

Policy Title:	UNIVERSAL PROTOCOL		
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PURPOSE:

To prevent wrong site, wrong procedure, wrong person surgery

DEFINITION(S):

None

POLICY:

All clinical staff will follow the Universal Protocol which consists of preoperative/pre-procedural verification process, operative/procedural site marking, and “time out” before starting an operation/a procedure.

PROCEDURE:
I. Preoperative/Pre-procedural Verification Process

- A. Will occur (as applicable)
 1. With the patient involved, awake and aware, if possible, and
 2. Before the patient leaves the preoperative/preprocedural area or enters the surgical/procedure room.

- B. Staff will also ensure the availability and review of:
 1. Relevant medical record documentation (e.g., H&P, clinic notes, ED notes, consent).
 2. Relevant images, properly labeled and displayed (as applicable)
 3. Necessary implants and special equipment (as applicable).
 4. Necessary blood products (as applicable).

- C. The pre-procedure verification process will involve a check list addressing, at a minimum:
 1. Two patient identifiers
 2. Correct site and side (and level, if relevant: e.g., spinal procedure)
 3. Site marked (If patient refused, check here (document and note which other method was used to identify the site)
 4. Correct procedure

5. Patient and physician agree on procedure to be done
 6. Correct patient position
 7. Correct medical record/chart
 8. Correct x-rays (digital or hard copy) available; if teeth involved, must agree on teeth names and numbers and document
 9. Any relevant diagnostic test available
 10. Availability of correct implants or any specific equipment or special requirements
 11. Informed consent present, signed, witnessed, and on the chart
 12. Provider note (e.g. – H & P, clinic notes, ED notes, consent) present and updated
- D. In the Operating Room, the pre-procedure verification process will be initiated by Anesthesiology. The pre-procedure verification process for procedures performed outside the Operating Room will be initiated by the provider performing the procedure.

II. Operative/Procedural Site Marking

- A. Providers who are performing the operation/procedure will mark the operative/procedural site prior to surgery/procedure. The mark:
1. Must be made at or near the incision site,
 2. Must be marked “yes” so that it is consistent throughout the facility,
 3. Must be positioned and sufficiently visible after skin prep and drape,
 4. Must involve all cases of laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine), See “Exceptions to site marking” below.
 5. Must take place with the patient involved, awake and aware, if possible.
 6. Must be visible if a change in the patient's position occurs prior to or during the procedure, and
 7. Is required prior to peripheral nerve block anesthesia.
- B. If the patient refuses the site marking, or when it is technically or anatomically impossible or impractical to mark the site (for example, mucosal surfaces or perineum) the following alternative process will be used: a temporary clear armband will be placed on the side of the procedure site containing the following information:
1. Procedure to be performed
 2. Procedure Site
 3. Provider signature
 4. Date

Exemptions to site marking are single organ cases (e.g., Cesarean section, cardiac surgery), uncertain laterality (e.g., ovarian cysts), and interventional cases for which the catheter/instrument insertion site is not predetermined, and interventional cases for which the catheter/instrument insertion site is not predetermined.

III. “Time out” before starting operation/procedure

- A. A “time-out” will be performed immediately before the procedure or making the incision.
- B. A “time out” will be conducted including prior to administration of neuraxial or peripheral nerve block anesthesia.
- C. In the Operating Room, the “time out” will be initiated by Anesthesiology. The “time out” for procedures performed outside the Operating Room will be initiated by the provider performing the procedure.
- D. The time-out involves the **immediate members of the procedure team**: the individual performing the procedure, anesthesia providers, circulating nurse, operating room technician, and other active participants who will be participating in the procedure from the beginning.
- E. All relevant members of the procedure team actively communicate during the time-out.
- F. When two or more procedures are performed on the same patient and the person performing the procedure changes, a “time out” will be performed before each procedure.
- G. The “time out” will be documented in the medical record. During the time-out, the team members agree, at a minimum, on the following:
 - 1. Correct patient identity,
 - 2. Correct side or site
 - 3. Procedure to be done

If there are any discrepancies during the “time out”, the operation/procedure will not begin until all discrepancies are reconciled.

ATTACHMENTS/FORMS:

None

REFERENCE(S)/AUTHORITY:

The Joint Commission National Patient Safety Goals
Replaces the ValleyCare P&P “Identification of the Correct Operative/Invasive Site”

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