

**The Miriam Hospital  
Administrative Manual**

**Subject: Universal  
Protocol to Prevent  
Wrong Site, Wrong  
Procedure and Wrong  
Person Surgery**

**File Under:  
Patient Safety  
PS - 05**

**Issuing Department:  
Administration**

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**Approved By:**

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(Director)

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(Executive)

## **POLICY**

In compliance with the Joint Commission Patient Safety standards for universal protocol, it is a policy of The Miriam Hospital to identify and verify procedures, including site, side, and levels if applicable for all patients who will undergo surgery or an invasive procedure requiring written informed consent. Active communication and collaboration between all perioperative/procedural team members is expected. This policy may not apply in emergent, life-threatening situations when patient safety will be compromised.

## **PURPOSE**

To establish a safe, accurate, and consistent identification process for verifying the identity of each patient and surgical/procedural site. Surgical/Procedural Site verification requires a standard procedure with multiple checks in the system to minimize the risk of surgery/procedure on the wrong patient or body part. The process will be a coordinated effort between the patient, attending physician, attending designee, nursing staff and anesthesia provider if applicable.

## DEFINITIONS

<b>Attending Physician</b>	A licensed professional who is credentialed by the hospital to perform the scheduled procedure.
<b>Attending Physician's Representative [for scheduling a procedure]</b>	Physician's office staff or Resident Physician
<b>Attending Designee</b>	Physician, Resident, PA, or certified IV Therapy RN for PICC lines as designated by attending physician.
<b>Preprocedure RN</b>	The Registered Nurse who is designated as the individual responsible for preparing the patient for surgery or invasive procedure. This includes all Inpatient areas, Emergency Department or any area sending the patient to the Operating Room or Invasive Procedure Area.
<b>Procedural RN</b>	The Registered Nurse (Circulating RN) who is responsible for admitting and caring for the patient in the Operating Room/Invasive Procedure Area through to and including the "Time Out".
<b>Invasive Procedure</b>	Any procedures involving puncture/incision of skin or insertion of an instrument or foreign material into the body, including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations, excluding venipuncture and routine IVs.
<b>Anesthesia Provider</b>	A certified and credentialed Registered Nurse Anesthetist (CRNA) or Anesthesiologist.
<b>"Time Out"</b>	Active communication involving the entire perioperative or procedural team, conducted in the location where the procedure will be done immediately prior to starting of the procedure.
<b>Assigned RN or Licensed Tech</b>	The Registered Nurse or Licensed Tech who is designated as the individual responsible for the care and treatment of the patient at the time the procedure is done.

# PROCEDURE

## I. Scheduling a Procedure

Action	Responsible Person	Special Steps
Completed surgical/procedural booking form or add-on form will be faxed to Scheduling office or Procedure Area	Attending Physician or his/her representative	Request includes: <ul style="list-style-type: none"> <li>• Patient full name</li> <li>• Date of birth</li> <li>• Ordering diagnosis</li> <li>• Ordering physician name and signature</li> <li>• Procedure description including site, side, and level</li> <li>• Abbreviations not acceptable</li> </ul>
Documentation of Procedure on Surgical Schedule	Scheduling Personnel	<ul style="list-style-type: none"> <li>• Laterality will appear before the procedure (e.g. right inguinal hernia)</li> <li>• Abbreviations are not acceptable</li> </ul>

## II. Preoperative Area/Preprocedure – Prior to sedation

Action	Responsible Person	Special Steps
Patient identity will be confirmed.	Preprocedural RN Procedure RN	<ul style="list-style-type: none"> <li>• Patient states name and date of birth as identifiers</li> <li>• Validate correct spelling of name, date of birth, medical record number account number with patient ID band, addressograph and face sheet</li> </ul>
Procedure verification	Preprocedure RN and patient/representative Procedure RN and patient/representative	<ul style="list-style-type: none"> <li>• Patient states proposed procedure including site, side/level.</li> <li>• Validates with consent, history &amp; physical, preprocedure note for inpatient, and departmental schedule.</li> </ul>
Non-participating/unresponsive patient verification	Preprocedure RN and a second staff member Procedure RN and a second staff member	<ul style="list-style-type: none"> <li>• Validate name, date of birth, medical record number, account number and procedure with ID band, face sheet, consent, history &amp; physical, preprocedure note for inpatients.</li> </ul>
Action	Responsible Person	Special Steps
Verify appropriate documents in medical record	Preprocedure RN Procedure RN	<ul style="list-style-type: none"> <li>• Signed informed consent patient full name, date of birth and procedure description including site, side/level (no abbreviations)</li> <li>• Current history &amp; physical and preprocedure note for inpatients.</li> <li>• Documents completion of process on Preprocedural Verification Checklist</li> </ul>

