Universal Protocol: Time Out and Site Verification

Site	All BCH and Jimmy Fund Clinic
Setting/Population	All Settings / All Populations
Clinician	All Clinicians

Policy

- Universal Protocol is applicable to operative and other invasive procedures across the organization.
- Universal Protocol includes the following actions to prevent wrong site, wrong procedure, or wrong person procedure:
  - ***Pre-operative verification process***
  - ***Site Verification/Marking the site***
  - ***Time Out is performed before the procedure***
- When a surgical consent indicates right, left or bilateral site, then site marking is required
- All patients having an invasive/surgical procedure that involves laterality have their site marked by the attending physician or physician designee.
- The attending physician may delegate site marking to a physician designee so long as that individual is:
  - A resident/ fellow, nurse practitioner or physician assistant qualified to participate in the procedure
  - Present when the procedure is performed

Note: Under this option, the responsible attending physician is still ultimately accountable for the site marking.

- ***Additional time out(s)*** are required during the procedure if:
  - An additional clinician(s) who will be taking an active part in performing the procedure, joins the team after the initial Time Out has occurred.
  - More than one procedure on the same patient by a different physician/ who is not present during the initial Time Out, or if any team member wants to conduct an additional Time Out.
  - When Wound Closure Time Out is indicated.

Purpose

To promote patient safety when performing invasive procedures.

Definitions

The following terms, used in this document, are defined in the Patient Services Glossary: ***Laterality, Verification***, ***Site Marking, Physician Designee***, ***Time Out***, ***Premature, Active Communication***, ***Universal Protocol.***

Procedure

Pre-Procedure Verification Process

1. Pre-procedure verification includes the correct procedure, correct patient, and correct site. The patient/ parent/ guardian is involved in the verification process when possible.
2. Review all relevant documents and studies for consistency with the intended procedure: (e.g., history and physical, signed consent forms, nursing and anesthesia assessment).
   - Ensure consent matches family/patient expectations.
   - Diagnostic and radiology test results are reviewed and properly displayed when applicable.
   - Blood products, implants, devices and/ or special equipment for the procedure are available when applicable.

Site Verification / Marking the Site

1. Verify the identity of the patient as described in the Patient Care Manual: ***Patient Identification***.
   - The attending physician may delegate site marking to a ***physician designee*** so long as that individual is present when the procedure is performed

   Note: Under this option, the responsible attending physician is still ultimately accountable for the site marking.
2. Site is marked if possible with patient/ parent/ guardian involvement.
3. At minimum all sites involving ***laterality*** and levels are marked with initials for the following:
   - right/ left distinctions
   - bilateral
   - multiple structures (fingers/ toes/ web spaces)
   - multiple levels (spine surgery) indicating posterior and/ or anterior site/ side and indicating general level (cervical, thoracic or lumbar)
   - Intraoperative for Spinal Fusions/ Discectomies: The exact interspace(s)/levels are precisely identified using standard radiographic marking techniques (fluoroscopy or plain radiography) for spinal fusions/ discectomies, prior to resecting/ fusing/ placing implants

4. **Marking Characteristics:**
    - Clinicican initials at the intended incision site.
    - Initials remain visible after the patient is positioned, prepped and draped.
    - If the clinician's initials are removed during the prep then a sterile marker is used to re-apply the initials.
5. Final verification of the initialed site takes place during the"Time Out."

Exceptions to Marking the Site

- Single organ cases or body part cases (e.g. umbilicus, anus, and tongue).
- Procedure where site cannot be predetermined (e.g. Central Venous Catheter, New V-P Shunt, PICC line, Cardiac Catheterization, and Angiography).
- Routine minor procedures including venipuncture, IV placement, indwelling urinary catheter or NG tube placement.
- When the individual performing a procedure is continuously with the patient from the time of decision to do the procedure through the performance of the procedure.
- Urgent and emergent cases that do not allow time for marking the site may be omitted at the discretion of the operative physician or provider performing the procedure, however, a "time out" is performed unless the risk supersedes the benefits.

Alternative to Marking the Site

For cases where the patient/ parent/ guardian refuses site marking or when it is technically or anatomically impossible or impractical to mark the site and laterality is involved:

- Mucosal surfaces
- Perineum
- Scalp (obstructed by hair)
- Teeth
- Premature infants
- Casted limbs
- Minimal access procedures treating a lateralized internal organ whether percutaneous or through a natural orifice
- Other sites with poor access to site marking

The following alternative for visually identifying the correct site is used:

- **Body Diagram:** A clearly labeled body diagram is used to identify the exact location of the surgical site. The diagram is referenced during the "Time Out" to verify the site.
- **Teeth**: Documentation of the operative tooth (teeth) name(s) and number(s) are clearly identified on dental radiographs or a dental diagram. The diagram or radiographs are referenced during the "Time Out" to verify the site.

