

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: VI-112 UNIVERSAL PROTOCOL FOR PREVENTING WRONG PATIENT, WRONG PROCEDURE, OR WRONG SITE SURGERY	POLICY #: 1149
	VERSION: 1
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PURPOSE: To prevent wrong patient, wrong procedure, or wrong site surgeries by providing patient care providers with specific procedures to follow throughout the perioperative process. To improve overall patient care and safety by improving communication among patient care providers.

POLICY: All patients undergoing a surgical or invasive procedure will be correctly identified before the intended procedure is performed. Surgical checklists guide staff and providers through the verification and time out processes to assure all steps are completed. This verification process is a shared responsibility and is conducted by staff in cooperation with the patient, whenever possible.

PROCEDURE:

- I. Pre-Operative/pre-procedure verification
 - A. Verification of the correct person, procedure and site should occur:
 1. At the time the surgery/procedure is scheduled
 2. At the time of admission or entry into the facility
 3. Anytime the responsibility for care of the patient is transferred to another caregiver
 4. With the patient involved, awake and aware, if possible
 5. Before patient leaves the preoperative area or enters the procedure/surgical room
 - B. The following is reviewed prior to the start of the procedure:
 1. Relevant documentation (for example H & P, consent)
 2. Relevant images, properly labeled and displayed
 3. Any required implants and special equipment

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II. Patient Identification

All patients having surgery or other procedures in the Ambulatory Surgical Center (ASC) will be correctly identified by receiving an arm (ID) band.

- A. All patients will be identified using two patient identifiers
 - Patient Name
 - Date of birth (DOB)/medical record number
- B. Patients will be identified on admission, before transfer to the operating room (OR), during the OR time out, and upon arrival to the Post Anesthesia Care Unit (PACU).
- C. The patient/patient's representative is asked to state the patient's name and DOB.
- D. Staff confirms that the information provided by the patient or patient representative matches the information on the patient's ID band.
- E. If discrepancies in patient identification are found on admission, do the following:
 - Notify registration staff to assist with resolution of the discrepancy.
 - Do not transfer patient to the OR until the discrepancy is resolved.

III. Procedure and Procedure Site/Side Verification:

The procedure and procedure site and/or side will be verified for all patients having surgery or other procedures to assure that the patient receives the intended procedure.

- A. The consent form will be used as the primary source of information when verifying the surgical procedure and procedure site/side.
- B. Ask the patient or patient representative to state the procedure including the site/side when applicable.
- C. Staff will confirm that the procedure stated by the patient or patient representative matches the procedure on the consent form. The procedure on the consent form must match the procedure listed on the surgery schedule and other relevant documents including H&P, orders and the surgeon's clinic notes.

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- D. The procedure site/site verification process is documented in the medical record by the admitting RN, RN Circulator and anesthesia provider.
- E. If discrepancies are found during the site/site verification process, before the patient is transferred to the OR, do the following:
 - Notify the surgeon of the discrepancy. It is the surgeon's responsibility to resolve the discrepancy.
 - Do not transfer the patient to the OR until the discrepancy is resolved.
- F. The procedure site/site will be marked by the surgeon when applicable.
- G. Final confirmation of correct procedure and site/site takes place during the time out in the OR but confirmation that the correct site/site is marked and visible is also required throughout patient preparation, including:
 - Before administration of local anesthesia or an anesthetic block
 - Before tourniquet placement
 - Before positioning
 - Before prepping

IV. Site Marking

To identify, without ambiguity, the intended site for the procedure.

- A. Sites to be marked include, at a minimum, all cases involving laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine).
- B. Marking should take place with the patient involved, awake and aware, if possible.
- C. The surgeon scheduled to perform the procedure will mark the site as follows:
 1. Make the mark at or near the incision site with the word "YES"
 2. Position the mark to be visible after the patient is prepped and draped

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D. Documentation of site markings will be completed by the Peri-Operative Holding Area nurse in the nursing progress note and the OR Perioperative Patient Care Plan.

E. The following are exceptions to site marking procedure:

1. In rare instances, lack of cutaneous integrity or other anatomic conditions will preclude marking the intended surgical site. In such circumstances, the surgeon and other operating room personnel must still have oral agreement as to the correct site; side and level of the planned operation and the RN Circulator will record this fact on the Intra-Operative Record.
2. When the procedure is entirely endoscopic but lateralized to one side (i.e., ureteroscopic surgery), the surgeon and other OR personnel must still have an oral agreement as to the correct side of the planned procedure and the circulating nurse will record this fact on the Intra-Operative Record.
3. Single organ cases.
4. Interventional cases for which the catheter/instrument insertion is not predetermined.
5. Patient refusal. If a patient refuses to have the site marked with an indelible marker, they will have the body part/site covered with a Tegaderm dressing having "Yes" written on it. This will be documented in the patient record. The patient's refusal and verification will be documented in the medical record.

V. Time-Out:

In the OR, "time out" will take place before the incision is made, in order to both have a collective verification by members of the surgical team and provide an opportunity to share relevant procedure and/or patient-specific concerns based on patient history or medication use.

- A. "Time out" is performed by the surgical team including the surgeon, the anesthesia provider(s), the RN circulator, the scrub tech, and others who will participate in the procedure.

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- B. If different surgeons participate in the same surgery at different times, time out has to be repeated at the start of new surgeon start time.
- C. "Time out" elements include:
1. Patient identification
 2. Correct procedure site/side
 3. Correct site/side marked and visible, and correct position
 4. Relevant images displayed, match patient ID, and match site/side
- D. During the "time out" before the incision:
1. All other non-essential activities are stopped so that all team members can actively participate.
 2. All time outs are led by the Anesthesia team or RN Circulator in the OR but other team members are fully authorized and expected to stop the procedure from starting or processing if the "time out" has not been completed.
 3. Any discrepancies identified during the time out must be resolved to the satisfaction of all team members before proceeding.
- VI. Documentation:
- A. Following the "time-out" the time it was performed is documented in the Operating Room Perioperative Patient Care Plan and on the anesthesia record.
- B. All elements of the Surgical Safety Checklist will be completed:
1. Before induction of Anesthesia
 2. Before skin incision
 3. Before patient leaves operating room

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REFERENCES:

1. Joint Commission on Accreditation of Hospitals, Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Patient Surgery™, 2003
2. Agency for Healthcare Research and Policy, (2001). Making Health Care Safer-A Critical Analysis of Patient Safety Practices, Chapter 43: Prevention of Misidentifications- Strategies to Avoid Wrong-Site Surgery. Available at: <http://www.ahcpr.gov/clinic/ptsafety>
3. American Academy of Orthopedic Surgeons (AAOS), Advisory Statement- Wrong Site Surgery, March 2002. Available at: <http://www.aaos.org/wordhtmlpapers/advistmt/wrong.htm>
4. Association of Perioperative Registered Nurses (AORN), Position Statement on Correct Site Surgery, March 2001, Standards

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