Clarification of discrepancies	Preprocedure RN	<ul style="list-style-type: none"> <li>• Contact attending physician for clarification and resolution.</li> <li>• Documents resolution on Preprocedural Verification Checklist</li> </ul>
Marking for laterality/level	<p>Attending Physician or Attending designee</p> <p>And</p> <p>Patient or patient representative when possible</p>	<ul style="list-style-type: none"> <li>• Occurs prior to patient receiving sedation. This may occur in an inpatient area or in pre-op. If patient is not marked on inpatient unit, the inpatient nurse will communicate to the preoperative or operative area that site was not marked.</li> <li>• Mark at or near incision with indelible marker</li> <li>• Unambiguous using word “yes” or a single line on multiple small structures (toes, eyes)</li> <li>• Mark is visible after prepping &amp; draping</li> <li>• Adhesive markers must not be sole method of marking</li> <li>• Spine procedures: mark general region (i.e. cervical) &amp; intraoperative radiographic techniques to mark exact vertebral level</li> <li>• Dental procedures: dental radiographs/diagrams marked and in patient record</li> <li>• The patient has the right to refuse site marking. The hospital's responsibility is to provide the patient with information to understand why site marking is appropriate and desirable, and the implications of refusing the site marking, including cancellation of non-emergent procedures. Then the patient can make an informed decision. Refusal must be noted in the Medical Record.</li> </ul>
<b>Action</b>	<b>Responsible Person</b>	<b>Special Steps</b>
Procedural Specialty items available when applicable	Procedure RN	<ul style="list-style-type: none"> <li>• Correct Implants</li> <li>• Correct radiographic films – to be checked by attending with other physician, resident, or PA when films are present and image verified as correct.</li> <li>• Special equipment</li> <li>• Documents completion of process on Preprocedural Verification Checklist</li> </ul>

Staffing Change up to Time out	Procedure RN & Relief Procedure RN	<ul style="list-style-type: none"> <li>Review, validate, complete, and document the verification process</li> </ul>
Transfer to Procedure area	Preprocedure RN & Procedure RN	<ul style="list-style-type: none"> <li>Process completed, discrepancies documented, marking completed</li> <li>Verifies documentation is complete and patient is ready for transfer</li> </ul>

### III. Anesthesia Provider (When applicable): Prior to Admission to Procedure Area/ Prior to Sedation

Action	Responsible Person	Special Steps
Patient identity will be confirmed.	Anesthesia Provider	<ul style="list-style-type: none"> <li>Patient states name and date of birth as identifiers.</li> </ul>
Procedure verification	Anesthesia Provider and patient/representative	<ul style="list-style-type: none"> <li>Patient states proposed procedure including site, side/level.</li> <li>Confirm site/side is marked when applicable.</li> <li>Validates with consent, or preprocedure note (for inpatient) and departmental schedule.</li> </ul>
Non-participating/unresponsive verification	Anesthesia Provider and a second staff member	<ul style="list-style-type: none"> <li>Validate name, date of birth, medical record number, and procedure with ID band, and consent.</li> </ul>
Verify appropriate documentation in medical record	Anesthesia Provider	<ul style="list-style-type: none"> <li>Signed informed consent (patient full name, date of birth and procedure description including site, side/level (no abbreviations))</li> <li>Current history &amp; physical and preprocedure note for inpatients and outpatients.</li> <li>Documents completion of process on Preprocedural Verification Checklist</li> </ul>

Action	Responsible Person	Special Steps
Staffing Change/Relief up to Time out	Anesthesia Provider & Relief Anesthesia Provider	<ul style="list-style-type: none"> <li>Review, validate, complete, and document the verification process</li> </ul>
Transfer to Procedure area	Preprocedure RN & Anesthesia provider	<ul style="list-style-type: none"> <li>Verifies documentation is complete and patient is ready for transfer</li> </ul>

### IV. Attending Physician – In Preprocedure Area or In Procedure Area

Action	Responsible Person	Special Steps
Verifies patient identity, scheduled surgical/procedure.	Attending Physician and Preprocedure RN or Procedure RN	<ul style="list-style-type: none"> <li>Confirms patient name and date of birth as identifiers.</li> <li>Surgical/procedural site/side level.</li> </ul>

		<ul style="list-style-type: none"> <li>• Marking of site when applicable completed</li> <li>• Documents completion of process on Preprocedural Verification Checklist</li> </ul>
Verbally confirms need for specialty items	Attending Physician	<ul style="list-style-type: none"> <li>• Correct Implants</li> <li>• Correct radiographic films</li> <li>• Special equipment</li> </ul>

## V. “Time Out”

Immediately prior to the start of the procedure a “Time Out” will be completed.

