

Healthcare safety has become a major challenge for healthcare institutions since the publication of the *To err is human* (2000) report by the Institute of Medicine [1], one of the first studies to present the consequences of medical iatrogeny in American hospitals. These statistics were confirmed by other studies, which highlight the fact that incident problems are an integral part of health care production systems. As a result of this global awareness of the impact of medical errors, in 2004 WHO created a thinktank and research group called the Global Alliance for Patient Safety. As a priority, this working group focused on securing the care of patients in the operating room and made it the main issue of the second Global Challenge for Patient Safety (2008).

Indeed, surgical procedures are a major challenge for health facilities because they confront the quality of care provided to patients and the search for financial profitability of the structure. Changes in practices and technologies are disrupting the workings of these teams, encouraging them to find innovative solutions to ensure that patient safety is always at the center of operating a surgical unit. The checklist is one of these solutions.

Currently present, the checklist is applied in the majority of European and American hospitals, which is not the case in health care facilities in Morocco. Its ease of use and its impact on adverse events have made it a preferred tool for risk management in operating theaters. In this perspective, the idea of this study is to characterize the factors inhibiting the use of Checklist in Moroccan operating theaters. This is a descriptive study on the use of the checklist in a public hospital and a private clinic in Morocco. It took place over a period of one month (01 to 30 September 2018) with a sample of 40 professionals (surgeons, anesthesiologists and nurses). Data collection was done by administering a questionnaire and by direct interviewing. This project focuses on two aspects: first, check its daily application, and second, analyze the assessment of the Checklist by health professionals, its interest, and collect comments and proposals for improve it and identify the factors that inhibit its ownership by the actors.