PRACTICE RESOURCE · BOOK COMMENTARY · 1-PAGE SUMMARY

Why Checklists Work

Lessons from The Checklist Manifesto for the digital dental practice

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A commentary on Atul Gawande, *The Checklist Manifesto: How to Get Things Right* (Metropolitan Books, 2009).

Most remakes do not happen because someone did not know what to do. They happen because one small, familiar step got skipped on a busy day: the shade was taken after the teeth dried out, the top cord was not pulled, or the bite scan stopped short. Gawande's point is that in complex work, the gap is rarely knowledge. It is applying what we know every time. A short checklist, used at set moments by a team that is allowed to speak up, closes much of that gap.

Intensive care

Keystone project, 103 Michigan ICUs: the median central-line infection rate fell from 2.7 to 0 per 1,000 catheter-days within three months.

Pronovost et al., NEJM 2006

Surgery

WHO Surgical Safety Checklist, eight hospitals: major complications fell about 36% (11.0% to 7.0%) and deaths about 47% (1.5% to 0.8%).

Haynes et al., NEJM 2009

Two kinds of checklist

DO-CONFIRM → Normal case

Work from training, then stop and confirm at three pause points with the **True-Fit Case Checklist**: Preprep, Prescan, Postscan.

READ-DO → Remake case

Follow the **Remake Case Workflow** step by step, and use the **Remake Scan Quick Reference** card to choose the scan.

What makes it work

- **Short:** about five to nine items per pause point, only the steps most dangerous to skip.
- **Fast:** about a minute per pause point.
- **Spoken:** read aloud and confirmed by the team, not just ticked.
- **Shared:** anyone may pause the case if a check is not done.
- **Revised:** tested, trimmed, and dated.

Start this week

1. **Start with one case type.** Single posterior crowns are a good first target: frequent, routine, and easy to measure.
2. **Use the Case Checklist for a month.** Keep the laminated card chairside or a pad sheet in the chart.
3. **Train, reinforce, then check.** Eric's sequence: teach the workflow, reinforce it with a short quiz or huddle review, and then let the checklist hold it in place.
4. **Close the loop on every remake.** Review the remake, agree on the solution, and if a step was missed, ask whether it belongs on the checklist.

> For us, the motive is simple care for the people we serve. Treat others the way you want to be treated, one case and one patient at a time.

Companion resources: True-Fit Case Checklist, Normal and Remake Case Workflows, Remake Scan Quick Reference, Helpful Hints for Digital Restorations, and How to Take a Great Digital Impression. Questions? Call Eric at **951-430-9888** or email **truefitlab@gmail.com**.

Sources: Atul Gawande, *The Checklist Manifesto: How to Get Things Right* (Metropolitan Books, 2009); Haynes et al., *N Engl J Med* 2009;360:491–499; Pronovost et al., *N Engl J Med* 2006;355:2725–2732. This summary is an independent commentary and is not affiliated with or endorsed by the author or publisher.