Action	Responsible Person	Special Notes
Execution of “Time Out”	<ul style="list-style-type: none"> <li>• Procedure RN</li> </ul>	<p>Active communication between all members of the operative/procedural team (attending physician, procedure RN, and when applicable anesthesia) to confirm the following:</p> <ul style="list-style-type: none"> <li>• Correct patient</li> <li>• Correct procedure- confirm with informed consent</li> <li>• Correct site/side/level</li> <li>• Correct patient position</li> <li>• Visibility of marking within operative/procedural field (if applicable)</li> <li>• Correct implants available (if applicable)</li> <li>• Correct radiographic films (if applicable)</li> <li>• Special equipment available (if applicable) (validated)</li> </ul>
Action	Responsible Person	Special Notes
Confirmation of team agreement	Procedure RN	<ul style="list-style-type: none"> <li>• All members of the operative/procedural team will verbally confirm agreement to above.</li> <li>• Resolution of conflicts must occur before commencement of procedure/surgery.</li> </ul>
Commencement of procedure/surgery	Procedure RN	<ul style="list-style-type: none"> <li>• Verbally acknowledge completion of “Time Out”</li> <li>• Documentation of “Time Out” on Preprocedure Verification Checklist</li> <li>• The Scrub person or person assisting procedure will NOT pass instruments or begin procedure until “Time Out” is completed.</li> </ul>

## VI. Procedures Performed Outside of the Operating Room

Eligibility: This applies to all patients undergoing any invasive procedure exposing them to any more than minimal risk, whether or not moderate sedation may be required. Certain routine "minor" procedures such as

venipuncture, peripheral IV line placement, insertion of NG tube, or Foley catheter insertion are not within the scope of this policy. Most other procedures that involve puncture or incision of the skin, or insertion of an instrument or foreign material into the body including, but not limited to, biopsies, paracentesis, thoracentesis, arthrocentesis, arterial/central/PICC line insertions, lumbar punctures, chest tube insertions, incision and drainages, and endoscopies are within the scope of this policy. This covers all such procedures that are performed outside of the Operating Room or other areas designated for specific invasive procedures, such as Endoscopy, Cardiac Catheterization Lab and Interventional Radiology, including but not limited to: bedside, Critical Care Units, Emergency Department and other ambulatory settings in this hospital.

Action	Responsible Person	Special Steps
<p>Involvement of the patient's assigned nurse is required, however, prior to initiation of the procedure.</p> <p>The Nurse and the person performing the procedure will verbally check the patient ID using the patient's full name and date of birth, site, and procedure with the patient.</p> <p>Time Out: The person performing the procedure will pause to double check that all information about the patient and the intended procedure is documented in the medical record and in agreement with physical and/or other diagnostic findings. Following active verification of this information, the physician or designee and nurse will sign the Immediate Pre-procedure "time out" section on the Bedside Procedure Note attesting to that fact.</p> <p>Marking the site is required for all procedures involving laterality (right/left distinction), multiple structures (such as fingers or toes) or levels (as in spinal procedures). Site marking is not required for procedures for which the site of insertion is not predetermined.</p> <p>Obvious wounds and lesions: In general, site marking is not required if there is an obvious wound or lesion that is the site of the intended procedure. However, if there are multiple wounds or lesions and only some of them are to be treated, then the sites to be treated should be marked.</p>	<p>Attending Physician Attending Designee Registered Nurse/Assigned Nurse/Licensed Tech in areas without nurses</p> <p>Attending Physician Attending Designee Registered Nurse/Assigned Nurse/ Licensed Tech in areas without nurses</p> <p>Attending Physician Attending Designee Registered Nurse/Assigned Nurse/ Licensed Tech in areas without nurses</p> <p>Attending Physician Attending Designee</p> <p>Attending Physician Attending Designee</p>	<p>Under special circumstances, if the patients' assigned nurse is not available to participate in the procedure, a covering or charge nurse will participate.</p> <p>Site marking pens and forms for documentation of verification will be available on the unit at the nursing station, if not provided by the visiting procedural unit.</p> <p>Marking vs. Time Out: Even if site marking is not required (laterality or multiple structures or levels not involved), the other requirements for a pre-procedural verification process and a "time out" still apply.</p>

