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| **Procedure Information** | |  |
| Patient age: \_\_\_\_\_\_\_ | Time of incision: \_\_\_:\_\_\_ AM / PM | Urgent/emergent case (requiring same-day completion): Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No |
| Patient gender: Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png M Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png F | Surgical end time: \_\_\_:\_\_\_ AM / PM | Significant nonclinical disruptions: Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No |
| Surgeon’s specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Case delayed >30min: Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No |
| Procedure performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Patient disposition: Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Inpatient Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Outpatient |
|  | | |
| **Observer Information** | | Observer role: Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Circulating Nurse Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Observer age: \_\_\_\_\_ | Observer gender: Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png M Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png F | Years in current role at this hospital: \_\_\_\_ |

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| **Processes of Care** | | | | | | | | | | | | | | | | | | | | | | |
| 1. Was an antibiotic given within 1 hour of incision? | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes, w/o prompting | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes, prompted by checklist | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png N/A | |
| 2. Were compression boots placed (mechanical DVT prophylaxis)? | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes, w/o prompting | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes, prompted by checklist | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png N/A | |
| 3. Was a warmer placed (for case >1 hour)? | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes, w/o prompting | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes, prompted by checklist | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png 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.) | | | Circulating nurse | | | Anesthesia provider | | | | | Surgeon | | | | | Surgical tech | | | | Not confirmed | | |
| 5. Did team members introduce themselves by name and role (e.g., “Lynn, the anesthesiologist.”)? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 5a. **If no***,* was this team established (i.e., introductions performed earlier the same day)? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 6. Before incision, did the surgeon discuss the operative plan? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 7. Before incision, did the surgeon state the expected duration of the procedure? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 8. Before incision, did the surgeon communicate the expected blood loss (EBL)? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 9. Before incision, did the nurse discuss sterility, equipment, or any other concerns? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 10. Before incision, did the anesthesia provider discuss the anesthesia plan (including airway or other concerns)? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 11. Were all checklist items read aloud, without reliance on memory? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| **Debriefing** | | | | | | | | | | | | | | | | | | | | | | |
| 12. Before the patient left the OR, did the team discuss specimen labeling (e.g., labels / patient name read aloud)? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 13. Before the patient left the OR, did the team discuss equipment or other problems that arose? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 14. Before the patient left the OR, did the team discuss key concerns for patient recovery and post-op management? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| **Buy-in** | | | | | | | | | | | | | | | | | | | | | | |
| 15. Which of the following individuals actively participated in discussing checklist items? (Mark all that apply.) | | | 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. | | | | | | | | | | | | | |
|  | | | | **Poor** | | | | | | **Neither poor nor excellent** | | | | | | | **Excellent** | | | | | |
| 16. Please rate the **circulating nurse’s** buy-in. | | | | Captain Oats:Users:mattlcus:Desktop:Circle 1.png | Captain Oats:Users:mattlcus:Desktop:Circle 2.png | | | | | | | Captain Oats:Users:mattlcus:Desktop:Circle 3.png | | | Captain Oats:Users:mattlcus:Desktop:Circle 4.png | | | | | | | Captain Oats:Users:mattlcus:Desktop:Circle 5.png |
| 17. Please rate the **anesthesia provider’s** buy-in. | | | | Captain Oats:Users:mattlcus:Desktop:Circle 1.png | Captain Oats:Users:mattlcus:Desktop:Circle 2.png | | | | | | | Captain Oats:Users:mattlcus:Desktop:Circle 3.png | | | Captain Oats:Users:mattlcus:Desktop:Circle 4.png | | | | | | | Captain Oats:Users:mattlcus:Desktop:Circle 5.png |
| 18. Please rate the **surgeon’s** buy-in. | | | | Captain Oats:Users:mattlcus:Desktop:Circle 1.png | Captain Oats:Users:mattlcus:Desktop:Circle 2.png | | | | | | | Captain Oats:Users:mattlcus:Desktop:Circle 3.png | | | Captain Oats:Users:mattlcus:Desktop:Circle 4.png | | | | | | | Captain Oats:Users:mattlcus:Desktop:Circle 5.png |
| 19. Please rate the **surgical tech’s** buy-in. | | | | Captain Oats:Users:mattlcus:Desktop:Circle 1.png | Captain Oats:Users:mattlcus:Desktop:Circle 2.png | | | | | | | Captain Oats:Users:mattlcus:Desktop:Circle 3.png | | | Captain Oats:Users:mattlcus:Desktop:Circle 4.png | | | | | | | Captain Oats:Users:mattlcus:Desktop:Circle 5.png |
| **Additional Data** | | | | | | | | | | | | | | | | | | | | | | |
| 20. Did the circulating nurse leave the OR **repeatedly** to find instruments or equipment? | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 21. Were instruments and equipment available and functioning throughout the case? **If no**, please describe difficulties on the back of this form. | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 22. Was a potential error or omission averted by the checklist? **If yes**, please describe the event on the back of this form. | | | | | | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 23. If there is significant EBL, was a type and cross sent or blood products available? | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png N/A (EBL NS) | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 24. If there is significant EBL, was adequate IV access discussed and obtained? | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png N/A (EBL NS) | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |
| 25. If expected duration of operation >2 hours, was the need for antibiotic re-dosing discussed? | | | | | | | | | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png N/A (< 2h) | | | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png Yes | | | Description: Description: Captain Oats:Users:mattlcus:Desktop:Circle.png No | |

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