Top 10 Priorities for Patient Safety in Surgery

1. **Foster a Culture of Safety through Design**

• Establish a psychologically safe environment, through design, where staff feel empowered to speak up without fear of blame.
• Promote a Just Culture, balancing personal accountability with systems-based learning from adverse events and near misses.
• Actively encourage multidisciplinary teamwork and peer support, with support from senior leadership, to enhance safety and well-being.

2. **Implement Team-Based Quality and Safety Reviews**

• Use Team-Based Quality Reviews (TBQRs) and structured case analysis to learn from everyday work, incidents, and near misses.
• Translate findings into sustainable improvement initiatives that enhance both patient outcomes and staff experience.
• Foster a culture of collective learning, ensuring safety insights lead to actionable change.

3. **Apply Human Factors Principles and Systems Thinking Principles in Surgical and Clinical Practice**

• Design resilient systems that mitigate work and cognitive overload and enhance performance reliability. Use TBQR Principles to support this.
• Standardise workflows, optimise usability of IT systems and medical devices, and integrate cognitive aids (e.g. WHO Safe Surgery Checklists, prompts).
• Ensure governance processes support safe, efficient, and user-friendly surgical environments.

4. **Enhance Communication & Handover Processes**

• Implement structured communication tools such as SBAR (Situation, Background, Assessment, Recommendation) to improve clarity and effective decision-making.
• Optimise handover processes with digital tools, checklists, and standardised documentation.
• Reinforce closed-loop communication, ensuring critical information is confirmed and acted upon.

5. **Strengthen Leadership & Accountability in Patient Safety**

• Senior leaders must visibly support safety initiatives and proactively engage frontline staff in decision-making.
• Embed structured mechanisms for raising concerns, including TBQR, safety huddles, and escalation pathways.
• Ensure staff have access to training, resources, and protected time for safety and quality improvement work.

6. **Minimise Medication Errors in Surgery**

• Implement electronic prescribing and technology assisted medication administration to mitigate errors.
• Enforce double-check procedures for high-risk medications and standardised drug labelling.
• Improve intra and peri-operative medication safety with clear labelling, colour-coded syringes, and real-time verification.

7. Improve Early Recognition & Response to Deterioration

• Appropriate regular training of teams on processes and pathways supported by good design of staff rota ensuring adequate staffing levels.
• Implement early warning scores and establish rapid response pathways for deteriorating patients.
• Standardise post-operative surveillance strategies, ensuring timely escalation and intervention.

8. Engage Patients & Families as Safety Partners

• Encourage shared decision-making to align treatment plans with patient expectations and values.
• Provide clear communication on risks, benefits, and post-operative care, using tools like patient safety checklists and focus on informed consent processes.
• Actively involve patients and families in safety and quality initiatives, and hospital discharge planning.

9. Standardise, Simplify & Optimise Surgical Processes

• Reduce unnecessary complexity in clinical workflows, making processes intuitive, efficient, and reliable.
• Co-design standard operating procedures, policies and pathways with frontline teams to minimise variation.
• Implement automation and digital solutions where feasible to streamline repetitive tasks.

10. Promote Continuous Learning & Simulation-Based Training

• Conduct regular simulation training for critical scenarios (e.g. sepsis, airway emergencies, human factors).
• Use insights from TBQR and incident reviews to target training needs and refine clinical practice.
• Ensure ongoing professional development by providing staff with time, resources, incentives and institutional support for learning.