

Working Together to Serve the Community

<b>This policy applicable to:</b>	<input type="checkbox"/> All Subsidiaries <input checked="" type="checkbox"/> All Hospitals <input type="checkbox"/> All Acute Care Hospitals	<input type="checkbox"/> BMRH <input type="checkbox"/> Mirmont Treatment Center
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ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

**Subject:** Universal Protocol Procedure Identification and “Time Out”

No.

**Policy Purpose:** To ensure patient safety through the verification of patient identity and the proposed operative/invasive procedure, site, and side.

**Policy Statement:** It is the policy of Main Line Hospitals that the following procedure will take place for all patients who undergo an invasive procedure, regardless of the department, location or site in which the procedure will be performed. All patients must have their identity, operative/invasive procedure and operative/invasive site verified. In all cases involving laterality, multiple structures as (fingers, toes, lesions, teeth), thoracotomy, or multiple levels (spine), the operative/invasive side/site must be verified. A “time out” must be performed prior to the initiation of all procedures.

**Definitions:**

**Invasive Procedures:** Most procedures that involve puncture or incision of the skin, or insertion of an instrument or foreign material into the body, including, but not limited to, lithotripsy, biopsies, cardiac and vascular catheterizations, operating room procedures, endoscopies and lumbar punctures for NICU only.

**Exemptions:** Certain routine “minor” procedures such as lumbar puncture, venipuncture, repair of traumatic laceration, peripheral IV line placement, insertion of NG tube, percutaneous aspirations, or foley catheter insertion.

**Primary surgeon/primary operator:** This is defined as medical staff and hospital personnel including but not limited to, the physician, or CRNP, or Physician’s Assistant, or Registered Nurse who are privileged or permitted by the hospital to perform the procedure.

**Procedure:**

**I. Identification of Patient**

- A. The patient’s identity will be confirmed and verified in accordance with the MLH Patient Identification III-23 policy.

**II. Pre-Procedure Verification**

- A. Verification of the correct person, procedure, correct site, and side if applicable, must occur prior to all procedures. For all procedures, the history and physical examination and the informed consent form are used to confirm the planned procedure. The patient is involved in the verification process whenever possible.

B. Prior to moving the patient to the procedure room, identify the items that must be available for the procedure and use the pre-procedural checklist to verify their availability. At a minimum, these items include the following:

1. Relevant documentation (for example, history and physical, accurately completed and signed procedure consent form, nursing assessment, and pre-anesthesia assessment)
2. Labeled diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly displayed
3. Any required blood products, implants, devices, and/or special equipment for the procedure

### III. Site Marking

A. The procedural site shall be marked in the following manner:

1. The primary operator/surgeon, performing the procedure, who is privileged or permitted by the hospital to perform the intended surgical or non-surgical invasive procedure will mark the site. This individual will be involved directly in the procedure and will be present at the time the procedure is performed.
2. If the site has laterality and is not palpable or easily identified on physical exam, corroborating diagnostic evidence is required. For diagnostics not performed at MLH, an available CD of the images is preferred. At minimum, a written report is required.
3. Site marking will take place with the patient involved, awake and aware, when possible. Where available, site marking will occur in the preprocedure area prior to moving the patient to the location where the procedure is performed.
4. For all procedures involving incision, percutaneous puncture or insertion, the intended procedure site is marked. The marking takes into consideration laterality, multiple structures, levels (spine), or specific digit or lesion to be treated.
  - a. For procedures that involve laterality of organs but the incision(s) or approaches may be from the mid-line or from a natural orifice, the site is still marked and the laterality noted.
    - In addition to pre-procedure skin marking of the general spinal region, special intra-operative/invasive radiographic techniques may be used for marking the exact vertebral level.
  - b. In the event the procedure site is not indicated, or if there is any discrepancy, all pertinent medical records will be reviewed, and the primary operator/surgeon will be contacted for verification prior to administration of anesthetic agents.
  - c. Site marking for Cardiac-Cath Lab and insertion of ports will be required for device insertions only, when consent indicates a particular side.
  - d. Site marking for central lines and PICCs will be required when a restricted extremity is present or if doppler is needed for line placement.
  - e. For Radiation Oncology procedures, refer to the departmental policy.

