Supplementary Material

Figure 1. Surgical Safety Checklist; Front (a) and back (b).

(a).

| Can be done individually | SIGN IN/BRIEFING (prior to procedure room) | RESPONDER |
|-----------------------------|--|---------------------------|
| Proceduralist | "PLEASE TELL ME YOUR NAME and DOB" (confirm from ID band)* | Patient/Guardian |
| Proceduralist | "PLEASE TELL ME WHAT PROCEDURE WE ARE DOING?" (which side?)* | Patient/Guardian |
| Proceduralist | Obtain/ Confirm consent | Patient/Guardian |
| Proceduralist | Speak with nurse: equipment/devices | Nurse |
| Proceduralist | Discuss sedation/anesthesia if applicable re: plan | Anesthesia |
| Proceduralist | Mark side/site if appropriate | Proceduralist |
| Proceduralist | If "high risk" of 'never event' , were radiographic studies reviewed by two credentialled practitioners AND documented? | Proceduralist |
| Anesthesia | "PLEASE STATE YOUR NAME and DOB" (confirm from ID band)* | Patient/Guardian |
| Anesthesia | "PLEASE TELL ME WHAT PROCEDURE WE ARE DOING?" (which side?)* | Patient/Guardian |
| Anesthesia | "DO YOU HAVE ANY ALLERGIES?"* | Patient/Guardian |
| Anesthesia | Speak with Proceduralist re: plan and availability | Proceduralist |
| Anesthesia | Check side and site mark; mark site if regional/block planned | Anesthesia |
| Nurse | "PLEASE STATE YOUR NAME and DOB" (confirm from ID band)* | Patient/Guardian |
| Nurse | "PLEASE TELL ME WHAT PROCEDURE WE ARE DOING?" (which side?)* | Patient/Guardian |
| Nurse | "DO YOU HAVE ANY ALLERGIES?"* | Patient/Guardian |
| Nurse | Speak with Proceduralist re: equipment/devices | Proceduralist |
| MUST BE DONE AS TEAM | VERIFY SIGN IN (ARRIVAL IN PROCEDURE ROOM)- USE SCRIPT | RESPONDER |
| Anesthesia | "ARE WE READY TO VERIFY THE SIGN IN?" | Nurse |
| | Anesthesia secures consent and confirms answers | |
| Anesthesia | "PLEASE TELL ME YOUR NAME and DOB?" * (nurse; confirm ID band) | Patient |
| Anesthesia | "HAVE YOU SPOKEN TO PROCEDURALIST ABOUT EQUIPMENT/NEEDS?" | Nurse |
| Anesthesia | Confirm Proceduralist availability and sedation plan | none |
| Anesthesia | "MACHINE CHECK IS COMPLETE" (where appropriate) | Anesthesia |
| Anesthesia | "PATIENT (HAS/DOES NOT HAVE THESE) RISK ALERTS (diff airway, aspiration, BMI >40, ASA 4/5, sickle cell, fire RISK) | Anesthesia |
| TEAM MEMBERS INVOLVED | MINI TIME OUT (PRIOR TO START OF PROCEDURE - USE SCRIPT) | RESPONDER |
| Nurse | "ARE WE READY FOR MINI TIME OUT?" | team involvd |
| Nurse | "PLEASE INTRODUCE YOURSELF AND YOUR ROLE" | team involvd |
| Nurse | "WHAT IS Patient NAME/DOB/MRN#? (Confirm wID band/consent) | proced/anest |
| Nurse | "WHAT PROCEDURE ARE WE PERFORMING? | proced/anest |
| Nurse | "DO THE SIDE/SITE REQUIRE MARKING? IF YES, PLEASE POINT OUT" | proced/anest |
| | *If patient is unable to respond, team member confirms info from wristband/consent | Rev: PROC-17- 11/11/13 |

(b).

