PATIENT SAFETY AUTHORITY
An independent agency of the Commonwealth of Pennsylvania

Facility name:

Date:

Wrong-Site Surgery Error Analysis Form

This wrong-site surgery error analysis form has been made available on the Pennsylvania Patient Safety Authority's Web site because of its successful use for capturing information about wrong-site surgery, near misses, and actual occurrences in Pennsylvania. Anyone faced with a wrong-site surgery near miss or occurrence in his or her facility is encouraged to use this form to aid in the analysis.

Name of Procedure: (including the structure)

Extent of Error: (select the description most representative of the event)

- ○ Error did not reach the patient (e.g., documentation errors, specimen management)
- ○ Error reached the patient but was consistent with the surgical consent (e.g., eye drops, surgical preparation involving the wrong site, preliminary imaging)
- ○ Error resulted in initiating procedures covered by consents and regional anesthesia, skin incisions, or incomplete operations
- ○ Error resulted in completion of wrong-site procedure in the operating room (OR) (e.g., error not discovered until PACU [postanesthesia care unit])

Type of Error: (check all that apply)

- ☐ Wrong patient
- ☐ Wrong procedure
- ☐ Wrong prosthesis implanted/removed
- ☐ Wrong side
- ☐ Wrong structure other than side (e.g., wrong digit, wrong spine level)

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Patient Characteristics:
(check all that apply)

- ☐ Morbid obesity
- ☐ Physical deformity
- ☐ Bilateral pathology

Surgery Characteristics:
(check all that apply)

- ☐ Operation was an emergency
- ☐ Multiple surgical sites
- ☐ Unusual equipment or setup in the OR
- ☐ Multiple procedures performed

Surgeon was: ○ Right-handed ○ Left-handed

Scheduling	*(Select the applicable choice)*			
The correct information was communicated to the OR schedulers by the surgeon's office staff when scheduling the case.	○ Yes	○ No	○ Unknown	○ N/A
The OR schedulers responsible for obtaining information from the surgeon's office when the case was scheduled documented the information on a standardized form or entered it into a computer.	○ Yes	○ No	○ Unknown	○ N/A
The OR schedulers documented the correct procedure on the OR schedule.	○ Yes	○ No	○ Unknown	○ N/A
The OR schedulers documented the correct site/level/digit on the OR schedule.	○ Yes	○ No	○ Unknown	○ N/A
The OR schedulers documented the correct side/laterality on the OR schedule.	○ Yes	○ No	○ Unknown	○ N/A
All questions on the OR scheduling form were completed.	○ Yes	○ No	○ Unknown	○ N/A
No abbreviations were used by the OR schedulers when documenting the case.	○ Yes	○ No	○ Unknown	○ N/A
All information on the OR scheduling form was legible.	○ Yes	○ No	○ Unknown	○ N/A
The name of the implant/implant system was provided to OR scheduling, if applicable.	○ Yes	○ No	○ Unknown	○ N/A
Information regarding specific equipment for the procedure was provided to OR scheduling, if applicable.	○ Yes	○ No	○ Unknown	○ N/A
Information regarding removal of a device was provided to OR scheduling (e.g., type of device, vendor), if applicable.	○ Yes	○ No	○ Unknown	○ N/A
Information regarding tissue pathology was provided to OR scheduling, if applicable.	○ Yes	○ No	○ Unknown	○ N/A
The person obtaining the OR scheduling information verified the information provided from the surgeon's office staff. (If yes, indicate which method[s].)	○ Yes	○ No	○ Unknown	○ N/A
Information verified by read-back	Yes	No	Unknown	N/A
Information verified by e-mail	Yes	No	Unknown	N/A
Information verified by fax	Yes	No	Unknown	N/A

Continued...

(Select the applicable choice)

OR Consent Documentation

Two patient identifiers were used to complete the OR consent process.	Yes	No	Unknown	N/A
First and last names of the patient matched names on the OR consent form.	Yes	No	Unknown	N/A
Date of birth of the patient matched date of birth on the OR consent form.	Yes	No	Unknown	N/A
Medical record number of the patient matched number on the OR consent form.	Yes	No	Unknown	N/A
Name on the patient's ID wristband matched name on the OR consent form.	Yes	No	Unknown	N/A
Name of procedure(s) was stated correctly on the OR consent form.	Yes	No	Unknown	N/A
Clinical rationale for surgery was stated correctly on the OR consent form.	Yes	No	Unknown	N/A
Correct site/side/level/digit was clearly stated on the OR consent form.	Yes	No	Unknown	N/A
No abbreviations were used on the OR consent form.	Yes	No	Unknown	N/A
Signature of patient/family/guardian/power of attorney and date were present on the OR consent form prior to surgery.	Yes	No	Unknown	N/A
Signature of surgeon and date were present on the OR consent form prior to surgery.	Yes	No	Unknown	N/A
All written information on the OR consent form was legible.	Yes	No	Unknown	N/A
OR consent was obtained by the surgeon before any preoperative medication was administered.	Yes	No	Unknown	N/A

Preoperative Verification

The preoperative reconciliation included:				
Nurse	Yes	No	Unknown	N/A
Anesthesia provider	Yes	No	Unknown	N/A
Surgeon	Yes	No	Unknown	N/A
The preoperative verification included:				
The patient was asked to state his or her full name.	Yes	No	Unknown	N/A
The patient was asked to state his or her date of birth.	Yes	No	Unknown	N/A
The patient was asked to state the planned procedure.	Yes	No	Unknown	N/A
The patient was asked to state the correct site and correct side, if applicable.	Yes	No	Unknown	N/A
The patient or family provided correct information in response to all questions during verbal verification.	Yes	No	Unknown	N/A

Continued...

