



Thelma Vannoy and the checklists

By the time Thelma Vannoy was wheeled into operating room number 2 to have her knee replaced, she had lost count of how many times she had been asked the same questions:

What's your name?

Why are you here?

Which knee are we operating on?

"Some patients get agitated when they have to repeat the information," says Tom Housen, RN, director of surgery at Community Hospital of the Monterey Peninsula.

But Vannoy knew it was part of the process, a safety net of checklists and questionnaires at multiple stages to ensure that the right patient is in the right place for the right surgery on the right body part.

"I'd rather they asked," Vannoy says, "than get me mixed up with somebody else."

Use of checklists in medicine has been a hot topic in the last year, partly due to the best-selling book *The Checklist Manifesto: How to Get Things Right*, by

surgeon Atul Gawande. The book illustrates how something as simple as a checklist can prevent "avoidable failures" in everything from aviation to surgery.

While the book created buzz, checklists aren't new to medicine. In one form or another, Housen says, they have been around for years and can be a valuable tool in the complex world of surgery.

The checklist process begins even before a patient comes to Community Hospital. For Vannoy, it started with Dr. Christopher Meckel, the surgeon performing her knee replacement.

Vannoy hurt her knee in 1998 when she fell while working for a few months at a remote fishing lodge in Alaska. But she didn't tell anyone, knowing they would send her home to the Seattle suburb where she lived the rest of the year. Instead, she lived with the pain. She got partial relief through a series of injections in 2008, but that same year she injured her knee again in a car accident.

After the accident, she focused on her recovery while staying with her daughter in Santa Cruz. Vannoy, at

75, is active and adventurous. She was ready to end her pain and improve her walking ability — enough to visit a great-grandson working this summer in Italy as a glass-blower's apprentice. To get her comfortably on her feet, a doctor in Santa Cruz referred Vannoy to Meckel, who had recently done the doctor's own knee surgery.

Part of Meckel's checklist is consulting a patient's other doctors to learn whether he should be aware of any issues.

"We are finding out any pre-operative risks and then minimizing them," he says.

His information is shared with Community Hospital, which begins building its patient file when a request comes in to schedule surgery. It starts with very basic questions: *Who is the patient, and what is the surgeon planning to do?* Then it goes much deeper.

Staff under the direction of Leigh Zacarias, assistant nurse manager of the Short Stay Unit, where patients go just before surgery, work their way through a series of questionnaires and checklists to try to learn everything pertinent about an incoming patient, from health history and medications to prior surgeries and allergies.

Much of the information is collected or confirmed in a pre-operative interview, a critical step carried out by a registered nurse, usually a few days before surgery. The nurse also goes over pre- and postoperative instructions, including when to take medications, eat, drink, and have lab work done.

When Vannoy got to the Short Stay Unit the morning of her surgery, a 38-page file about her had already been constructed. Jana Brinsmead, RN, turned to the file as she readied Vannoy for surgery, reviewing previously gathered information, starting, of course, with the basics: *What's your name? Why are you here? Which knee are we operating on?*

Much of the conversation focused on Vannoy's medications: *What had she taken and when?*

"Medications pose the biggest risk factors," says Housen. "Multiple doctors may be involved in care."

Vannoy's next stop was the Post Anesthesia Care Unit, where she met her anesthesiologist, the nurses who would care for her after surgery, and the nurses on her surgical team. The checklist questions continued when Meckel arrived.

"You need to show me which side we're operating on," he told Vannoy. She pointed to her right knee, Meckel confirmed it, wrote "yes" on it to literally mark the spot, then added a smiley face.

In the operating room, a surgical team of seven went through its preoperative routines, including a count of sponges, needles, and other tools that might be used. Two tallies would be done later to account for everything.

Then Quincie Pratt called a "time out," part of her role as circulating nurse. Team members stop what they're doing and together go through a checklist posted on the wall, confirming again that they have the right patient and are in agreement on the procedure, surgical site, and a short list of other critical elements.

"The surgeon," Housen says, "is now cleared to take scalpel to skin."

And Meckel did, successfully replacing Vannoy's worn joint with a new metal one.

Soon after, Vannoy roused from her anesthesia and this time *she* was the one with a question:

"Can I walk to Italy now?"