Processes

Documentation processes

In summary: Proportionate checks for procedural safety are performed, recorded and reviewed regularly alongside governance, cultural aspects and IT integration.

- Invasive procedure checklists should be adapted from the WHO Safe Surgery Checklist.
  - Adaptation should be based on insights from local and national data
  - Staff, patients and safety specialists should be involved in this improvement process
  - There should be an organisational framework of standardisation, harmonisation, and education across all invasive checklists
- Specialty based procedural checklists can be used in dedicated specialty areas but checklists per procedure are not encouraged (unless a reliable IT solution which matches a checklist to a procedure appropriately is designed, tested and maintained).
- The NatSSIPs lead(s), in conjunction with relevant specialty groups should ensure that processes are designed and re-designed to support optimal safety and efficiency.
  - Paperwork and / or digital documentation should be reviewed regularly to ensure it is contemporary, without duplication, relevant to practice and closes the gap between work as imagined and work as done[29]
  - The processes of patient flow before, during and after invasive procedures should be designed to balance deliberate redundancy of checks with unnecessary duplication
  - Checklists across the organisation should be reviewed to ensure they are harmonised in language, pattern of checks and appearance
  - The flow of information should be reviewed regularly to ensure there are 'versions of truth' that are reliable and accessible at all points of the patient journey
- IT solutions should be carefully designed and tested with partnership between IT and human-centred design experts and representatives of all members of the invasive procedures team. IT integration creates opportunities and risks for rationalisation and data analysis of Safety Standards.