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Owner:	<i>Emily Goolsby: Hendrick Health Director, Education</i>
Policy Area:	<i>Patient Care</i>
Standards & Regulations:	
References:	

## Pre-Procedure Verification and Time Out 3.1088

### PURPOSE:

To outline the process preventing wrong site, wrong procedure, and wrong person surgeries and procedures through the use of the Universal Protocol (UP). There are three (3) components according to the Universal Protocol: Pre-procedural verification, site marking, and the time out.

All three (3) components are performed to ensure relevant documents and related information or equipment is available prior to the start of the procedure, correctly identified, labeled and matched to the patient's identifiers. They also provide identification of the correct procedural site and a final assessment of all components of the Universal Protocol. Once the processes are reviewed, these must show to be consistent with the patient's expectations and with the teams' understanding of the intended patient, procedure and site (UP 01.01.01).

**General Rule:** This policy applies to all surgical and non-surgical invasive and other procedures that may affect patient safety (UP 01.01.01). These procedures, as defined by UP, include: those involving the puncture or incision of the skin, insertion of an instrument, or insertion of foreign material into the body as well as general anesthesia or deep sedation.

### POLICY:

#### Pre-procedural Verification

1. The procedure will be confirmed and the site verified by the patient whenever possible, or by the patient's family, prior to the procedure start.
2. The site for the procedure will be verified by the following as appropriate: Verbal identification by the patient and/or family, informed consent documentation with site correctly identified, history and physical, and physician's orders.
3. Verification of the correct procedure, person and site may occur multiple times, including (but not limited to):
  - At the time the surgery/procedure is scheduled
  - At the time of pre-surgical testing and assessment
  - At the time of admission or entry to the facility for the procedure
  - When the responsibility for care of the patient is transferred to another caregiver

- Before the patient leaves the preoperative area or enters the procedure/surgery room (UP 01.01.01)
4. To verify the correct procedure, patient and site, the following will be reviewed prior to the start of the procedure and matched to the Identify the items that must be available for the procedure and use a standardized list to verify their availability, At a minimum, these items include the following (UP 01.01.01 EP1 & 3):
    - Relevant documentation (e.g. H&P, signed consent form, nursing assessment, and pre-anesthesia assessment)
    - Labeled diagnostic and radiology test results (e.g. radiology images and scans or pathology and biopsy reports) that are properly displayed
    - Any required blood products, implants, devices and/or special equipment (UP 01.01.01 EP2)
  5. Match the items that are to be available in the procedure area to the patient (UP 01.01.01 EP3)
  6. In the event that any discrepancies are found in the documentation compared to the patient's or physician's understanding or the appropriate site / procedure, the case will not commence. A re-verification with the patient and/or family and the appropriate documentation will take place prior to anesthesia and before beginning the procedure.

## Site Marking

### RULES:

1. For those cases that require site marking, the procedure site will be marked by the licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. (UP 01.02.01 EP3) The procedural / operating physician will mark the site with his/her initials. Note that an 'X' will NOT be used as it may be interpreted as "not here."
2. Sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety.  
Note: for spinal procedures, in addition to preoperative skin marking of the general spinal region, special intra-operative imaging techniques may be used for locating and marking the exact vertebral level (UP 01.02.01 EP1)
3. The method for marking the site and type of mark is unambiguous and is with an indelible marker for consistency. NOTE: The mark is made at or near the procedure site and is sufficiently permanent to be visible after the skin preparation and draping. Adhesive markers are not the sole means of marking the site. (UP 01.02.01 EP 4)
4. For patients who refuse site marking, a *Refusal to Mark Surgical Site Form* will be completed and the procedure / surgery will be canceled.
5. Certain sites are not marked and an alternative process is in place for these cases. They include:
  - Technically or anatomically impossible or impractical cases (perineum, mucosal surfaces, etc.)
  - Minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice (e.g. bronchoscopy, cystoscopy, esophagogastroduodenoscopy, etc.)
  - Needle localized breast biopsy: the needle inserted using fluoroscopy and remaining protruding through the skin will be utilized as the mark.
  - Interventional procedures for which the catheter/instrument insertion site is not the predetermined site of insertion (cardiac catheterization, pacemaker, etc.)

- Dental procedures performed on the teeth
  - For premature infants, for whom the indelible ink risks becoming a permanent tattoo
  - Bedside procedure (e.g. patient room / Emergency Department); if the practitioner performing the procedure remains with the patient continuously from the time the decision to do the procedure, through the end of the procedure itself, then site marking is not required
  - For obvious wounds or lesions (e. g., lacerations, compound fractures), and it is the site of the surgical intervention. However, if there are multiple wounds, lesions, casts, splints or dressings, the sites will be marked following hospital policy.
  - When a cast, splint, appliance or dressing is present and will remain until after anesthesia begins, the mark can be made ABOVE or BELOW the surgical site as long as it will be visible after prepping and draping and utilized during the time out process.
  - Diagnostic laparoscopy or exploratory laparotomy for ectopic pregnancy and the side cannot be determined with preoperative diagnostic testing.
6. In the event of an emergency, the primary nurse will document on the patient assessment form that the surgical or non-surgical invasive procedure was an emergency and how the site was properly identified.
  7. Site markings will be removed as much as possible following the procedure, prior to exiting the procedure room.

## Time Out

### RULES:

1. A Time Out will be conducted immediately before starting the invasive procedure or making the incision (UP 01.03.01).
2. The Time Out will be initiated by the RN / circulator and conducted by all members of the surgical / procedural team. Members of the team include the individual performing the procedure, anesthesia provider(s), circulating nurse, operating room technician(s), PA/NP, Assistant(s), vendors, and other active participants who will be in the procedure from the beginning. NOTE: There will be NO team member changes from the start of the Time Out to the completion of the incision/"Start" of the procedure.
3. The Time Out (which is the final verification stage) will actively communicate at least the following three components:
  - Correct patient identity
  - Correct site
  - Correct procedure to be done (UP01.03.01 EP2)
4. An audible response of agreement with correct patient, site and procedure will be made by each member of the team as noted in rule # 2 above. No other actions or activities will take place during the Time Out.
5. The RN is responsible to document the Time Out. Documentation will include, at a minimum:
  - The Time Out was conducted
  - Who was involved in the Time Out
  - When/Where the Time Out was conducted (UP 01.03.01 EP 5)
6. If any discrepancies are noted between team members during the Time Out, the procedure will not commence until all members of the procedural / surgical team are in agreement and documentation of

correct procedure verified.

7. When two (2) or more procedures are being performed on the same patient and/or the person performing the procedure changes, a new Time Out should be initiated and documented before the next procedure begins (UP 01.03.01 EP3).

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Susan Greenwood: CNO/VP, Nursing	4/14/2021
Emily Goolsby: Director, Education	4/14/2021
Tracey Carrigan: Director, Surgical Services	4/14/2021

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