

Safe Surgery Checklist



1174
 Test
 Test (Test)

Contact Name, Email and Phone Number (include area code):

FAX in FINE Resolution NO COVER PAGE

1-877-344-1698

RIGHT WAY WRONG WAY

DATE:

<input type="radio"/> JAN	<input type="radio"/> FEB	<input type="radio"/> MAR	<input type="radio"/> APR	<input type="radio"/> MAY	<input type="radio"/> JUN	2019	<input type="radio"/> 19
<input type="radio"/> JUL	<input type="radio"/> AUG	<input type="radio"/> SEP	<input type="radio"/> OCT	<input type="radio"/> NOV	<input type="radio"/> DEC	2020	<input type="radio"/> 20
						2021	<input type="radio"/> 21

SSC Version used	Checklist Lead (check all that apply)	Service/Specialty						
		YES	NO	Patient Condition	Missed Step	If NO, why not?		
				Not Present				
				Surgeon	Anesth	Nurse		
<input type="radio"/> Approved Standard <input type="radio"/> Approved C-Section <input type="radio"/> Approved Ophthalmology <input type="radio"/> Approved Site Specific <input type="radio"/> Unapproved	<input type="radio"/> Anesthesiologist <input type="radio"/> OR Manager <input type="radio"/> OR Nurse <input type="radio"/> Surgeon/Resident/Fellow <input type="radio"/> Other	<input type="radio"/> Brachytherapy <input type="radio"/> ENT <input type="radio"/> Ortho <input type="radio"/> Thoracic <input type="radio"/> Cardiac <input type="radio"/> General <input type="radio"/> Ophthalmology <input type="radio"/> Urology <input type="radio"/> Dental <input type="radio"/> Neurology <input type="radio"/> Plastics <input type="radio"/> Vascular <input type="radio"/> Endoscopy <input type="radio"/> Obstetrics/Gyne <input type="radio"/> Podiatry <input type="radio"/> Other						
1. Was the briefing 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 briefing?		<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Were all portions of the briefing 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 timeout 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 timeout?		<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Were all portions of the timeout 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 debriefing 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 debriefing?		<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Were all portions of the debriefing 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.				

Access your data and reports at ahsaudit.ca.

