

TABLE E-1 Checklist Used in Study 2

Confirmation Check (CC) Study	Recorder Name		
	Case of the Day	Case _____	
	Date YYYY•MM•DD	2007 • •	
		Example	
Institution	RUH, SCH, SPH, Surgicentre, other		
Ambulatory vs Inpatient	A or I	I	
Trauma vs Elective/Urgent	T or E/U	E/U	
Day of Week	M•T•W•R•F•Sa•Su	W	
Time of Day (patient into room)	24:00 clock	7:30	
Surgical Site Marking	Absent	√	
	Visible post Prep & Draping		
	Invisible post Prep & Draping		
Surgical Site	Shoulder (S), Elbow (E), other UE (OUE)		
	Hip (H), Knee (K), other LE (OLE)	K	
Consent posted in OR	Y/N	√	
CC performed prior to incision		√	
Individual aspects of CC	Patient name confirmed	√	
	Surgery being performed	√	
	Side or Site	√	
	Allergies/conditions		
	Antibiotic Administration		
Timing of CC	Pre induction		
	Post induction/Pre Prep & Draping		
	During Prep & Draping	√	
	Post Prep & Draping		
	Post incision		
	Not at all		
Timing of Antibiotic Admin	Pre induction of anesthesia		
	Post induction of anesthesia		
	Prior to tourniquet inflation	√	
	Post tourniquet inflation		
	Prior to skin incision	√	
	Post skin incision		
	Intended	√	
	Not Intended		
Personnel Present	Staff Surgeon	√	
	Staff Anesthetist		
	Circulating Nurse	√	

	Scrub Nurse	√	
	Surgical Resident		
	Anesthesia Resident	√	
Multiple procedures	Y/N - Explanation	N	
Multiple surgeons	Y/N - Explanation	N	
Unusual case features	Y/N - Explanation	N	
Other	Y/N - Explanation	N	