

Facility name:

Date:

Self-Assessment Checklist for Program Elements Associated with Preventing Wrong-Site Surgery

Scheduling

(Select the applicable choice)

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|---|------------------------------|-----------------------------|-----|
| 1. Does your facility have a policy or procedure for verifying the exact description of the procedure, including side or site as applicable, when a request is made to schedule an operation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Does your facility require the use of a standardized form when scheduling a case? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, does the standardized form include verifying the exact description of the procedure and side or site, as applicable? | Yes | No | N/A |

Consent

- | | | | |
|---|------------------------------|-----------------------------|--|
| 3. Does your facility's policy or procedure require that the surgeon obtain consent for surgery from the patient or legal representative prior to or at the time of scheduling the procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Does your facility's policy or procedure require that the consent for surgery include the following: | | | |
| a. Correct patient name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Exact description of the procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. Site or side, as applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Preoperative Verification

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 5. Does your facility's policy or procedure require that patients be informed, as part of their preoperative preparation, that all healthcare providers will be verifying the following information: | | | |
| a. Name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. Site or side, as applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Does your facility's policy or procedure require that verification and reconciliation of the schedule, consent, and history and physical examination be performed at the following times: | | | |
| a. At the time the surgical procedure is scheduled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. At the time of pre-admission testing and assessment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. Prior to the patient arriving in the preoperative area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d. Prior to the operating room (OR) being set up for the procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e. Prior to the patient leaving the preoperative area or entering the OR? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

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(Select the applicable choice)

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| <p>7. Does your facility's policy or procedure require the use of a standardized checklist prior to the day of surgery for documentation of the preoperative verification and reconciliation?</p> <p style="margin-left: 20px;">If yes, does the standardized checklist include verification using the following items:</p> <p style="margin-left: 40px;">a. Schedule?</p> <p style="margin-left: 40px;">b. Consent?</p> <p style="margin-left: 40px;">c. History and physical examination?</p> | <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> | |
| <p>8. Does your facility's policy or procedure require that the verification and reconciliation on the day of surgery include the following:</p> <p style="margin-left: 40px;">a. Schedule?</p> <p style="margin-left: 40px;">b. Consent?</p> <p style="margin-left: 40px;">c. History and physical examination?</p> <p style="margin-left: 40px;">d. Pathology reports, radiology reports, and/or radiographs, as applicable?</p> <p style="margin-left: 40px;">e. Patient or his or her legal representative's verbalized understanding of the procedure?</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> | <p>N/A</p> <p>N/A</p> <p>N/A</p> |
| <p>9. Does your facility's policy or procedure require that the verification and reconciliation be performed independently on the day of surgery by at least two healthcare providers?</p> | <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> | |
| <p>10. Does your facility's policy or procedure designate which healthcare providers are required to perform the verification and reconciliation?</p> | <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> | |
| <p>11. Does your facility's policy or procedure designate whether the following providers are required to perform the verification and reconciliation:</p> <p style="margin-left: 40px;">a. Preoperative nurse?</p> <p style="margin-left: 40px;">b. Anesthesia provider?</p> <p style="margin-left: 40px;">c. Operating surgeon?</p> <p style="margin-left: 40px;">d. Circulating nurse?</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> | <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> N/A</p> |
| <p>12. If any discrepancies are identified in the preoperative documents, does your facility's policy or procedure require that a review of documents occur before the patient enters the OR?</p> <p style="margin-left: 20px;">If yes, does the review include the following documents:</p> <p style="margin-left: 40px;">a. Schedule?</p> <p style="margin-left: 40px;">b. Consent?</p> <p style="margin-left: 40px;">c. History and physical examination?</p> <p style="margin-left: 40px;">d. Pathology reports, radiology reports, and/or radiographs, as applicable?</p> <p style="margin-left: 40px;">e. Office records?</p> | <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> | |
| <p style="margin-left: 40px;">a. Schedule?</p> <p style="margin-left: 40px;">b. Consent?</p> <p style="margin-left: 40px;">c. History and physical examination?</p> <p style="margin-left: 40px;">d. Pathology reports, radiology reports, and/or radiographs, as applicable?</p> <p style="margin-left: 40px;">e. Office records?</p> | <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> | <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> | |

Continued...

(Select the applicable choice)

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| 13. Does your facility's policy or procedure designate that the operating surgeon is responsible for the resolution of any discrepancies in the preoperative document review verification process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Site Marking

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 14. Does your facility's policy or procedure require the following: | | | |
| a. That the operative site be marked after reconciliation of ALL relevant documents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. That the operative site be marked after an alert patient or legal representative verbally verifies his or her understanding of the procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. That the operative site be marked by the operating surgeon? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d. That the operative site be marked by a preoperative nurse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 15. If your facility's policy or procedure requires that the operating surgeon verify the accuracy of the mark, is the surgeon required to verify the accuracy of the mark with the following: | | | |
| a. An alert patient's or surrogate's verbal understanding of the procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. Consent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. Schedule? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d. History and physical examination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| e. Pathology reports, radiology reports, and/or radiographs, as applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 16. Does your facility's policy or procedure require that the operative site be marked prior to the administration of regional or local anesthesia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 17. Does your facility's policy or procedure require that a provider who is responsible for marking the operative site receive instruction about how to mark the site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, does the policy or procedure require that the instruction include the following: | | | |
| a. Mark only the site? | Yes | No | N/A |
| b. Mark the site unambiguously? | Yes | No | N/A |
| c. Mark the site using a marker that is sufficiently permanent? | Yes | No | N/A |
| d. Mark the site to be visible at all times, including: | | | |
| 1) After positioning the patient on the operating table? | Yes | No | N/A |
| 2) After prepping the operative site? | Yes | No | N/A |
| 3) After draping the patient? | Yes | No | N/A |
| 4) During the final time-out? | Yes | No | N/A |
| 18. Does your facility have a policy or procedure in place regarding patients who refuse site marking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Continued...