| MUST BE DONE AS TEAM | TIME OUT (IN OR- ANES HOLDS SCRIPT) | RESPONDER |
|----------------------------|---|---------------------------|
| Anesthesia | "ARE WE READY FOR TIME OUT?" | all team |
| Anesthesia | "PLEASE INTRODUCE YOURSELF AND YOUR ROLE" | all team |
| Anesthesia | "IS STERILITY CONFIRMED?" | circulator/ scrub |
| Nurse | Holds ID document other than consent for Surgeon | none |
| Anesthesia | Confirms Surgeons answers with surgical consent | none |
| Anesthesia | "WHAT IS Patient NAME/DOB/MRN#? | Surgeon |
| Anesthesia | "WHAT PROCEDURE ARE WE PERFORMING? | Surgeon |
| Anesthesia | "DO THE SIDE AND SITE REQUIRE MARKING? IF YES, PLEASE POINT OUT" | Surgeon |
| Anesthesia | "IS THE PATIENT CORRECTLY POSITIONED FOR THIS CASE?" | Surgeon |
| Anesthesia | "WHAT DVT PROPHYLAXIS WILL YOU BE PROVIDING BEFORE, DURING AND AFTER SURGERY?" | Surgeon |
| Anesthesia | "WILL THIS PATIENT REQUIRE SPECIAL FLUIDS OR IRRIGATION ON THE FIELD?" | Surgeon |
| Anesthesia | "WHAT IS ESTIMATED DURATION AND EBL? | Surgeon |
| | "ARE ALL SUPPLIES, EQUIPMENT, IMAGES, AND IMPLANTS YOU EXPECT | _ |
| Anesthesia | PRESENT?" | Surgeon or Nurse |
| Anesthesia | "IS THIS A HIGH RISK PROCEDURE? IF YES, WERE IMAGES REVIEWED TWO CREDENTIALLED PRACTITIONERS AND DOCUMENTED?" | Curgoon |
| Anesthesia | "PROCEDURE CONFIRMED BY CONSENT" | Surgeon Anesthesia |
| Anesthesia | State Allergies | Anesthesia |
| Anesthesia | State Anergies State Anesthetic considerations, including risk alerts | Anesthesia |
| Anesthesia | State Antibiotic dosing | Anesthesia |
| Anesthesia | "NO BLOOD PRODUCTS REQUIRED" OR " ARE BLOOD PRODUCTS AVAILABLE?" | Nurse |
| Anesthesia | Patient disposition | none |
| Anesthesia | "ANYONE HAVE Patient SPECIFIC CONCERNS THAT HAVE NOT BEEN ADDRESSED?" | any team member |
| Nurse | "WE HAVE INDEPENDENTLY AND COLLECTIVELY IDENTIFIED THE Patient BY NAME AND BIRTH DATE AND HAVE RESOLVED ANY DISCREPANCIES." | all team members |
| | "CONFIRMED" | All team members |
| MUST BE DONE AS TEAM | SIGN OUT (IN OR- CIRC HOLDS SCRIPT) | RESPONDER |
| Nurse | "ARE WE READY TO DO SIGN OUT?" | all team members |
| Nurse | "WHAT IS NAME OF PROCEDURE TO BE RECORDED?" | Surgeon |
| Nurse | "WHAT IS WOUND CLASS TO BE RECORDED?" | Surgeon |
| Nurse | "ANY EQUIPMENT OR SUPPLY ISSUES TO BE ADDRESSED?" | scrub |
| Nurse | "IS THE INSTRUMENT AND SPONGE COUNT CORRECT?" | scrub |
| Nurse | "THE SPECIMEN(S) AND PATHOLOGY FORM(S) ARE RECONCILED, LABELLED AND COMPLETED." | Nurse |
| Nurse | "WHAT IS EBL?" | Anesthesia |
| Nurse | "ARE THERE ANY CONCERNS FOR RECOVERY OF THE Patient?" | Anesthesia |
| Nurse | "WHAT IS DISPOSITION OF Patient?" | Anesthesia |
| | | Rev: PROC-17- 11/11/13 |

Figure 2. Assignment of OR's to 'fast' (solid) and 'slow' (dashed) cohort based on baseline period non operative times.

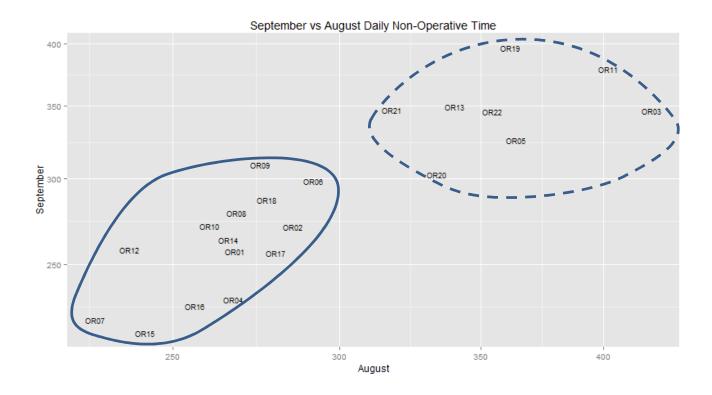


Figure 3. Consort diagram showing the intervention phase.