(Select the applicable choice)

The verbal verification included:				
Full name	Yes	No	Unknown	N/A
Date of birth on consent or ID band	Yes	No	Unknown	N/A
Procedure	Yes	No	Unknown	N/A
Correct site and side, if applicable	Yes	No	Unknown	N/A
Confirmation and verification of information corresponded with patient responses.	Yes	No	Unknown	N/A
The confirmation and verification processes included:				
Patient's name on ID band	Yes	No	Unknown	N/A
Patient's date of birth on consent	Yes	No	Unknown	N/A
Patient's date of birth on ID band	Yes	No	Unknown	N/A
OR consent	Yes	No	Unknown	N/A
OR schedule	Yes	No	Unknown	N/A
Availability of implant was confirmed, if applicable.	Yes	No	Unknown	N/A
Availability in the operating suite of diagnostic tests related to procedure was confirmed.	Yes	No	Unknown	N/A
Spinal levels were verified against preoperative images, if applicable.	Yes	No	Unknown	N/A
All information from the surgeon's office records was available in the operating suite for verification against primary sources of information.	Yes	No	Unknown	N/A
Verification information was documented on a checklist.	Yes	No	Unknown	N/A
All information on the checklist document was complete.	Yes	No	Unknown	N/A
The surgeon reconciled any discrepancies using original documents.	Yes	No	Unknown	N/A
The diagnostic tests related to the procedure were reviewed by the surgeon before the operation started.	Yes	No	Unknown	N/A
The surgeon's documents in the patient's medical record had correct procedure and included correct site/side, if applicable.	Yes	No	Unknown	N/A
The surgeon completed preoperative verification against the consent and patient records prior to the marking of the site, if applicable, or patient entry into the OR, if no mark was applied.	Yes	No	Unknown	N/A

Marking the Operative Site

The surgeon marked the operative site after verification by the patient or family.	Yes	No	Unknown	N/A
The operative site was marked with the physician's initials.	Yes	No	Unknown	N/A
The operative site was marked with a "yes."	Yes	No	Unknown	N/A

Continued...

(Select the applicable choice)

Marks were made on sites that were not the operative site.	Yes	No	Unknown	N/A
The marking of the operative site was made directly on the skin.	Yes	No	Unknown	N/A

Time-Out

A time-out was done in the OR before the patient was touched.	Yes	No	Unknown	N/A
A time-out was done in the OR after the patient was repositioned.	Yes	No	Unknown	N/A
A time-out was done in the OR after the patient was prepped and draped for the procedure.	Yes	No	Unknown	N/A
The time-out included the following members of the OR team:				
Surgeon	Yes	No	Unknown	N/A
Anesthesia provider	Yes	No	Unknown	N/A
Nursing staff	Yes	No	Unknown	N/A
Surgical technician	Yes	No	Unknown	N/A
The ID wristband and chart were both used to verify patient identification.	Yes	No	Unknown	N/A
The operative site marking was visible during the time-out.	Yes	No	Unknown	N/A
The time-out was repeated for an independent procedure, if another procedure was done.	Yes	No	Unknown	N/A
The entry was made after the time-out.	Yes	No	Unknown	N/A
The scalpel was armed before the time-out.	Yes	No	Unknown	N/A
The surgeon conducted a preoperative briefing.	Yes	No	Unknown	N/A
If yes, the elements of the briefing included:				
OR team's first names and roles	Yes	No	Unknown	N/A
Correct patient	Yes	No	Unknown	N/A
Procedure	Yes	No	Unknown	N/A
Site	Yes	No	Unknown	N/A
Antibiotics given	Yes	No	Unknown	N/A
Surgical plan	Yes	No	Unknown	N/A
Discussion of potential anesthesia problems by anesthesia provider	Yes	No	Unknown	N/A
Nurses verified that necessary equipment and instruments were available.	Yes	No	Unknown	N/A
Formal sign-outs were done during the operation if cross-coverage/relief occurred.	Yes	No	Unknown	N/A

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(Select the applicable choice)

Intraoperative Specimen Handling

The labeling of the pathology specimen(s) involved the operating technician and circulating nurse, if applicable.	Yes	No	Unknown	N/A
The surgeon participated in the written documentation and confirmation of the specimen(s), including side and site, if applicable.	Yes	No	Unknown	N/A
If the specimen was irreplaceable, there was a chain of custody, or the verification form was completed within the facility.	Yes	No	Unknown	N/A

During Operation

The surgeon discussed all pertinent new findings and any changes in plans with the OR team members.	Yes	No	Unknown	N/A
Written interpretation of intraoperative images relevant to the case was available in the OR within the time needed to make intraoperative decisions.	Yes	No	Unknown	N/A

Education/Training

All members of the OR team received training in the Universal Protocol prior to the procedure.	Yes	No	Unknown	N/A

Communication Issues/Culture

A member of the OR team raised a specific concern about possible wrong-site surgery at any point prior to the incision.	Yes	No	Unknown	N/A
The surgeon responded to a specific concern an OR team member voiced about possible wrong-site surgery.	Yes	No	Unknown	N/A

Why do you think the wrong-site surgery occurred?

According to your investigation, what were the actions taken to prevent the error from harming this patient?

Revised August 2010

A "Wrong Spinal Level Analysis Form" (December 2009) and "Wrong Ureter Analysis Form" (March 2010) were released as addendums to this main form and should complement it, as applicable.

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

This form accompanies
Quarterly update on the preventing wrong-site surgery project.
Pa Patient Saf Advis [online]. 2008 Dec [cited 2010 Mar 1].
Available from Internet: http://www.patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2008/Dec5(4)/Pages/142.aspx.

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