

Surgical Safety Checklist - Audit Tool

Audit Tool													
Hospital:				Theatre:				Please insert Yes/No to question under Case Number - Provide comment for questions answered 'No'.					
Clinical Specialty (E.G., Orthopaedic Surgery)													
Date:			Time period:			Auditor:			Total number of cases:				
Number of cases sampled:													
Medical Record				Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
Is the Surgical Safety Checklist documented in the patient's Medical Record?													
Part 1. Pre-Induction				Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
a. Have all checks in Part 1 been completed?													
Comments: (please indicate case number)													
Part 2. Pre-Incision				Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
a. Have all checks in Part 2 been completed?													
Comments: (please indicate case number)													
Part 3 – Post procedure				Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
a. Have all checks in Part 3 been completed?													
b. Are post-op recovery and management instructions recorded in the Medical Record?													
c. Was the 'checklist completed' section filled out correctly and signed?													
Comments: (please indicate case number)													

Surgical Safety Checklist - Observation Tool

Observation Tool												
Hospital:			Theatre:			Please insert Rating under Case number – Provide comment for rating 1-2 1 = Very Poor. 2 = Poor. 3 = Acceptable. 4 = Good. 5 = Excellent.						
Clinical Specialty (E.G., Orthopaedic Surgery)												
Date:		Time period:			Observer:							
Part 1. Pre-Induction Sign-in Check			Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
b. Patient identification is checked												
c. Correct Procedure is checked												
d. Signed consent is checked												
Comments: (please indicate case number)												
Part 2. Pre-Incision Team Time Out Check			Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
a. Team members introduced or names displayed												
b. Team Time Out called prior to procedure												
c. Room environment is quiet for time out												
d. All team members actively participate in time out check (verbally responding, asking questions, verifying information)												
e. All checklist items addressed												
Comments: (please indicate case number)												

For more information

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