NatSSIPs 2
Checklist Principles and Examples

Principles of checklist design for invasive procedures:

- Organisations should invest time and resources into the design and revision of checklists combining theoretical concepts with understanding of how checklists are used (and misused) in local environments.
- End-users should be always involved in checklist (re)design.
- Checklists are fundamentally a tool to support well-trained, motivated staff to perform their roles.
- Checklists are not an end in themselves.
- Unthinking use of checklists is potentially harmful to patients and staff.
- Staff should be trained in the use (and potential misuse) of checklists relevant to their environment.
- Checklists in use around the time of invasive procedures are generally some combination of:
- Decision aids: focussing attention towards one, important issue at a time; reducing the influence of cognitive biases (such as familiarity); identifying / rectifying individual or team knowledge gaps.
- Memory aids: adding to innate working memory, particularly in the context of distraction and / or familiarity and internal / external stressors; enabling sequential steps to be undertaken in the correct order.
- Checklist items may prompt:
- information giving
- planning
- checking
- The checklists and their individual items should be designed with awareness of their primary purpose(s).
- The purpose and scope of a checklist should be clear.
- The actions to be taken in response to each item of a checklist should be clear.
- A check always requires a response
- The actions to be taken if a checklist item cannot be resolved should be clear
- Checklist items should be brief, concise and with sufficient detail to prompt a professional with appropriate training to undertake the correct action.
- They should not be verbose statements attempting to explain how to do something.
- Multiple conditions within a single item should be avoided.
- Checklist items can be ordered in different ways.
- Items on which other questions depend should come first (e.g. patient identification comes before airway plans)
- For items that have no particular priority / precedence, moving through in a sequence that relates to the team, physical layout of the room / procedure, physiological systems may help with efficient flow.
- Key items may be given greater salience by ordering them first or last.
- Fonts should be of sufficient size and design as to be easily read.

Centre for Perioperative Care
Churchill House, 35 Red Lion Square, London WC1R 4SG
Tel 020 7092 1559 | **Email** cpoc@rcoa.ac.uk
Website www.cpoc.org.uk | **Twitter** @CPOC_News

- Highlighting of key elements with CAPITALS or **bold** or boxes may help improve salience.
- The number of items in an individual checklist should be limited.
    - Checklist items should focus on items that are of major importance and / or easily missed.
- Checklists should not become a dumping ground for every risk.
- Just because an incident has occurred or a risk is identified does not mean a checklist is an appropriate solution.
- The principles of checklist design within electronic health records are similar, but specialists in user-interface should be involved in their (re)design.
- Checklists should undergo regular review and revision.