

Appendix I

Surgical Safety Checklist Compliance Rates

Definition:

The percentage of surgeries in which a surgical safety checklist was performed.

The surgical safety checklist is considered performed when the designated checklist coordinator confirms that surgical team members have implemented and/or addressed all of the necessary tasks and items in each of the three phases, 'briefing', 'time out' and 'debriefing', of the checklist.

Method of calculation:

The percent compliance is calculated as follows:

$$\frac{\text{\# of times all three phases of the surgical safety checklist was performed}}{\text{Total surgeries}} \times 100 = \% \text{ compliance}$$

Inclusions:

All surgical procedures.

Exclusions:

N/A

Rationale¹:

- The checklist provides a list of the most common tasks and items that operating room teams carry out in the perioperative period to ensure patient safety.
- It was developed as a verbal tool to support patient care through good preparation and teamwork.
- The consistent use of the checklist has been shown to reduce rates of death and complications associated with surgical care.

Data capture:

The Surgical Efficiencies Target Program (SETp) (**SETp Hospitals**)

OR

The Ministry of Health and Long-Term Care's Web-enabled Reporting System (WERS) *for those hospitals not participating in SETp* (**non-SETp Hospitals**).

Hospital Reporting:

Timeframe: Initial July 31 2010 (Period 1) reporting should include data collected for April 01 to June 30, 2010 for all hospitals.

Following this initial reporting period, reporting will be **bi-annually** following the time table below.

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Administrative periods for aggregating data are defined as:

<u>Period</u>	<u>Period end date</u>	<u>MOHLTC reporting date</u>	<u>Public website reporting date</u>
1	30-Jun-10	15-Jul-10	30-Jul-10
2	31-Dec-10	15-Jan-11	30-Jan-11

SETp Hospitals:

- Checklist compliance data will be routinely submitted with all other data requirements of SETp.
- Data for public reporting of checklist compliance will be submitted directly to the ministry's Health Analytics Branch (HAB) by SETp.
- *No duplicate reporting by SETp hospitals will be necessary.*

Non-SETp Hospitals:

- For those hospitals that are not part of the SETp or do not have an electronic OR system, an estimated compliance rate based on a sample of surgeries, may be submitted to the ministry to acknowledge burden of public reporting.
- Data submission will be through WERS as noted above in the Data Capture section of this document.
- Minimum sample size is 100 surgeries.
- Samples should include all types of surgeries performed in the hospital, and a cross-section of operating rooms and surgical teams.
- Where a facility does not perform 100 surgeries over a 6-month period, then all surgeries should be included for public reporting.

MOHLTC Reporting:

SETp Hospitals:

Data captured through the SETp will be forwarded to the ministry from Cancer Care Ontario (CCO) / Access to Care program.

Non-SETp Hospitals:

By the 15th of the month as indicated above hospitals not participating in the SETp will report data to the MOHLTC using WERS.

These data include among other administrative data such as facility number:

- The number of times the surgical safety checklist was performed
- The total number of surgeries

Public Reporting:

For each Period and as indicated above hospitals will report data collected by the period end date on their website **by hospital site** including:

- The compliance rate for the surgical safety checklist.

Reporting eligibility:

All hospitals that perform surgical procedures will be required to report.

Note: Surgical procedures will be further specified through FAQs.

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References:

1. Haynes A, Weiser TG, Berry WR, Lipsitz SR, Breizat AS, Dellinger EP, Herbosa T, Joseph S, Kibatala PL, Lapitan MCM, Merry AF, Moorthy K, Reznick RK, Taylor B, Gawande AA, for the Safe Surgery Saves Lives Study Group. A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population. *New England Journal of Medicine* 2009; 360: 491-9.