

Audit Checklist – Part A

Sequential standard: Debriefing.

- ❖ *This checklist is to be completed and reviewed annually.*
- ❖ *If changes are made to the LOCSIP this checklist needs to be repeated.*

Invasive procedure: *(please fill in)*

Invasive procedural area: *(please fill in)*

Audit of Compliance of LocSSIP with NatSSIP

Criteria: Procedural team debriefing is a key element of practice in the delivery of safe patient care during invasive procedures, and forms part of both the WHO Surgical Safety Checklist and the Five Steps to Safer Surgery. The debriefing should be seen as being as important a part of the safe performance of an invasive procedure as any of the other steps outlined in this document. Organisations should ensure that the job plans and working patterns of those involved in invasive procedures should allow and oblige them to attend debriefings in all but exceptional circumstances. Noise and interruptions should be minimised during the debriefing.

LocSSIP must contain the following standards

N°	Checklist elements	Met (tick)	Unmet (tick)	If Unmet	
				Exception (give reason for non-compliance)	Describe action needed to meet compliance
1	A debriefing should be performed at the end of all elective procedure sessions. A debriefing should also be performed after all unscheduled or emergency procedure sessions. The debriefing may need to be conducted on a case-by-case basis if there is a change in key team members during a procedure session.				

2	The total time set aside for the procedure or list of procedures should include the time taken to conduct the debriefing.				
3	The debriefing should occur in a manner and location that ensures patient confidentiality, while enabling inclusivity and contribution from all team members. This should be agreed at the team briefing.				
4	Every member of the procedural team should take part in the debriefing. Any team member may lead the debriefing, but the operator and anaesthetist (if an anaesthetist has been involved) must be present. If any team member, and especially the senior operator, scrub practitioner or anaesthetist, has to leave before the debriefing is conducted, they should have the opportunity to comment and document any positive feedback or issues for improvement they wish to see addressed during the debriefing. In this circumstance, their absence from the debriefing should be recorded and included in routine audit of compliance with LocSSIPs.				
5	Members of the procedural team must note any key points for consideration at the debriefing as the procedure list progresses. This can be on a personal record or annotated in the team briefing record.				

6	<p>The content of the team debriefing should be modified locally and must be relevant to the patient and procedure. For each patient, the discussion should include, but is not limited to:</p> <ul style="list-style-type: none"> • Things that went well. • Any problems with equipment or other issues that occurred. • Any areas for improvement. 				
7	<p>Records of debriefings should include an action log that can be used to communicate examples of good practice and any problems or errors that occurred. Each procedural team should have an identified member who is responsible for feeding this information into local governance processes.</p>				
8	<p>If a significant issue about the care of a patient arises during the debriefing, a clear and contemporaneous note of this should be made in the patient's records. Local governance processes must ensure that issues identified in debriefing action logs are communicated at an appropriate level within the organisation, and that there is a mechanism to capture and promote learning.</p>				

Audit Checklist – Part B

Audit of Compliance of local practice with LocSSIP : List of audits / other processes in place to measure compliance						
Measuring compliance					Monitoring compliance	
WHO is responsible for monitoring this element (job title of person/ group responsible)	WHAT element of compliance or effectiveness within the procedural document will be monitored	HOW will this element be monitored (method used) Audit in place (title) (e.g. Survey Monkey / Athena report, Snap shot audit, observational audit)	Sample size (every patient / a sample of patients)	WHEN will this element be monitored (frequency/ how often) (every day, once per week / per month)	REPORTING Which committee / group will the resultant report and action plan be reported to and monitored by (report should include any areas of good practice/ organisational learning)	REPORTING How often will the committee / group receive reports and updates