5. The operative/invasive site will be marked **with the primary operator/surgeon's initials**. If the **primary operator/surgeon's initials** are N.O., three initials will be used.
6. The mark should be made at or near the incision site and must be visible after the patient is prepped and draped.
7. Ophthalmic surgeons will place his/her initials above the brow of the surgical side. Adhesive site markers should not be used as the sole means of marking the site.
8. Final verification of the site mark will take place during the "time out".
9. In procedures that include regional anesthesia, it is the responsibility of the Anesthesiologist to mark the nerve block procedure site; after the primary operator/surgeon has marked the surgical site and perform and document a "time-out" before proceeding with the block.
10. For minimal access procedures that intends to treat a lateralized internal organ, whether percutaneous or through a natural orifice, the intended side is indicated by a **mark at or near the insertion site**, and remains visible after completion of the skin prep and sterile draping.
11. For teeth, the tooth name(s) and number are indicated on documentation or the tooth (teeth) is marked on the dental radiographs or dental diagram. The documentation, images, and/or diagrams are available in the procedure room before the start of the procedure.
12. Procedures for second confirmation of selected spine level including Kyphoplasty and Vertebroplasty:
  - a. Interventional Radiologist or primary operator/designee will call radiologist in reading room in advance alerting them that they will need a confirmation reading of the level that marker is at and provide a call back telephone number.
  - b. Interventional Radiologist or primary operator will prep patient and select site using appropriate marker.
  - c. A radiograph of the area will be performed and placed in PACs along with a requisition for the localizing examination. This radiograph will be large enough to show the marker and appropriate spinal landmarks to confirm level.
  - d. This radiograph will be ordered as stat with a call back number and the x-ray technologist will call the reading room to alert the radiologist that the localizing examination is available for review.
  - e. The radiologist will confirm the level of the marker and call the Interventional Radiologist or primary operator and document in his/her report.
13. When there are multiple procedures/multiple primary operators surgical sites should be marked
  - a. If more than one primary operator utilizing same site(s) – both primary operators are to mark site(s) in pre-procedure area.
    - If both primary operators cannot mark site(s) in pre-procedure area - physician to physician

face to face communication / hand off that includes verification of surgical site(s) & markings must occur.

**Exemptions Not Requiring Site Markings:** midline, single organ procedures, GI endoscopies, lumbar puncture (adults), bilateral procedures (identical procedure, surgical team, and equipment), labor epidurals, interventional procedure cases for which the catheter/instrument insertion site is not predetermined.

#### B. Alternative Site Marking Process

1. An alternative process will be employed for visually identifying the correct side and site by using a temporary (gray) wrist/ankle band labeled “procedure side” with the surgeon/primary operator initials and placed on the side of the procedure to qualify as the first identifier along with procedure consent as the 2<sup>nd</sup> identifier. The band will be applied by the person performing the procedure who is privileged or permitted by the hospital. **The band will be removed by circulator (for OR) or the procedure assistant before patient leaves the procedure area.**
2. The band method will be used in the following situations:
  - a. For patients who refuse site marking
  - b. For procedures which cannot easily be marked under the following conditions:
    1. For cases in which it is technically or anatomically impossible or impractical to mark the site (mucosal surfaces, perineum, teeth).
    2. For premature infants, for whom the mark may cause a permanent tattoo (colored band will be placed on foot).

#### IV. Procedural Area:

- A. In the operating room, the patient’s identity will be confirmed and documented by the circulating RN, anesthetist, anesthesiologist, and primary surgeon after the patient is placed on the operating room table prior to the induction of anesthesia.
- B. In all procedural areas, this process must include the presence of identification wristband, active participation by the patient (if possible) which is to include patient’s name and birth date. Additionally, the signed operative/invasive consent indicating procedure, site and side must be included.
- C. If the surgical procedure, prep, or patient position prevents access to the identification wristband, it should be removed and taped to the patient’s shoulder, forehead, or other visible limb or site and then communicated to the team. **Before the patient leaves the OR suite**, it is the responsibility of the circulating RN to apply a new identification wristband.

