Anaesthetics: EmBARKation checks

(Completion of pre-anaesthetic checklists)

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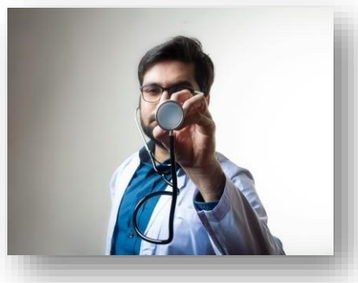
[1]Emersons Green Vets4Pets



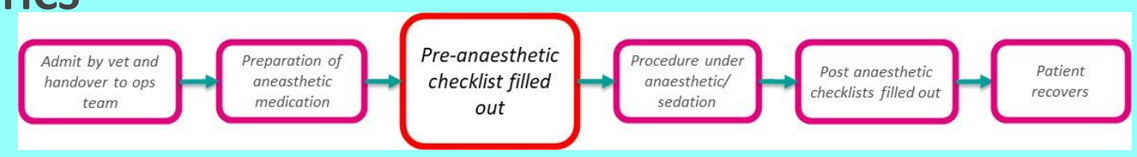
PROBLEM
Pre-anaesthetic checks are only carried out for 5 /10 patients. This risks serious mistakes, omissions in procedures and harm. Legal action for negligence affects everyone.

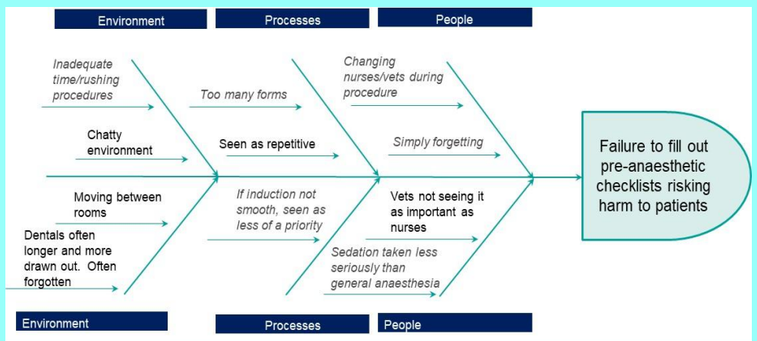
BACKGROUND

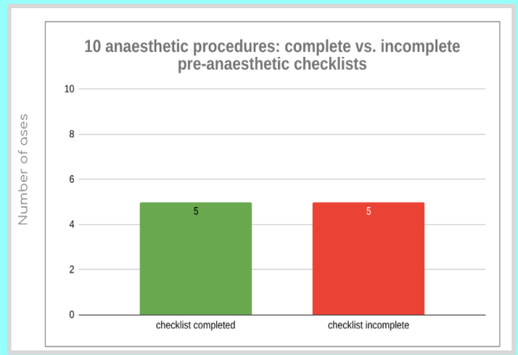
Surgical Safety Checklists have long been considered essential by organisations such as The World Health Organization (WHO) to standardize care, contribute toward team communication, improve outcomes, and save lives by preventing serious complications and errors.

Vets4Pets Emersons Green have been using pre-anaesthetic checklists for at least 5 years. Although no catastrophic surgical or procedural complications have occurred, the attitude towards filling the checklists out had become relaxed with many checklists incomplete. The importance of checklist completion has always been acknowledged by the team and so a checklist related project was welcomed.

DIAGNOSTICS







AIM & MEASUREMENT DEFINITION

Aim
Increase the number of patients who have pre-anaesthetic checklists completed (including sedation and dentals) from 5/10 to 7/10 by October 2025

