Case Study
Stop the Line: Improving Safety Culture in Surgical Suite

Problem
When a hospital in the Midwest prepared patients for surgery, staff were required to follow an important pre-op checklist. However, the process didn’t go as planned for a patient, age 62, who was about to undergo elective knee surgery. The woman was given Versed, a powerful sedative, prior to signing the informed consent form. Her consent was clearly missing from the checklist, but the surgeon wanted to stay on schedule. None of the surgical staff felt comfortable speaking up or calling for a time out.

Although the patient wasn’t harmed, the patient safety officer conducted an internal Root Cause Analysis (RCA) to find the true root cause of the event. The hospital also wanted assurance from an independent source that the RCA team’s conclusion was correct.

Solution
The hospital submitted the RCA to ECRI Institute Patient Safety Organization (PSO) for an unbiased analysis. ECRI’s PSO liaisons, with years of hands-on clinical experience, completed a thorough review of the RCA and questioned why members of the surgical team would disregard the important step of obtaining signed consent in the surgical checklist.

By encouraging the RCA team to ask more “whys” in their analysis, ECRI PSO led the hospital to a different root cause. The busy surgical staff didn’t just need additional training on the checklist. The hospital needed to improve their safety culture so that all staff would be comfortable calling for a time out when something was not right.

Result
After discussion and encouragement from ECRI Institute PSO clinical liaisons, the patient safety officer went to hospital leadership and obtained approval to shut down the OR for an entire day—at significant financial cost—for culture of safety training.

By uncovering the deeper root causes, such as lack of a robust safety culture, and working to empower staff to ‘stop the line,’ this health system is employing high reliability tools to ensure patient safety and prevent similar occurrences.