Five Steps to Safer Surgery



Step	Timing of intervention	What to discuss	Comments/challenges
1. Briefing	Before list or each patient (if different staff for each patient, eg emergency list)	 Introduction of team/individual roles List order Concerns relating to staff/equipment/surgery/anaesthesia 	 Local arrangements will determine when the first patient on list is sent for May also include aspects from steps 2 and 3 Could be an opportunity to discuss anticipated breaks during the list (eg lunch) May be difficult to get the team together
2. Sign-in	Before induction of anaesthesia	 Confirm patient/procedure/consent form Is site marked? Allergies Airway issues Anticipated blood loss Machine/medication check Is pulse oximeter on patient and functioning? 	 Aspects of step 3 may be done here Surgical site marking should be checked by the surgeon at this point
3. Timeout (stop moment)	Before the start of surgery	 Team member introduction by name and role Verbal confirmation of patient information Surgical/anaesthetic/nursing issues Surgical site infection bundle Thromboprophylaxis within last 60 minutes Imaging available Sterilising of instruments Anticipated critical events (surgeon) Equipment issues 	 In practice most of this information is discussed before, so this is used as a final check Surgeons may use this opportunity to check that antibiotic prophylaxis has been administered
4. Sign out	Before patient leaves theatre	Confirmation of recording of procedure: Instruments, swabs and sharps correct Specimens correctly labelled Equipment issues addressed Post operative management discussed and handed over	 Should include all team members (including surgeons and anaesthetists)
5. Debriefing	At the end of the list	 Evaluate list Learn from incidents Remedy problems, eg equipment failure Can be used to discuss five-step process 	 Can be difficult to gather people together to do this Evaluation of the list includes a discussion of what went well