***Appendix A: OR Time-Out Procedure Scoring Sheet***

|  |
| --- |
| Observer Code:  |
| Surgical Suite: VOR MCE VCH  |
| Type of Surgery  |
| Was an announcement made to indicate the start of time-out?  YES NO |
| Were the following items verbally communicated during the pre-incision time-out procedure?  | YES  | NO |
| * *Time-out before incision/procedure?*
 |  |  |
| * *Did the Circulator Nurse perform the time-out?*
 |  |  |
| * *Presence of required members of the procedural team*
 |  |  |
| * *Presence of the person who marked the patient*
 |  |  |
| * *Patient identity (Name, MRN)*
 |  |  |
| * *Surgical site and site marking*
 |  |  |
| * *Procedure to be performed*
 |  |  |
| * *Relevant diagnostic or radiological studies (images)*
 |  |  |
| * *Availability of necessary blood products, implants, devices, and/or equipment required for procedure*
 |  |  |
| * *Allergies*
 |  |  |
| * *Start of antibiotics*
 |  |  |
| * *Discussion of any special considerations relevant to procedure*
 |  |  |
| Was the time-out completed without interruption? YES NO If no, detail interruption. How was issue resolved? Did the time-out procedure resume?  |
| Did any member of the procedural team stop the time-out due to safety concern? YES NO If yes, what was the concern? What actions were taken to address the concern?  |
| Were the operating room members actively distracted (i.e involved in conversation unrelated to the time-out, or involved in an activity concerning a non-life threatening issue)? |
| Total time spent on time-out (in seconds): |
| Number of surgical team members:  |
| Anesthesia Team SurgeonsCirculator Nurse Scrub Techs |
| Comments on overall Time-Out procedure:   |