

## A Checkup for Your Checklist: A 9-Point Assessment Tool to Improve the Design and Effectiveness of Your Checklist

Best Practice		Your Checklist Assessment
<p><b>1.</b></p> <p><b>Ensure it is user-built and maintained.</b></p>	<p>The most important phrase on the WHO Surgical Safety Checklist is located on the bottom of the page: “This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.” Administrators ignore this piece of advice at their peril. Checklists created by other people at other facilities will rarely work well in your organization. There’s no emotional investment by your staff in making a checklist created elsewhere work, and certainly no pride of authorship. Effective checklists borrow heavily from the Kaizen methodology of the Toyota manufacturing process. In Kaizen, the people who actually do the work are best suited and most responsible for creating the standard for how the work gets done.</p> <p>To put Kaizen to work for you, assemble a small team together with representatives from each work group that will participate in using the checklist. Allow them the freedom to customize the tool in a way that makes sense for them and that aids their workflow. As an administrator, give them the resources and support they need to be successful, but then get out of their way and don’t do their customizing work for them. Do you want to avoid the “not made here” syndrome and all the problems that syndrome brings? Ensure your checklist is built and implemented by your staff.</p>	<p><b><i>Our checklist is user-built and maintained.</i></b></p> <p>5 – Strongly Agree, 4 – Agree, 3 – Undecided, 2 – Disagree, 1 – Strongly Disagree</p> <p><b>1 2 3 4 5</b></p>
<p><b>2.</b></p> <p><b>Get rid of tick boxes.</b></p>	<p>Great checklists are not used like grocery lists where we “tick off” each item as we put it in the basket. In 38 years of professional flying I have used tens of thousands of checklists. Not once have I ever put one tick mark in a check box. That’s not how high reliability organizations (HROs) use checklists. Effective checklists are not about creating a paper trail, they’re designed to help the team (not the individual) cross-check, with two or more independent “sets of eyeballs,” and verify that critical items haven’t been missed. This cross-check by multiple team members creates the needed engagement and mindfulness by the team during the checklist process, and is much more valuable to you than having tick marks in the appropriate boxes.</p>	<p><b><i>Our checklist does not have tick boxes.</i></b></p> <p>5 – Strongly Agree, 4 – Agree, 3 – Undecided, 2 – Disagree, 1 – Strongly Disagree</p> <p><b>1 2 3 4 5</b></p>
<p><b>3.</b></p> <p><b>Give speaking parts to everyone who uses the checklist</b></p>	<p>Effective checklists trigger a scripted conversation and verbal cross-check of critical items. The more members of the team who have a part in the conversation, the more mindfulness and involvement you’ll have in the checklist process. The reason is simple; if a team member knows they have a speaking part, they must pay attention to the checklist flow and be ready with their verbal response. No one wants to be the roadblock in an efficient checklist process. As well, team members fear the public embarrassment of being the one who declares an item has been checked when it hasn’t. This public declaration in front of your peers that the item you are responsible for has been checked, is as it should be, and is ready to go, creates a sense of responsibility and mindfulness in each member of the team with a speaking part in the checklist.</p>	<p><b><i>Every team member who uses the checklist has a speaking part.</i></b></p> <p>5 – Strongly Agree, 4 – Agree, 3 – Undecided, 2 – Disagree, 1 – Strongly Disagree</p> <p><b>1 2 3 4 5</b></p>

