

# Surgical Safety Checklist AUDIT TOOL

Place patient sticker here

Date and time \_\_\_\_\_

Your printed name \_\_\_\_\_

Circulator's name \_\_\_\_\_

Please evaluate the success of the time-out based on the following guidelines.

1. **Excellent** – met following criteria:
- Completed before incision
  - Entire team participated
  - Room was quiet, free from distractions (i.e., interruptions, side conversations)
  - No one was multitasking ( i.e., prepping, draping, clipping, taping, reading)
  - Every item on the check list was reviewed

2. **Satisfactory** – characterized by the following:
- Completed before incision
  - Some distractions
  - Some multi tasking
  - All items from “Excellent” not met

3. **Poor** – characterized by any of the following:
- Noise level high
  - Team members not all participating
  - Multiple distractions
  - Not all items on checklist were reviewed
  - Done after incision

When was the Time-out done?

- Before induction
- After induction
- N/A

Who conducted the Time-out? \_\_\_\_\_

Time spent on Time-out? \_\_\_\_\_

Any good catches? (Information that might prevent errors) Yes  No

If yes, please list \_\_\_\_\_

Any unanticipated need identified during the Time-out? Yes  No

(Equipment, medications) If yes, please list \_\_\_\_\_