

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: UNIVERSAL PROTOCOL FOR PREVENTING WRONG SITE, WRONG PROCEDURE, WRONG PERSON SURGERY	Original Issue Date: 1/1/06	Policy # 913
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Department(s) and Committee(s) Consulted: Patient Safety Committee Dept. of Anesthesia Medical Administration Operating Room Committee Quality Management Dept. of Dentistry	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: (Signature on File) Chief Quality Officer
		(Signature on File) Chief Executive Officer

PURPOSE

To ensure that Los Angeles General Medical Center (Medical Center) practices a safe and uniform method of preventing procedural errors by meeting the expectations of the Universal Protocol (UP).

SCOPE

The UP will apply to all surgical and non-surgical invasive procedures.

POLICY

The Medical Center will comply with all applicable elements of the Joint Commission's National Patient Safety Goal (NPSG) for UP as follows:

- A. Conduct a pre-procedure verification process (NPSG UP.01.01.01)
- B. Mark the procedure site (NPSG UP .01.02.01)
- C. A time-out is performed before the procedure (NPSG UP.01.03.01)

PROCEDURE

A. Conduct a Pre-procedure Verification Process

Elements of the Pre-procedure Verification Process

1. Implement a pre-procedure process to verify the correct procedure, for the correct patient, at the correct site. The patient is involved in the verification process when possible
2. 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 relevant documentation:
 - History and physical/Clinic note
 - Signed procedure consent form
 - Nursing assessment and
 - Pre anesthesia assessment (if needed)

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- Labeled diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly displayed
 - Any required blood products, implants, devices, and/or special equipment for the procedure. The standardized list (see attachment 2) is available and used consistently during the pre-procedure verification. It is not necessary to document that the standardized list was used for each patient
3. Match the items that are to be available in the procedure area to the patient.
 4. The alternative items that must be available for a procedure shall be followed for procedures that are performed at the time of the initial evaluation.
 - Alternative items that must be available for the procedure:
 - i. Signed procedure consent
 - ii. Nursing assessment
 - iii. Anesthesia assessment if indicated

B. Mark the procedure site

Elements of Marking the Procedure Site

1. Identify those procedures that require marking the incision or insertion site. At minimum, 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. For spinal procedures and in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level
2. Mark the procedure site before the procedure is performed and if possible, with the patient involved
3. The procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the licensed independent practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure and has the following qualifications:
 - An individual in a medical residency program who is being supervised by the licensed independent practitioner performing the procedure; who is familiar with the patient; and who will be present when the procedure is performed
 - A licensed individual who performs duties requiring a collaborative agreement of supervisory agreement with the licensed independent practitioner performing the procedure (an advanced practice registered nurse or physician assistant) who is familiar with the patient; and who will be present when the procedure is performed
4. The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital. The mark is made at or near the procedure site and is sufficiently permanent to be visible after skin preparation and draping, especially if changes in the patient's position are involved. Adhesive markers are not the sole means of marking the site

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5. The alternative to site marking process shall be followed for all patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site which include but are not limited to:
 1. Minimal access procedures treating a lateralized internal organ whether percutaneous or through a natural orifice, Interventional procedure cases for which the catheter/instrument insertion site is not predetermined (example, cardiac catheterization, pacemaker insertion)
 2. Teeth
 3. Premature infants for whom the mark may cause a permanent tattoo
- Alternative to site marking process:
 - In cases in which marking the site is not technically possible, the patient is a neonate, or if the patient makes an informed refusal of site marking, an alternate marking of the site on a diagram of the body will be made. In both cases, laterality and, if applicable, multiple structures will be noted.
 - The provider will ensure that the diagram or radiograph with the site marking is clearly visible during the procedure and properly oriented. Confirmation is to be made that the marked site corresponds to the intended site as noted in the chart.
- Alternative to site marking process for Dental Procedures:
 - The provider reviews the chart including medical history, laboratory findings and dental radiographs, confirming that each belongs to the correct patient.
 - The provider will indicate the tooth number or mark the tooth site or surgical site on the diagram which will be part of the patient's medical record.
 - The provider will ensure that the radiographs are properly oriented and visually confirm that the correct tooth/teeth or tissues have been charted.
 - A "time out" will be called involving the provider performing the procedure and an assistant that is present for the procedure. The correct patient, tooth, and procedure will be verified prior to proceeding.

C. A time-out is performed before the procedure

Elements of Time-out

1. Conduct a time-out immediately before starting the invasive procedure or making the incision
 - All participants of the surgery/procedure who are present in the immediate vicinity should participate in the time-out. For example, if a team member is scrubbing, the time-out should not proceed until he/she is ready to participate.
 - During the time-out, all activities should cease, to the extent possible without compromising patient safety, so that all relevant members of the team are focused on the active confirmation of the correct patient, procedure, site, and other critical elements.
2. Time-out has the following characteristics:
 - It is standardized as defined by the hospital
 - It is initiated by a designated member of the team
 - It involves the immediate members of the procedure team including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating

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room technician, and other active participants who will be participating in the procedure from the beginning

3. When two or more procedures are being performed on the same patient and the person performing the procedures changes, perform a time-out before each procedure is initiated
4. During the time-out, the team members agree at a minimum on the following:
 - Correct patient identity (Medical Record Number and Birthdate)
 - Specific time at which time-out is being performed
 - The correct target site for the procedure
 - For endovascular procedures, the correct initial access point for the procedure (acknowledging that it may be necessary to switch access points during the procedure based on clinical parameters that may arise—the informed consent must specify all likely access points)
 - The procedure to be done
5. Document the completion of the time-out (amount and type of documentation is determined by the hospital)

REFERENCES

The Joint Commission, National Patient Safety Goal - Universal Protocol
Title 22, Division 5, Chapter 1, Article 3, 70223, d
Pre-Operative/Pre-Procedure Verification (Form T-1073 Rev. 3/10)

ATTACHMENTS

913-1 Universal Protocol – Non-Operating Room
913-3 Universal Protocol for Procedures Performed by Anesthesia Providers
913-4 Universal Protocol – Operating Room
913-6 DHS Standardized Final Surgical Time Out

REVISION DATES

January 1, 2006; March 11, 2008; October 15, 2008; October 23, 2009; May, 11, 2010; March 08, 2011; August 13, 2013; July 11, 2017; August 13, 2018; March 01, 2023