Wrong-patient, wrong-site and wrong-procedure events are preventable. However, these catastrophic events continue to occur. It is estimated that wrong-site surgeries occur 40 times per week in the United States.

The Joint Commission’s Sentinel Event Unit received reports of more than 500 wrong-site surgeries over the past 5 years — making it one of the top 3 most commonly reported adverse events:

- 2015: 120
- 2016: 121
- 2017: 104
- 2018: 106
- 2019: 99

A fully engaged Time Out for every patient, every time helps prevent errors. A Time Out involves each member of the perioperative team agreeing on the correct patient identity, site and procedure to be done. “Safe Surgery Together” requires collaboration among all members of the perioperative team before, during and after the Time Out.

5 best practices for surgical Time Outs:

1. **Assess unique wrong-site surgery risks.** Make sure policies initiated to standardized practices include regular education for all.
2. **Involve the patient.** The preoperative briefing can provide valuable time to verify with the patient the identifiers, procedure, site and side prior to the Time Out.
3. **Make the Time Out role-inclusive.** If everyone has a part to play in the Time Out, then everyone has to be engaged in the Time Out.
4. **Measure your Time Out success.** Regular observation of the Time Out can identify inconsistencies and areas for improvement.
5. **Instill a strong sense of safety culture.** This is a leadership initiative to always improve and empower staff members to speak up.

Additional resources:

- [Safe Surgery Targeted Solutions Tool](https://www.jointcommission.org/tools/safety_targeted_solutions_tool/
- [Sentinel event information](https://www.jointcommission.org/safety_and品質/safety/safety_targeted_solutions_tool/
- [Comprehensive Surgical Checklist](https://www.aorn.org/perioperative-practice/standard/standard-checklist/)

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.