PERFORMANCE IMPROVEMENT PROJECT

O.R. INSTRUMENT ERROR CHECK SHEET

Case Number: _____ **Loaner: YES___**
Date: _____ **NO ___**
Time: _____

Sl. No.	ERROR CATEGORY	Check a box for each occurrence of an error
1	Wrong/incorrect case cart	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
2	Missing case cart	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
3	Set missing from case cart	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
4	Instrument missing from a set on a case cart	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
5	Incorrect instrument in a set	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
6	Set not on pick sheet	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
7	Incorrect set on a case cart	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
8	Incorrect quantity of instrument	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
9	Incorrect label on a set	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
10	Holes in set wrapper	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
11	Missing pick sheet	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
12	Incorrect pick sheet	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
13	Dirty/contaminated/broken instruments	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
14	Other _____	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
	Other _____	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

IMPORTANT: Please mark the missing instrument on the pick sheet and return it with this check sheet. THANKS.

Source: William Beaumont Hospital, Royal Oak, Mich.