#### V. “Time out”

- A. The goal of the time out is to prevent wrong-site or wrong-procedure surgery. The “time out” must occur in the location where the procedure will be done, immediately prior to starting the procedure, immediately prior to incision for OR cases.
- B. The “time out” will involve the entire procedure team and will be initiated by the surgeon/primary operator.
  1. This includes a hard-stop (all other activities stop, to the extent possible without compromising patient safety), audible cue and active participation by all team members, who

are focused on the active confirmation of the correct patient, procedure, side, site, and other critical elements.

2. **Any team member is able to express concerns about the procedure verification and the case will not proceed until any differences in staff responses are reconciled.** The primary surgeon/operator performing the procedure will make the final determination.
3. For a case involving multiple procedures with different surgeons/operators, the primary surgeon/operator who performs the initial procedure should identify the patient prior to induction. Each subsequent surgeon/operator should identify the patient prior to the initiation of his/her corresponding surgical/procedural phase. A “time out” will be performed prior to the subsequent surgical/procedural phase to verify the correct patient, procedure, site and side.
4. For cases in which Anesthesia is performing a spinal/regional block prior to a delivery or surgery, a separate “time out” is performed by Anesthesia and documented on the Universal Protocol Checklist.

C. In those situations where only a single primary surgeon/primary operator is present, the primary surgeon/primary operator will conduct a “time out” or a brief pause to perform verification.

D. Time Out Components - The process is standardized in all areas and verification steps are verbalized out loud for all team members to hear:

1. When Patient Enters OR/Procedural Area (Sign-In is Initiated by Anesthesia) the Circulating RN, Surgeon and Anesthesiologists verify:
  - a. Identify Patient with two patient identifiers (Name and Date of Birth)
  - b. Patient Weight
  - c. Procedure
  - d. Site Marked
  - e. Allergies

When applicable:

- a. Risk of Difficult Airway
  - b. Risk of Hypothermia
  - c. DVT Prophylaxis
2. Before the Procedure Starts (Time Out is Initiated by Surgeon) Confirmation of all team members by name and role (as needed)
    - a. Surgeon Verifies:
      - a. Procedure, Site, Side, Position, Duration
      - b. Safety Concerns/Anticipated Transfusion
      - c. Relevant Imaging or other studies available
      - d. Pertinent medical history, medications, or implants,
      - e. Code Status
    - b. Anesthesiologist Verifies:
      - a. Antibiotic Prophylaxis has been given within designated timeframe
      - b. Time antibiotics should be re-administered
      - c. Blood products available if necessary
      - d. Allergies

- e. ASA
- c. Circulator and Scrub Nurse Verify:
  - a. Matching signed consent
  - b. Initial count complete
  - c. Special Equipment &/or Implants available
  - d. Medications/Solutions labeled on field in accordance with MLH Labeling Policy
- d. All Team Members Verify: Fire Risk; Prep Protocol
- 3. Before the Patient Leaves the OR (De-Brief – Initiated by the RN) Circulator/Surgeon Verify:
  - a. Name of procedure and post-op diagnosis to be recorded
  - b. Completion of Sponge, Needle, and Instrument counts
  - c. Correct Number, Labeling and Disposition of Specimens
  - d. Equipment/Instrument Concerns to be addressed
  - e. Wound Class
  - a. All Team Members Verify:
    - a. Key concerns for post procedure management
    - b. EBL
    - c. Pain management
    - d. Disposition

- VI. Documentation** - Time out for all procedures will be documented on the Universal Protocol checklist.
  - A. Anesthesia timeout will be documented on the Universal Protocol checklist.
  - B. The Reservation Form, the PAT/Verification sheet, the Pre-procedure check list, and the Universal Protocol checklist can be used to document this process.
  - C. The perinatal staff (except Riddle) will document requirements in their electronic system (CPN) and the cardiac cath lab staff will document requirements in their electronic system, Witt.
- VII.** None of these precautions should interfere with the timely care of the patient in an emergency situation.