<p style="text-align: center;"><b>4.</b></p> <p style="text-align: center;"><b>Use standardized language.</b></p>	<p>Speaking parts only work if the exact language and words that should be used for each item on the checklist are crystal clear and standardized—down to the exact word or phraseology that must be used. In other words, checklist responses should be scripted.</p> <p>Consider the language on the WHO checklist: “Confirm the patient’s name, procedure, and where the incision will be made.” This checklist item raises a number of questions. Who is responsible to say this? Who should respond? What, exactly, should be the verbal response? Who is performing the cross-check? Who will confirm that the response is in fact correct? Without an exact script to follow here, staff will create a wide variety of methods to accomplish this step, introducing time-consuming confusion, uncertainty, and frustration.</p> <p>An effective checklist design for this step might look like this...</p> <p>Patient's Name?..... “Confirmed”  Procedure?..... “(MD State)”  Site?..... “Marked”</p> <p>The work group you create that will be responsible to customize the checklist to your organization’s needs can determine who on the surgical team will ask “Patient Name?” and which team member will respond with “Confirmed.”</p> <p>Note that once these decisions are made, these terms will be the only acceptable words for use with the checklist. Everyone must use the exact same language every single time. Phrases like, “Who is our patient?” or “What is our patient’s name?” are not acceptable. The only acceptable response is “Confirmed”—not “Checked,” not “Verified,” and not “I checked that already.”</p>	<p style="text-align: center;"><b><i>Our checklist requires the use of standardized language and the teams using the checklist are disciplined in using the prescribed standard language and call-outs.</i></b></p> <p style="text-align: center;"><small>5 – Strongly Agree, 4 – Agree, 3 – Undecided, 2 – Disagree, 1 – Strongly Disagree</small></p> <p style="text-align: center;"><b>1 2 3 4 5</b></p>
<p style="text-align: center;"><b>5.</b></p> <p style="text-align: center;"><b>Make it a “Read and Verify” checklist.</b></p>	<p>There are essentially two types of checklists in use by high reliability organizations: “Read and Do” and “Read and Verify.” In a <b>Read and Do</b> checklist, the operator reads the item on the checklist and then does it. Then they read the next item in sequence and then accomplish it. These types of checklists are normally only used in rare emergency situations where the correct actions are not ingrained in working memory. Most healthcare teams resist using a checklist because they are trying to use it as a <b>Read and Do</b>. Checklists done this way are extremely cumbersome, and time consuming, and will greatly impede workflow and efficiency.</p> <p>The most commonly used and most efficient type of checklist is a <b>Read and Verify</b>. With this checklist the operators accomplish critical and routine actions from working memory and then periodically pause and use the checklist to verify the most critical actions have been accomplished. Used this way, it takes only seconds for the team to cross-check and verify that nothing has been missed. The speed and efficiency of this method will greatly reduce the resistance you experience with implementing a checklist.</p>	<p style="text-align: center;"><b><i>Our checklist (for routine procedures and care) is designed as a Read and Verify checklist.</i></b></p> <p style="text-align: center;"><small>5 – Strongly Agree, 4 – Agree, 3 – Undecided, 2 – Disagree, 1 – Strongly Disagree</small></p> <p style="text-align: center;"><b>1 2 3 4 5</b></p>

