

Table 3. Compliance with Measurement Standards for the Goals for Preventing Wrong-Site Surgery

A = Always, M = Mostly, S = Sometimes, N = Never, NA = Not Applicable

MEASUREMENT STANDARDS AND GOALS	FACILITY								
	1	2	3	4	5	6	7	8	9
The schedule, history and physical, and consent are complete and correct, and all such documents are consistent prior to the day of surgery.									
The schedule, history and physical, and consent are present, complete, correct, and in agreement on initial verification when the patient arrives in the preoperative holding area on the day of surgery.	M	M	M	M	M	M	S	M	M
The physician doing the procedure properly verifies the information and properly marks the site prior to the patient entering the operating room.									
The physician doing the procedure verifies and reconciles the patient's understanding, the schedule, the history and physical, the consent, and any other relevant information prior to the patient entering the operating room.	M	M	M	M	S	S	S	S	M
The physician doing the procedure marks the site, if indicated by the procedure, with the physician's initials prior to the patient entering the operating room.	M	M	M	M	S	A	S	M	M
All members of the operating room team give primary attention to the time-out and participate with active-voice responses.									
The surgeon, the anesthesia professional, the circulating nurse, and the scrub technician each respond with active voices to questions or statements in the time-out script directed to each of them.	A	A	A	A	M	M	M	S	S
The physician doing the procedure points out the site mark in the prepped and draped field to the other members of the operating room team during the time-out.									
If the presence of a mark is indicated by the procedure, the initials can be seen in the prepped and draped field.	S	S	M	S	M	M	M	S	M
The physician doing the procedure points out the site mark in the prepped and draped field.	S	S	S	S	N	S	N	S	N
Members of the operating room team are told that they can speak up during the time-out if they have concerns and that those concerns will be addressed in the best interest of the patient.									
The physician doing the procedure actively empowers the other members of the operating team to speak up if concerned during the time-out.	N	N	N	N	N	N	N	N	N
If a member of the operating team stops the procedure because he or she has concerns, those concerns are addressed.	NA	NA	NA	NA	NA	NA	NA	NA	NA
When intraoperative verification by an imaging study is indicated, the properly executed intraoperative imaging study is read by the operating room surgeon—and a radiologist or other qualified physician, if available in the facility—to verify the correct anatomic location before doing the procedure.									
If intraoperative verification by an imaging study is indicated, the physicians document that the imaging studies verify that the anatomic site is correct before the procedure is done.	A	A	A	A	NA	NA	N	A	S