- During Sign Out, the anaesthetist indicates the need for additional time to ensure patient is safe but receives an unsupportive response.
- Nurse indicates swab count is not correct and receives a critical or unsupportive response.

**Examples**

**INCLUSIVENESS**

- Senior team member thanks someone for asking a safety-related question or pointing out a possibly important fact.
- Nurse indicates that swab count is not correct, and surgeon thanks him or her for helping to avoid a problem.
- The swab count indicates a missing swab, and the surgeon says something like "Thanks—we had better have another look behind the heart."

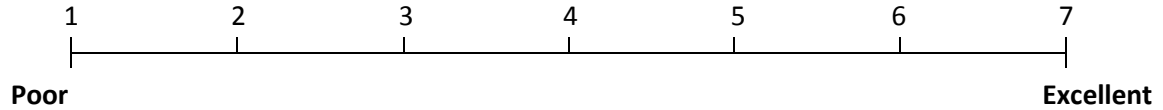
*Comments:*

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# WHOBARS: SIGN OUT [N]

## 4. Communication: Problem Anticipation

*Critical patient information is reviewed and matters of concern are discussed and addressed appropriately.*



**Examples**

**EXPRESSED CONCERN**

- Team member speaks up about potential difficulty with equipment for the next procedure and receives an unsupportive or critical comment from the surgeon.
- Information about a potential problem is ignored.
- Anaesthetist comments to scrub nurse, after surgeon has left, something like “I was a bit worried about patient’s post op pain management because epidural wasn’t working, but I didn’t want to bother the surgeon.”

**Examples**

**PATIENT INFORMATION**

- Surgeon says to resident who will be writing orders, “Remember that this patient has an epidural, so our anticoagulation can only be unfractionated subcutaneous heparin until after the epidural is removed.”
- Surgeon says to anaesthetist, “This patient may have significant pain problems, so a dose of ketorolac now might be helpful for early postoperative pain relief.”

**EXPRESSED CONCERN**

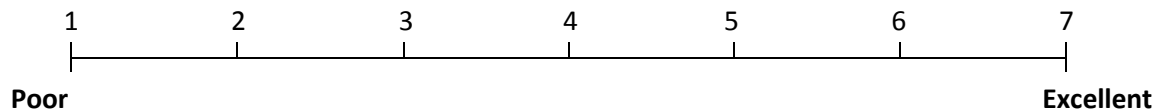
- Anaesthetist verbally discusses immediate and early post-operative measures to ensure patient safety.
- Surgeon verbally hands over instructions relating to drain outputs and early post-operative care.
- Specific elements of postoperative care are reviewed such as need for anticoagulants, postop antibiotics yes/no, pain management plans, need for special monitoring, etc.
- Surgeon says something like “I am worried this patient is oozy. John [to the anaesthetist] could you ask the ward to organize a coagulation screen please?”
- Anaesthetist says something like “Thanks. I really appreciate the opportunity to discuss this patient’s poor respiratory reserve—I think he might get into trouble overnight.”

Comments:

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## 5. Communication: Process Completion

*Key safety processes and procedures are reviewed and verified as completed or addressed appropriately if not.*



**Examples**

**PROCESSES & PROCEDURES**

- Specimen is (or has been) sent off without checking label.
- The swab count shows a missing swab, and the surgeon says something like “You guys can’t count” and proceeds to close anyway.
- Nurse indicates that swab count is correct, but there is no response to confirm that the surgeon has heard.

**Examples**

**PROCESSES & PROCEDURES**

- Instrument and swab count completed and persistent search is carried out for a missing item until it is found.
- Surgeon checks that the team have stored and labelled the specimens correctly.
- Surgeon requests circulator to read the label (specimen and patient name) on the specimen to confirm that it is correct.

Comments:

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