<p><b>6.</b></p> <p><b>Make it physician-led (where it is appropriate).</b></p>	<p>A physician should lead any checklist that requires the involvement of a physician. For example, in the OR, the circulator should not initiate pre-procedure checklists. This is a privilege reserved for the surgeon and is consistent with best practices. In aviation, checklists are “owned” by the captain—the team leader. The captain has the authority and privilege of using the checklist as a tool to manage both the workflow and the team in the cockpit. Likewise, surgeons should initiate the checklist and use it as a tool to manage the workflow and their surgical team.</p> <p>This does not mean that the circulator cannot “run” the execution of the checklist once initiated by the surgeon. In fact, that is good practice as it allows the surgeon to step back from the process and act in the role of “Master Monitor” to ensure everything is as it should be. The surgeon, as the owner of the checklist, is ultimately responsible for its effective use, the mindfulness of the team during its use, and the thorough completion of the items on the checklist.</p> <p>Physician leadership of checklist use becomes even more important in the doctor’s office or surgery center. In these settings the physician is more likely to be his or her own boss, with the ultimate responsibility for safety. In these settings, there are often no professional safety managers, nor a risk management bureaucracy imposing safety measures or systems on the office organization. Where these safety structures are not imposed, physician leadership in utilizing checklists is critical for both the organization and the patient to be able to realize the benefits in safety checklists bring.</p>	<p><b><i>Our checklists, when appropriate, are led by a physician.</i></b></p> <p>5 – Strongly Agree, 4 – Agree, 3 – Undecided, 2 – Disagree, 1 – Strongly Disagree</p> <p><b>1 2 3 4 5</b></p>
<p><b>7.</b></p> <p><b>Keep it short.</b></p>	<p>Not everything has to be on a checklist. Checklists are used to verify only the critical items of a procedure. Critical items are those that if not done correctly will cause harm to patients or caregivers before that error can be stopped. For example, there are approximately 65 items for an airline captain to check to prepare a modern airliner for engine start and flight. However, most “Before Engine Start” checklists have only 11 or 12 items to be reviewed. These are the items, that if missed, will not be self-correcting before some harm to the aircraft, passengers, or crew is caused. With checklists, shorter is better.</p>	<p><b><i>Our checklist is short and only includes critical items that if missed would not be self-correcting prior to causing harm.</i></b></p> <p>5 – Strongly Agree, 4 – Agree, 3 – Undecided, 2 – Disagree, 1 – Strongly Disagree</p> <p><b>1 2 3 4 5</b></p>
<p><b>8.</b></p> <p><b>Include an explicit request for cross-check and backup.</b></p>	<p>Every checklist should include a statement by the team member, who is leading the use of the checklist that encourages “stop the line” communication. For example, language like this might be used, “If you see, suspect, or feel that something is not right, I expect you to speak up.” This sort of safety statement is especially important when checklists include physicians. A nurse simply can’t make this sort of statement with the same impact on the team as when it comes from the physician leader of the team.</p>	<p><b><i>Our checklist includes an explicit request of team members, by the team leader, to speak up for patient safety.</i></b></p> <p>5 – Strongly Agree, 4 – Agree, 3 – Undecided, 2 – Disagree, 1 – Strongly Disagree</p> <p><b>1 2 3 4 5</b></p>

<p style="text-align: center;"><b>9.</b></p> <p style="text-align: center;"><b>Provide extensive training on how to use your checklist.</b></p>	<p>Atul Gawande, a surgeon at Brigham and Women's Hospital and a Professor in the Department of Health Policy and Management at the Harvard School of Public Health and Professor of Surgery at Harvard Medical School, and author of the book <b>The Checklist Manifesto</b>, has said that checklists are nearly useless if not hammered home with extensive training. Training must include:</p> <ul style="list-style-type: none"> <li>• Information on how and why to use the checklist</li> <li>• Demonstrations of the correct use of the checklist</li> <li>• Multiple practice opportunities under the watchful eye of a checklist expert</li> <li>• Feedback to the adult learner on how well their practice met the standard of performance and how to close any observed gaps.</li> </ul>	<p style="text-align: center;"><b><i>Our organization provided extensive training, with all four of the requirements of adult learning, on the effective use of our checklist.</i></b></p> <p style="text-align: center;"><small>5 – Strongly Agree, 4 – Agree, 3 – Undecided, 2 – Disagree, 1 – Strongly Disagree</small></p> <p style="text-align: center;"><b>1 2 3 4 5</b></p>
	<p><b>Total Score</b></p>	

## How to Interpret Your Results

### Your Score:

### Probable Outcomes:

41-45

The checklist was designed well. Now you need to ensure that it is being used consistently and correctly.

27-41

Your checklist may be effective sometimes, but you should make it a goal to redesign it with this new information as soon as possible.

18-27

Your checklist, even if used correctly, may contribute to harm and should get a redesign right away.

5-18

Your checklist is designed for failure and may facilitate serious errors. Make it a top priority to redesign it immediately with the whole team. Test it out several times in mock runs and be sure to debrief after the tests and refine the design. Your work will pay off in safer patients and a more empowered team.