***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 Surgeons  Circulator Nurse  Scrub Techs | | |
| Comments on overall Time-Out procedure: | | |