



How Digital Capture Is Closing Gaps in WHO Surgical Safety Compliance

by Radhika Bawa

A ticked box is not proof that a pause happened. Most hospitals in India use the WHO Surgical Safety Checklist and can produce a completed form for nearly every case. Far fewer can retrieve that form in seconds, link it to the surgical record, or review compliance across every OT without pulling files by hand. The checklist itself is not the problem. The paper it lives on is.

Why paper makes compliance hard to prove

The form lives apart from the case. The checklist sits in a file while surgical video, images and notes sit elsewhere. Any audit or medico-legal request means reconciling records from several places.

Audits rely on sampling. Quality teams overseeing multiple OTs can review only a few files a month. Patterns across theatres or teams stay hidden.

Gaps surface too late. Missing pages, unclear entries and blank fields are found weeks after the case, when nothing can be corrected.

One person, one pen. A checklist designed as a team conversation becomes one nurse's task on a form in the corner of the room. Retrieval costs time. Physical records need filing, storage space and staff hours to locate for accreditation or review.

What changes when the checklist moves onto the OR screen
Digital capture keeps the WHO checklist exactly as it is. What changes is how the team sees it, completes it and retrieves it.

One screen, one shared confirmation

When the checklist appears on the OR display with the patient's name, age, sex and procedure at the top, every team member is looking at the same details and the same questions. The verbal, team-wide confirmation the WHO intended becomes the natural way to complete it.

Each phase follows the flow of surgery

Sign In, Time Out and Sign Out appear as distinct steps. The active phase is highlighted, so the team always knows which pause they are in, and each phase is saved before moving to the next.

Structured, role-based responses

Each item is a clear Yes or No. No handwriting to interpret, no ambiguity in the record. Time Out items for anticipated critical events can be grouped by surgeon, anaesthetist and nursing team, so each role knows exactly what it is confirming.

The checklist becomes part of the case record

For hospital IT, this is the key shift. The checklist is no longer a separate document to scan, store and index. It sits in the same record as the surgical video, images and case details, managed within one system.

Audit-ready documentation by default

A consistent, digital, case-linked record supports accreditation, internal quality review and medico-legal requests without manual compilation. For hospitals working towards NABH, it supports the documentation side of OT safety requirements.

How CREA builds the WHO checklist into the surgical workflow

CREA, Esbee Dynamed's digital OR integration platform, brings the standard WHO Surgical Safety Checklist onto the OR display as part of every case.

The checklist is organised into three phases: **Before Anaesthesia**, **Before Incision** and **Before Patient Leaves**. The patient banner stays visible throughout. The team saves each phase, moves to the next, and submits once the patient is ready to leave the OR. Before Incision groups anticipated critical events separately for the surgeon, anaesthetist and nursing team, while Before Patient Leaves follows the nurse's verbal confirmation of procedure name, counts, specimen labelling and equipment issues.

When the case is closed, CREA uses the closure as a trigger to package the case record. The export bundles the completed WHO checklist as a PDF together with the case media and details. The result:

- Checklist and surgical record are retrieved together, never reconciled from separate files.
- Every exported case carries its own checklist, so documentation is available case by case.
- Records are ready for review, accreditation preparation or medico-legal requests without extra effort.

Who benefits

Surgeons and anaesthetists get a clear on-screen prompt at each pause, with patient details in view and role-specific items laid out.

OT nurses work from the screen they already use during the case, instead of managing a separate paper form.

Hospital Team gets checklist data inside the surgical case record, with no scanning, physical storage or separate document indexing to manage.

Quality and compliance teams get complete, case-linked records they can retrieve without searching through files.

Making the switch

1. **Map your current process.** Note who leads each phase today and where paper forms are stored.
2. **Assign phase leads** for Before Anaesthesia, Before Incision and Before Patient Leaves in each OT.
3. **Train on the screen.** A short walkthrough during a live list is the fastest route to adoption.
4. **Use exported records in monthly quality reviews,** by OT, team or procedure type.
5. **Share results with clinical teams** so they can see their documentation improve.

See it in a working OR

Visit Esbee Hive, our experience center in Mumbai, and walk through a full case on CREA, from Before Anaesthesia to case closure and export.

Book a CREA walkthrough at Esbee Hive

Esbee Dynamed specialises in OR integration and connected surgical instrument tracking solutions. To learn how we can support your operating theatre, contact our team.

Write to us at info@esbeedynamed.com for more info.