

## Surgery Information

<p><b>Facility Number:</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">8</div> </p> <p><b>Procedure Year:</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">20</div> </p> <p><b>Procedure Month:</b></p> <table style="width: 100%;"> <tr> <td><input type="radio"/> Jan</td> <td><input type="radio"/> Feb</td> <td><input type="radio"/> Mar</td> </tr> <tr> <td><input type="radio"/> Apr</td> <td><input type="radio"/> May</td> <td><input type="radio"/> Jun</td> </tr> <tr> <td><input type="radio"/> Jul</td> <td><input type="radio"/> Aug</td> <td><input type="radio"/> Sep</td> </tr> <tr> <td><input type="radio"/> Oct</td> <td><input type="radio"/> Nov</td> <td><input type="radio"/> Dec</td> </tr> </table> <p><b>Actual procedure performed:</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>	<input type="radio"/> Jan	<input type="radio"/> Feb	<input type="radio"/> Mar	<input type="radio"/> Apr	<input type="radio"/> May	<input type="radio"/> Jun	<input type="radio"/> Jul	<input type="radio"/> Aug	<input type="radio"/> Sep	<input type="radio"/> Oct	<input type="radio"/> Nov	<input type="radio"/> Dec	<p><b>Service / Specialty:</b></p> <table style="width: 100%;"> <tr> <td><input type="radio"/> Cardiac</td> <td><input type="radio"/> OB/Gyne</td> <td><input type="radio"/> Thoracic</td> </tr> <tr> <td><input type="radio"/> Dental</td> <td><input type="radio"/> Ortho</td> <td><input type="radio"/> Urology</td> </tr> <tr> <td><input type="radio"/> ENT</td> <td><input type="radio"/> Ophthalmology</td> <td><input type="radio"/> Vascular</td> </tr> <tr> <td><input type="radio"/> General</td> <td><input type="radio"/> Peds</td> <td></td> </tr> <tr> <td><input type="radio"/> Neuro</td> <td><input type="radio"/> Plastics</td> <td></td> </tr> <tr> <td><input type="radio"/> Other</td> <td></td> <td></td> </tr> </table> <p><b>Specify other:</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p>	<input type="radio"/> Cardiac	<input type="radio"/> OB/Gyne	<input type="radio"/> Thoracic	<input type="radio"/> Dental	<input type="radio"/> Ortho	<input type="radio"/> Urology	<input type="radio"/> ENT	<input type="radio"/> Ophthalmology	<input type="radio"/> Vascular	<input type="radio"/> General	<input type="radio"/> Peds		<input type="radio"/> Neuro	<input type="radio"/> Plastics		<input type="radio"/> Other		
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## Safe Surgery Checklist Information

<p><b>Which Version of the SSC was used?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Approved Standard Version</li> <li><input type="radio"/> Approved C-Section Version</li> <li><input type="radio"/> Approved Ophthalmology Version</li> <li><input type="radio"/> Approved Site Specific Version</li> <li><input type="radio"/> Unapproved Version</li> </ul>	<p><b>Which of the following individuals was the checklist lead? Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> OR Nurse</li> <li><input type="radio"/> Surgeon</li> <li><input type="radio"/> Anesthesiologist</li> <li><input type="radio"/> Other: <div style="border: 1px solid black; width: 100%; height: 15px;"></div></li> </ul>	<p><b>Auditor Information</b></p> <p><b>Auditor Name:</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p><b>Position/Title:</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p> <p><b>Auditor Signature:</b>  <div style="border: 1px solid black; width: 100%; height: 20px;"></div></p>
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	Yes	No	If no, why not ?				
			Patient Condition	Missed Step	Not present:		
					Surgeon	Anesth	Nurse
1. Was the <b>briefing</b> section of the SSC completed before the induction of anaesthesia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2. Were the surgeon, anaesthesiologist, and nurse present during the <b>briefing</b> ?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Were all portions of the <b>briefing</b> covered as defined in the approved version of the SSC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4. Was the <b>timeout</b> section of the SSC completed before skin incision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
5. Were the surgeon, anaesthesiologist, and nurse present during the <b>timeout</b> ?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Were all portions of the <b>timeout</b> covered as defined in the approved version of the SSC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
7. Was the <b>debriefing</b> section of the SSC completed before the patient left the OR?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
8. Were the surgeon, anaesthesiologist, and nurse present during the <b>debriefing</b> ?	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Were all portions of the <b>debriefing</b> covered as defined in the approved version of the SSC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
10. Was a potential error or omission averted by using the SSC?	<input type="radio"/>	<input type="radio"/>	If yes, explain: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>				