(Select the applicable choice)

Time-Out

- | | | | |
|--|------------------------------|-----------------------------|-----|
| 19. Does your facility's policy or procedure require that the anesthesiologist participate in a formal time-out, with either the preoperative or circulating nurse, before administering a regional or local anesthetic block to the patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, does the policy or procedure require that the anesthesiologist reference the site marking as part of the formal time-out verification? | Yes | No | |
| If yes, does the policy or procedure require that the anesthesiologist verify the following items: | | | |
| a. An alert patient's or surrogate's verbal understanding of the procedure? | Yes | No | N/A |
| b. Consent? | Yes | No | N/A |
| c. Schedule? | Yes | No | N/A |
| d. History and physical examination? | Yes | No | N/A |
| 20. Does your facility's policy or procedure require that the operating surgeon conduct a preoperative briefing before care is given to the patient in the OR? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, does the policy or procedure require that the preoperative briefing include identification of the following items: | | | |
| a. The procedure? | Yes | No | N/A |
| b. The site? | Yes | No | N/A |
| c. The side? | Yes | No | N/A |
| d. Implants, devices, or special equipment? | Yes | No | N/A |
| 21. Does your facility's policy or procedure require that a final time-out verification, involving all members of the surgical team, be completed after prepping and draping and prior to starting the procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, does the policy or procedure require that the surgeon state that other members of the operating team speak up if their understanding of the situation is different than the one stated in the time-out? | Yes | No | N/A |
| If yes, does the policy or procedure require that the final time-out verification include secondary procedures and sites, such as vein harvest sites, when more than one procedure is being done at a site or when a procedure involves operating at more than one site? | Yes | No | N/A |

Continued...

(Select the applicable choice)

22. Does your facility's policy or procedure designate who is responsible for conducting the final time-out verification? ☐ Yes ☐ No
- If yes, who is designated:
- | | | | |
|-------------------------|-----|----|-----|
| a. Circulating nurse? | Yes | No | N/A |
| b. Anesthesia provider? | Yes | No | N/A |
| c. Operating surgeon? | Yes | No | N/A |
| d. Other? (specify) | Yes | No | N/A |
23. If the designated person is an individual other than the operating surgeon, does your policy or procedure require the following during the final time-out verification:
- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| a. That the operating surgeon have access to the consent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. That the operating surgeon state the correct patient's name, procedure, site, and side as appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. That the accuracy of the surgeon's statements be verified with an independent read-back confirmation by the designated person using information from the schedule, consent, history and physical examination, AND the site marking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
24. Does your facility's policy or procedure require that all activities, except support of the patient's ventilation, stop during the time-out? ☐ Yes ☐ No
25. Does your facility's policy or procedure require that if the patient is repositioned in the OR, the location of the operative site is confirmed at once by each member of the operative team? ☐ Yes ☐ No
26. Does your facility have a policy or procedure addressing when a patient has more than one distinct procedure performed? ☐ Yes ☐ No ☐ N/A
- If yes, does the policy or procedure require the following:
- | | | | |
|--|-----|----|-----|
| a. That separate verifications be completed for the separate procedures? | Yes | No | N/A |
| b. That separate site markings be completed for the separate procedures? | Yes | No | N/A |
| c. That separate time-outs be completed for the separate procedures? | Yes | No | N/A |
27. When an operation is done at the level of a particular vertebra or rib, does your facility's policy or procedure require the following:
- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| a. That the target vertebra or rib be marked with a firmly affixed radiopaque marker by the operating surgeon? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. That the identity of the vertebra or rib be verified by fluoroscopy or radiograph (x-ray)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. That the identity of the vertebra or rib be verified in writing by a radiologist before the target structure is disturbed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Continued...

(Select the applicable choice)

28. When an operation is done to stent a ureter, does facility policy or procedure require the following:

- | | | | |
|---|------------------------------|-----------------------------|--|
| a. That the side of the ureter be verified by fluoroscopy, radiology (x-ray), or ultrasound? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. That the side of the ureter be verified in writing by a radiologist before the procedure is completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Specimen Collection

29. Does your facility's policy or procedure require that the identification of the specimen be verified? ☐ Yes ☐ No

If yes, does the policy or procedure require that the verification include:

- | | | | |
|-----------------------------|-----|----|-----|
| a. The surgeon? | Yes | No | N/A |
| b. The surgical technician? | Yes | No | N/A |
| c. The surgical nurse? | Yes | No | N/A |

If yes, does the policy or procedure require that the verification include:

- | | | | |
|---|-----|----|-----|
| a. The patient's name? | Yes | No | N/A |
| b. The type of tissue? | Yes | No | N/A |
| c. The specific location or site of the specimen, including side as applicable? | Yes | No | N/A |

Upon Completion of the Procedure

30. Does your facility's policy or procedure require the removal of all patient information from the room after the patient leaves the OR and before the next patient arrives? ☐ Yes ☐ No

For more information, visit <http://www.patientsafetyauthority.org>.

This checklist accompanies
Insight into preventing wrong-site surgery.
PA PSRS Patient Saf Advis [online] 2007 Dec [cited 2010 Mar 22].
Available from Internet: [http://www.patientsafetyauthority.org/ADVISORIES/](http://www.patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2007/dec4(4)/Pages/109b.aspx)
[AdvisoryLibrary/2007/dec4\(4\)/Pages/109b.aspx](http://www.patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2007/dec4(4)/Pages/109b.aspx).