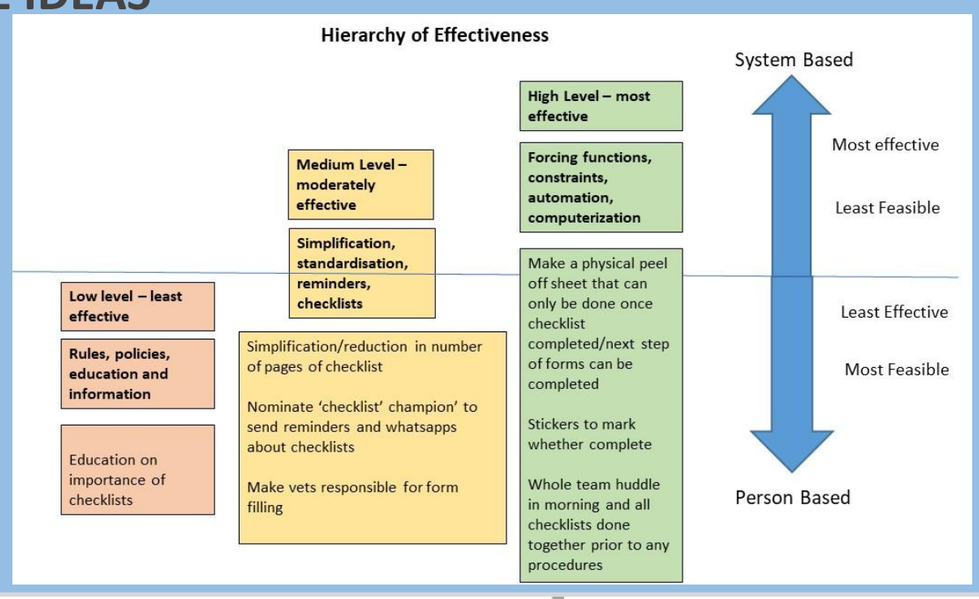
Chosen measure
Percentage of pre-anaesthetic checklists fully completed per day. Competition = all boxes/areas filled with data.

Inclusions
Include categories: surgery, sedation, dental, imaging

Exclusions
Emergency/unplanned procedures, weekends, peripatetic orthopaedic procedures