**Reference:** The Joint Commission National Patient Safety Goal, Universal Protocol.

**Replaces the following Policies/Procedures:**

**Origination Date:** April 04

**Review Date:**

**Previous Revision Date:** 9/05, 1/07, 11/07, 6/08, 1/09, 6/09, 11/09, 3/10, 11/10, 6/11, 10/12

**Revision Date:** 10/15/12

**Key Contact:** Nursing Quality/OR Committee

**Approved/Reviewed at MEC** (if applicable): 10/15/12



# MLHS SURGICAL SAFETY CHECKLIST

When Patient Enters OR/Procedure Area	Before Procedure Starts	Before Patient Leaves OR
SIGN IN- INITIATED BY ANESTHESIA	TIME OUT- INITIATED BY SURGEON	DE-BRIEF- INITIATED BY RN

## VERIFICATION STEPS VERBALIZED OUT LOUD FOR ALL TEAM MEMBERS TO HEAR

<p><b>CIRCULATING RN, SURGEON &amp; ANESTHESIOLOGISTS VERIFY:</b></p> <ul style="list-style-type: none"> <li>Identify Patient with two patient identifiers (Name and DOB)</li> <li>Patient Weight</li> <li>Procedure</li> <li>Site Marked</li> <li>Allergies</li> </ul> <p><b>WHEN APPLICABLE:</b></p> <ul style="list-style-type: none"> <li>Risk of Difficult Airway</li> <li>Risk of Hypothermia</li> <li>DVT Prophylaxis</li> </ul>	<p><b>CONFIRMATION OF ALL TEAM MEMBERS BY NAME AND ROLE (AS NEEDED):</b></p> <p><b>SURGEON VERIFIES:</b></p> <ul style="list-style-type: none"> <li>Procedure, Site, Side, Position, Duration</li> <li>Safety Concerns/Anticipated Transfusion</li> <li>Relevant Imaging or other studies available</li> <li>Pertinent medical history, medications, or implants</li> <li>Code Status</li> </ul> <p><b>ANESTHESIOLOGIST VERIFIES:</b></p> <ul style="list-style-type: none"> <li>Antibiotic Prophylaxis has been given within designated time frame</li> <li>Time antibiotics should be re-administered</li> <li>Blood products available if necessary</li> <li>Allergies; ASA</li> </ul> <p><b>CIRCULATOR &amp; SCRUB NURSE VERIFY:</b></p> <ul style="list-style-type: none"> <li>Matching signed consent</li> <li>Initial count complete</li> <li>Special Equipment &amp;/or Implants available</li> <li>Medications/Solutions labeled on field in accordance with MLH Labeling Policy</li> </ul> <p><b>ALL TEAM MEMBERS VERIFY:</b></p> <ul style="list-style-type: none"> <li>Fire Risk; Prep Protocol</li> </ul> <p style="text-align: center; font-size: 2em; font-weight: bold; color: white;">STOP</p>	<p><b>CIRCULATOR/SURGEON VERIFIES:</b></p> <ul style="list-style-type: none"> <li>Name of procedure and post-op diagnosis to be recorded</li> <li>Completion of Sponge, Needle, and Instrument counts</li> <li>Correct Number, Labeling and Disposition of Specimens</li> <li>Equipment/Instrument Concerns to be addressed</li> <li>Wound Classification</li> </ul> <p><b>ALL TEAM MEMBERS VERIFY:</b></p> <ul style="list-style-type: none"> <li>Key concerns for post procedure management</li> <li>EBL</li> <li>Pain management</li> <li>Disposition</li> </ul>
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Is Everyone in Agreement?