



## Checking the Checklist



Icebreaker "Aurora Australis" in the Antarctic ice

*In March 2010, the Australian supply ship Aurora Australis was supposed to refuel a sub-Antarctic research station on Macquarie Island. When the icebreaker arrived at its destination, the crew realized that they were not able to pump fuel from ship to shore because they had forgotten the special hose! What could have avoided a return trip of 2000 miles to pick up the hose at Hobart, Australia, the loss of a week, and costs of some \$500,000. The answer is: A simple checklist!*

Sometimes, examples from fields other than surgery make things more understandable for us. In aviation and spaceflight, checklists are present at every stage of a flight and part of the "culture." Even a single pilot in a small aircraft would not think of preparing a routine landing without running the "pre-landing checklist."

In surgery, realizing the use of checklists for patient safety has taken many years, and it is only after the publication of a study by the Safe Surgery Saves Lives Study Group in the NEJM in 2009 that they have become popular in hospitals throughout the world. Checklists have also shown to be highly cost-effective.

The World Health Organization (WHO) has published a "Surgical Safety Checklist" that covers the entire peri-operative phase

with a number of standardized items to be checked for every patient. Quite remarkably, this WHO checklist mentions as the bottom line: "This checklist is not intended to be comprehensive. *Additions and modifications to fit local practice are encouraged.*"

This is a very important point. For a checklist will only be used correctly if the entire team can see its benefit for the specific activity. If a checklist is run through mechanically just because the hospital administration requires this to be done, it will not only be useless but will lead to a false feeling of security. On the other hand, a good implementation of a well adapted surgical checklist can be an important step in promoting a culture of safety and improving human factors.

The WHO checklist is made for operations under general anesthesia in a hospital setting. Plastic and aesthetic surgery only partly fit into this frame. On the contrary, a number of conditions make our specialty different:

- mostly highly elective surgery
- mostly outpatient surgery
- often under local anesthesia
- often in surgery centers owned by surgeons

All these reasons call for adaptations of the WHO checklist that will make it

more suitable for plastic and aesthetic surgery. At the 2011 ASAPS meeting in Boston, Dr. Jaime Anger and his team from Brazil presented an e-poster for a specific plastic surgery checklist. This is a very good example of a local adaptation that works well in this setup. Its particularity is to cover not only the perioperative phase, but the entire process of decision.

The ASAPS Patient Safety Committee has recommendations for modifications to the WHO Safe Surgery checklist. Some specific items have been modified and/or added to make it more suitable for our specialty. The goal of this WHO/ASAPS checklist is to encourage aesthetic surgeons to use well-adapted checklists not only in the hospitals but for all of their surgical activity, especially also for operations in the office or ambulatory surgery center.

There is no doubt, this will have a positive effect on our surgery teams, improve the safety of our highly elective procedures, and of course improve the public image of our specialty.

### References:

All references as well as a number of downloadable documents can be found on the following webpage:

<http://www.oppikofer.com/page23/page23.html>

A QR reader on your smartphone allows you to access the reference page directly.



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The last Space Shuttle mission, STS-135: Pilot Doug Hurley with checklist just before take-off.