

**Tool 4: Surgical Safety Checklist Observation Tool**

Date of procedure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hospital name: \_\_\_\_\_

<b>Procedure Information</b>		
Patient age: _____	Time of incision: ____:____ AM / PM	Urgent/emergent case (requiring same-day completion): <input type="radio"/> Yes <input type="radio"/> No
Patient gender: <input type="radio"/> M <input type="radio"/> F	Surgical end time: ____:____ AM / PM	Significant nonclinical disruptions: <input type="radio"/> Yes <input type="radio"/> No
Surgeon's specialty: _____		Case delayed >30min: <input type="radio"/> Yes <input type="radio"/> No
Procedure performed: _____		Patient disposition: <input type="radio"/> Inpatient <input type="radio"/> Outpatient

<b>Observer Information</b>		Observer role: <input type="radio"/> Circulating Nurse <input type="radio"/> Other: _____
Observer age: _____	Observer gender: <input type="radio"/> M <input type="radio"/> F	Years in current role at this hospital: ____

Processes of Care				
1. Was an antibiotic given within 1 hour of incision?	<input type="radio"/> Yes, w/o prompting	<input type="radio"/> Yes, prompted by Checklist	<input type="radio"/> No	<input type="radio"/> N/A
2. Were compression boots placed (mechanical DVT prophylaxis)?	<input type="radio"/> Yes, w/o prompting	<input type="radio"/> Yes, prompted by Checklist	<input type="radio"/> No	<input type="radio"/> N/A
3. Was a warmer placed (for case >1 hour)?	<input type="radio"/> Yes, w/o prompting	<input type="radio"/> Yes, prompted by Checklist	<input type="radio"/> No	<input type="radio"/> N/A

Briefing					
4. Which of the following individuals participated in confirming the patient's identity, procedure or operative site before incision? (Mark all that apply.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Circulating Nurse	Anesthesia provider	Surgeon	Other	Not confirmed
5. Did team members introduce themselves by name and role (e.g., "Lynn, the anesthesiologist.")?					<input type="radio"/> Yes <input type="radio"/> No
5a. <b>If no</b> , was this team established (i.e., introductions performed earlier the same day)?					<input type="radio"/> Yes <input type="radio"/> No
6. Before incision, did the surgeon discuss the operative plan?					<input type="radio"/> Yes <input type="radio"/> No
7. Before incision, did the surgeon state the expected duration of the procedure?					<input type="radio"/> Yes <input type="radio"/> No
8. Before incision, did the surgeon communicate the expected blood loss (EBL)?					<input type="radio"/> Yes <input type="radio"/> No
9. Before incision, did the nurse discuss sterility, equipment, or any other concerns?					<input type="radio"/> Yes <input type="radio"/> No
10. Before incision, did the anesthesia provider discuss the anesthesia plan (including airway or other concerns)?					<input type="radio"/> Yes <input type="radio"/> No
11. Were all checklist items read aloud, without reliance on memory?					<input type="radio"/> Yes <input type="radio"/> No

Debriefing	
12. Before the patient left the OR, did the team discuss specimen labeling (e.g., labels / patient name read aloud)?	<input type="radio"/> Yes <input type="radio"/> No
13. Before the patient left the OR, did the team discuss equipment or other problems that arose?	<input type="radio"/> Yes <input type="radio"/> No
14. Before the patient left the OR, did the team discuss key concerns for patient recovery and post-op management?	<input type="radio"/> Yes <input type="radio"/> No

Buy-in				
15. Which of the following individuals actively participated in discussions of Checklist items? (Mark all that apply.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Circulating Nurse	Anesthesia provider	Surgeon	Surgical tech

**For questions 16-19**, rate Checklist buy-in using the descriptions below. "1" represents poor buy-in; "5" represents excellent buy-in.

<u>Poor</u> : Two or more members of the team continued other activities or conversation continued while performing the Checklist. Evidence of poor buy-in (e.g., eye-rolling, speed reading).	<u>Neither poor nor excellent</u> : Any member of the team continued other activities or conversation while performing the Checklist.	<u>Excellent</u> : All other activities and conversation stopped while performing the Checklist. All team members appeared interested.
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	Poor	Neither poor nor excellent	Excellent
16. Please rate the <b>circulating nurse's</b> buy-in.	①	②	③ ④ ⑤
17. Please rate the <b>anesthesia provider's</b> buy-in.	①	②	③ ④ ⑤
18. Please rate the <b>surgeon's</b> buy-in.	①	②	③ ④ ⑤
19. Please rate the <b>surgical tech's</b> buy-in.	①	②	③ ④ ⑤

Additional Data	
20. Did the circulating nurse leave the OR <b>repeatedly</b> to find instruments or equipment?	<input type="radio"/> Yes <input type="radio"/> No
21. Were instruments and equipment available and functioning throughout the case? <b>If no</b> , please describe difficulties on the back of this form.	<input type="radio"/> Yes <input type="radio"/> No
22. Was a potential error or omission averted by the Checklist? <b>If yes</b> , please describe the event on the back of this form.	<input type="radio"/> Yes <input type="radio"/> No
23. If there is significant EBL, was a type and cross sent or blood products available?	<input type="radio"/> N/A (EBL NS) <input type="radio"/> Yes <input type="radio"/> No
24. If there is significant EBL, was adequate IV access discussed and obtained?	<input type="radio"/> N/A (EBL NS) <input type="radio"/> Yes <input type="radio"/> No
25. If expected duration of operation >2 hours, was the need for antibiotic re-dosing discussed?	<input type="radio"/> N/A (< 2h) <input type="radio"/> Yes <input type="radio"/> No

■ Please use the back of this form to provide further comments. ■