Note: The body diagram is not intended to replace site marking on the patient and should not be used in situations where the patient can be easily marked.

Safety Checklist for Invasive Procedures

This checklist, which is a visual reference for all clinicians, leads the team through a verbal consensus which includes a three step process including Sign In, Time Out and Sign Out. The safety checklists are specific to specialty areas. Examples of checklists: ***Pediatric Surgical Safety Checklist***, ***Procedural Safety Checklist***, ***Bedside Safety Checklist***, ***Cardiac Cath and 6 South Safety Checklist***

Time Out

Time Out occurs immediately prior to starting the procedure or making the incision.

Time Out requires active communication among all member of the surgical/procedure team.

Time Out Characteristics:

- Initiated by a designated member of the team.
- Involves immediate members of the procedure team including the surgery representatives/ proceduralist(s), the anesthesia representatives, the circulating nurse, the scrub nurse/ operating room technologist, and any other active participants who are participating in the procedure from the beginning.
- During the Time Out, other activities are suspended, to the extent possible without compromising patient safety, so that all relevant members of the team are focused on the active confirmation of the following.

The team confirms:

- Patient ID
- Procedure, Site and or Side

When applicable team confirms:

- Patient position
- Site marking visible in surgical field
- Special equipment and implants available
- Equipment settings
- Critical steps of case reviewed with team
- Relevant imaging and labs reviewed
- Antiboitic indications within 1hr of incision/ re-dosing plan
- Blood or cross match available
- Medications solutions labeled on field
- Consent matches verbalized procedure
- Fire Risk Assessment

Note: For procedures that require procedure specific consent, the consent is matched with the verbalized intended procedure, site and side during the Time Out. See Patient Care Manual: ***Informed Consent*** for more information. For procedures that are covered under general consent for treatment, verbal verification of correct procedure, site and side occur as part of the Time Out.

Fire Risk Assessment:

Preform a Fire Risk Assessment during the Time Out. See the Fire Risk Assessment Poster for more information.

The fire risk assessment is a score based on three questions each valued at 1 point. The total score (range 1-3) dictates the level of fire risk:

1 = low risk

2 = low risk with the potential to elevate to high risk

3 = high risk and requires a team discussion of fire reduction strategies

See the ***Response and Prevention of Fires in the Operating Room and Procedure Areas*** policy for more information.

Additional "Time Outs" are necessary for the following:

- When additional clinicians who will be taking an active part in performing the procedure join the team after the initial Time Out has occured a **"Secondary Time Out"** will be conducted and will include at a minimum:
  - Patient ID
  - Procedure
  - Site and/ or Side
- More than one procedure on the same patient by a different physician/ who is not present during the initial Time Out, or if any team member wants to conduct an additional Time Out.
- When Wound Closure Time Out is indicated. See the ***Counts*** policy for more information.
- All additional Time Outs are documented.

Exceptions to the Time Out are: intubation, venipuncture, arterial line insertion, peripheral IV placement, feeding tube/ nasogastric tube insertion, urinary catheter insertion, umbilical catheter placement, VP shunt tap, and procedures performed during standard treatment for cardiac arrest.

Procedures for Specialty Areas

Please see Time Out and Site Verification Reference Tools for specific specialty care area procedures:

- ***Dental Clinic***
- ***Inpatient and Intensive Care Units, Ambulatory Settings, Cardiac Catheterization Unit, and Emergency Department***
- ***Operating Room***
- ***Radiology***

Documentation

Universal Protocol is documented in the medical record

Related Content

Patient Care Manual

- ***Patient Identification***
- ***Preoperative Patient History and Physical [Main Operating Room]***

Patient Care References

- ***Surgical Safety Checklist***
- ***Procedural Safety Checklist***
- ***Bedside Safety Checklist***
- ***Cardiac Cath and 6 South Safety Checklist***

Patient Care Forms

- ***Alternative to Site Marking Form***
- ***Oral Surgical Procedure Verification Checklist (Adult Teeth)***
- ***Oral Surgical Procedure Verification Checklist (Primary Teeth)***

References

Association of Perioperative Registered Nurses. (2009). ***http://www.aorn.org/PracticeResources/ToolKits/CorrectSiteSurgeryToolKit/***

Chassin, M.R. & Becher, E.C. (2002). ***The wrong patient. Annals of Internal Medicine***, 136(11): 826-833.

Joint Commission, National Patient Safety Goals, 2012 ***www.jointcommision.org/patientsafety/nationalpatientsafetygoals/***

New York State Health Department. (2001, February 8, press release). ***New York State Health Department releases pre-operative protocols to enhance safe surgical care.*** Accessed 04/07/09.

Document Attributes

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