

Tool 4: Surgical Safety Checklist Observation Tool

Date of procedure: ____ / ____ / ____

Hospital name: _____

Procedure Information		
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

Observer Information		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	Surgical tech	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. If no , 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 discussing 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.

Poor: This team member continued other activities or conversation and exhibited poor buy-in while the checklist was performed (e.g., by not participating, speed-reading, or rolling eyes).	Neither poor nor excellent: This team member generally stopped other activities or conversation and participated, but did not appear interested, while the checklist was performed.	Excellent: This team member stopped all other activities and conversation, participated and appeared interested while the checklist was performed.
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	Poor	Neither poor nor excellent	Excellent
16. Please rate the circulating nurse's buy-in.	①	②	③
17. Please rate the anesthesia provider's buy-in.	①	②	③
18. Please rate the surgeon's buy-in.	①	②	③
19. Please rate the surgical tech's buy-in.	①	②	③

Additional Data	
20. Did the circulating nurse leave the OR repeatedly to find instruments or equipment?	<input type="radio"/> Yes <input type="radio"/> No
21. Were instruments and equipment available and functioning throughout the case? If no , 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? If yes , 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. ■