

Key amendments to this guideline

Date	Amendment	Approved by:
17 th Jan 24	Document approved	TACCSS

Safety Standards for Sign Out

Summary of Guideline

All team members should be present during Sign Out.

Sign Out is completed before the patient leaves the procedural area.

The following checks are performed at Sign Out:

- Confirm the actual procedure performed. this is important as the procedure performed may have changed or expanded.
- Confirm the swabs, instruments and sharps counts are correct.
- Confirm any specimens are correctly labelled.
- When relevant, confirm the prosthesis inserted. include manufacturer, size and laterality.
- Discuss patient specific post procedural care. this could include post-operative antibiotics, VTE prophylaxis, radiology requirements, feeding instructions and drain instructions.
- Discuss any changes in post-procedural destination.
- Estimated blood loss should be announced and recorded.

Equipment problems should be noted and included in the de-briefing

Postoperative instructions for drains/clamps should be detailed

Introduction

- The Sign Out is a safety check performed at the end of a procedure.
- Noise and interruptions should be kept to a minimum during the Sign Out procedure.
- Silent focus from the team is required.
- Sign Out enables an opportunity to confirm that there are no retained foreign bodies. It also enables the exact procedure to be named and specific post-procedural instructions to be given.
- Signing Out is important as it enable the Safe Care that has been given to continue into the post-procedural period.

Details of Guideline

Who should perform the Sign Out?

- It is recommended that the Scrub Practitioner completes Sign Out. Any member of the team can lead the Sign Out, although this should be discussed at the Team Brief.
- All team members involved during the procedure should be present at the Sign Out. It should be completed before the surgeon has left the room.
- The team member leading Sign Out is responsible for verifying that all other team members are participating. This could require that they stop all other tasks and face the Sign Out lead.

When is the Sign Out Completed?

- The Sign Out can be completed between the time the procedure ends and before the patient leaves the procedural area.
- The Sign Out can coincide with wound closure.
- The Sign Out should be completed once the final swabs, sharps and instruments counts have been completed.

Items to include within Sign Out

- Confirm exactly what procedure was done. This is important as sometimes the procedure may have changed or expanded during the course of an operation.
- The scrub nurse should confirm that the swabs, sharps and instruments counts are completed and correct
- Where counts are not reconciled local guidance should be followed as detailed in Trust Policy regarding Prevention of Retained Foreign Bodies.
- Confirm that any specimens taken have been correctly labelled and include the patient's name, ID, site and side where relevant.

- Discuss any key concerns for recovery including any patient specific concerns. This discussion can involve the whole team. This is important because there may be issues which present a specific risk to the patient during recovery, although these may not be evident to all staff involved.
- Discuss any postoperative instructions around drains/clamps.
- Any equipment problems should be noted and included in the de-briefing.
- Estimated blood loss should be announced.
- Sign Out should confirm the IV lines are flushed and any controlled drugs accounted for.

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Compliance with key consent and site marking standards	Regular reporting via Theatre dashboard	At TACCSS governance meetings	Theatre staff	Governance lead Band 7 and Band 8 Theatre staff	6 times per year

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page

References

National Safety Standards for Invasive Procedures 2 (NatSSIPs) January 2023. Centre for Perioperative Care. https://cpoc.org.uk/sites/cpoc/files/documents/2022-12/CPOC_NatSSIPs2_Signout_2023.pdf

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Matthew Trotman Theatre Manager
Kim Simpson Theatre Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Surgical Quality Governance Lead – Louise Shaw Jones

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval