

# The Checklist Manifesto

This is the first time I have ever written for a blog, so to ease in to it, I thought I would share something I've read that has interrupted my thinking recently, *The Checklist Manifesto*. Author Atul Gawande is a surgeon at Brigham and Women's in Boston as well as being a staff writer for the New Yorker. He has written several books, including *Better* and *Complications*. His most recent one is the best seller, *The Checklist Manifesto*. While the word "manifesto" conjures up the ravings of some kind of extremist, this book is a very readable accounting of the development and use of checklists in the practice of medicine.

Full of stories from medicine, as well as unlikely examples like David Lee Roth's contract requirement regarding brown M&Ms (read the book for the whole story), Gawande shares how the use of written guides can help reduce errors and improve outcomes when teams of people are performing complex procedures. These checklists have their origins in aviation; the most well-known ones in medicine are the Central Line Checklist developed by Peter Pronovost and his team at Johns Hopkins, as well as the Safe Surgery Checklist Gawande and his research group developed for the World Health Organization. On his website, Gawande has examples of several of these checklists. (see some examples at the bottom of this post)

What struck me as I looked at these was the huge differences in how they appear. How does the design of the checklists impact their use? Can we take it further, and think about how the design of the physical environment can be leveraged to support the use of checklists? At Steelcase, we talk about designing for the built environments through the triple lens of the social, the spatial and the informational. I'll leave you with the question: What would a "Checklist-friendly" patient room in an ICU or an OR look like?

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