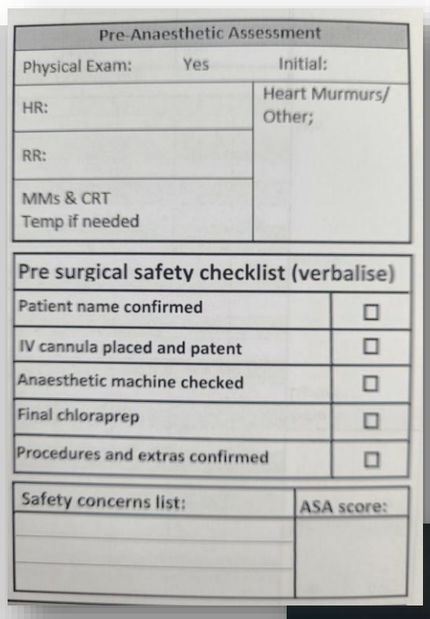
Sampling method and frequency
WEEKLY

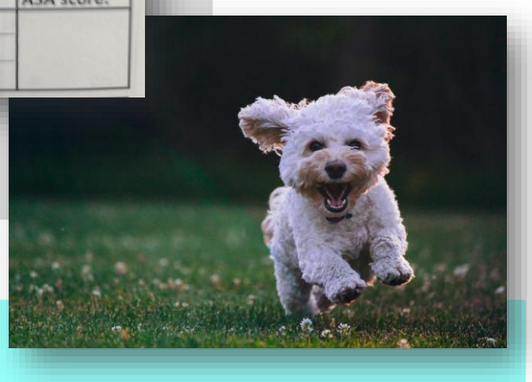
CHANGE IDEAS



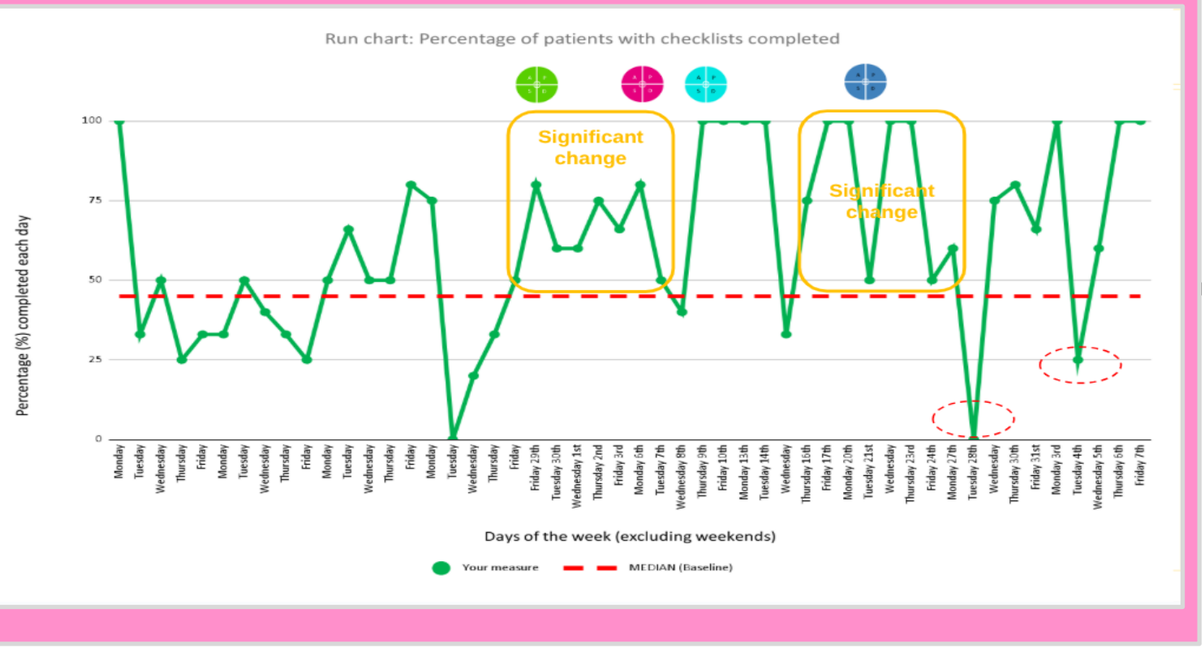
PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Share change idea (condensed checklist) with practice owner	Informal meeting with myself, nurses and practice owner about new checklist	New form was accepted by practice owner Thought to contain essential information and as reduced in time, likely to take less time to fill in and therefore more likely to be filled in.	Again
1.2	Advising team about checklist changes	Announced changes to team via WhatsApp	Announcement in WhatsApp gained lots of positive feedback, some of which included some other changes/suggestions for inclusions/exclusions	Adopt
1.3	Trial new checklist format (29/09/2025)	New checklist printed and trialled for one ops day	80% forms completed. Incomplete was partially completed. Only part not complete was ASA score - feedback was to provide more training/info sheet in prep to make sure we all know how to score.	Adapt - make some alteration to checklist and decide on how to include ASA scoring guidelines
2	Trial new updates checklist and ASA information (03/10/2025)	Provide new checklist format AND laminated information sheet on ASA scoring provided in prep for team to see.	Initial days of rollout extremely busy so all the team were very rushed. All of the 'incompletes' were partially filled out rather than totally incomplete - a vast improvement on baseline run. Most of these are failure to complete 'chloroprep' box and ASA scores. Team seems to be really responding positively overall.	Adapt – feedback to team via WhatsApp of how the changes are going so far and how well they are doing. Remind them where to find information on ASA scores that has been provided.
3	Team update on progress and encouragement. Introduction of 'Checklist champion' concept (09/10/2025)	WhatsApp message sent to update on team performance so far, areas for improvement. 'Checklist champion' concept introduced to add humour and idea of it being an ongoing role.	Messaging met with amusement and positivity: team appreciated that checklists are helpful and that failure to fill them out won't resort in a negative response. Immediately following message, there was a short run (4 data points) of 100% completion. Overall – seeing increased number of checklists completed.	Adopt - continue to evolve the role to include other checklists within practice. Role can be fulfilled by other staff at other times. ASA scores still the area that is often not filled in.
4	Give team feedback and introduce new idea for increasing ASA scoring. (22/10/2025)	Message sent with proposal that vets who admit patients aim to complete ASA score at time of initial admit to increase completion of this area. If not complete, there is a second opportunity within nurse/vet team to fill out pre-operatively.	Message me with positive 'thumbs up'. Following this, there were still some partial incomplete checklists but ASA scores were completed in all of them. Areas that were not completed were 'chloraprep' and 'list procedures'. The recent change appears to have improved ASA scoring.	Adopt - consult with team regarding 'chloraprep' part of checklist. Does this need to be there?





RUN CHART



CONCLUSIONS

I met my aim an increased the number of checklist completed to 7/10.
The run chart data showed two shifts above the baseline median. Each shift was statistically significant. There were two 'astronomical' data points (marked with broken lined circles) that occurred on especially busy days that were understaffed and the return of a member of staff who was less familiar with the new checklists.

Changes involving a reduction in tasks (checklists reduced in size) worked well. It's useful to consider what is essential and what is surplus to requirement, so time is well spent on the task you are asking staff to carry out. Staff appreciate that their time is valued and efficiency is prioritised.

REFLECTIONS & LEARNING

Using the Model for Improvement is a useful framework to implement change as it allows for testing of change ideas and ongoing study. This is a flexible format to use alongside practice auditing. Small change and engagement of all team members meant little disruption to the daily routine, whilst increasing engagement in the project. I think the change will mostly be self-sustaining but will need intermittent nudging by various 'checklist champions' to keep completions at higher rates.

Acknowledgements:
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