<p><b>Emergency Procedures:</b> As always, the overarching goal is patient safety, so none of these precautions should interfere with the timely care of the patient in an emergency situation. In most of these cases, when invasive procedures are performed under emergency or urgent conditions, the practitioner performing the procedure will be in continuous attendance of the patient from the point of decision to do the procedure. Under those circumstances, marking the site would not be necessary, although the “time-out” to verify the correct patient, procedure, and site would still be appropriate (unless it was such an emergency, like a code situation, that even the time out would add more risk than benefit).</p>	<p>Attending Physician Attending Designee</p>	
<p><b>Patient Rights:</b> The patient always has the right to refuse site marking. The hospital's responsibility is to provide the patient with information to understand why site marking is appropriate and desirable, and the implications of refusing the site marking, including cancellation of non-emergent procedures. Then the patient can make an informed decision. Refusal must be noted in the medical record.</p>	<p>Attending Physician Attending Designee</p>	

**VII. Instructions for documentation of Pre-procedure Verification**

<b>Action</b>	<b>Responsible Person</b>	<b>Special Steps</b>
<p>Patients Undergoing Procedures in the Operating Room or other specifically designed procedural area (Endoscopy, Cardiac Catheterization Lab, and Interventional Radiology):</p>		
<p>Completion of Preprocedure Verification Checklist.</p>	<p>Attending Physician Attending Designee Registered Nurse/Assigned Nurse/ Licensed Tech in areas without nurses</p>	
<p>Patients Undergoing Procedures outside of the Operating Room or other specifically designated procedural area:</p>		
<p>Completion of The Miriam Hospital Bedside Procedure Note is required.</p>	<p>Attending Physician Attending Designee Registered Nurse/Assigned Nurse/ Licensed Tech in areas without nurses</p>	



Preprocedure Checklist

Date:	Time:	Precautions: Yes No	Type: MRSA C-Diff VRE	Other Site: _____
Procedure:		NPO Since:		Foley Emptied/Last Voided:
Allergies:				Latex: Yes No
Mental Status: Alert and Oriented x3 Confused Other _____		Interpreter services needed: Yes No, Language:		
Code Status: Full Comfort Measure Only All but CPR		Advanced Directive: Yes No Copy in Chart: Yes No		
All Patients	Yes	To Be Obtained	N/A	Initial
I.D. Band On				
History & Physical				
Proc/Surg Consent Signed				
Anesthesia Consent Signed				
Old Medical Record				
Med Sheets				
Anesthesia Evaluation				
Required Labs				
EKG				
CXR				
Type/Cross/Screen				
Hibiclens Shower-Skin Prep				
Skin Prep				
Valuables Removed	Yes	Disposition		
Glasses/Contacts				
Dentures				
Hearing Aid				
Jewelry/Body Piercing				
Prosthesis				
Nursing Diagnosis		Nursing Intervention		Expected Outcome
Knowledge deficit. The patient/guardian does not understand the procedure process.		The nurse will explain the preprocedure process to the patient/family.		The patient/guardian will understand the preprocedure process.
Anxiety. The patient is anxious about the procedure/surgery.		The nurse will assess the level of anxiety and provide verbal reassurance.		The patient will be less anxious The patient states he/she is less anxious after reassurance by the nurse.
Comments:				
Transferred to OR/Procedure Area at:		By:		RN
Signature Legend		Initials		Signature Legend



**THE MIRIAM HOSPITAL**

*A Lifespan Partner*

**BEDSIDE PROCEDURE NOTE**

*Invasive Procedure Outside of the Operating Room*

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:**  Inpatient  ED  Critical Care  Other \_\_\_\_\_

**PLANNED PROCEDURE:** \_\_\_\_\_

**Procedure discussed with patient or parent/guardian/agent and the risks, benefits and alternatives were explained.**

**INFORMED CONSENT OBTAINED:**  Yes  Not Applicable

**Pre-procedure DIAGNOSIS/INDICATION:** \_\_\_\_\_

**IMMEDIATE PRE-PROCEDURE “TIME OUT”**

<b><i>Pause &amp; Verbal Verification – signatures required prior to start of procedure</i></b>	
1. ID band (patient name & date of birth) match patient chart/blue plate 2. Information about the intended procedure is documented in the patients’ medical record and is in agreement with physical and/or other diagnostic findings. 3. Agreement on planned procedure, including site/side 4. Site visibly marked if required (right/left; anterior/posterior) 5. Verbal verification with patient or representative 6. Correct patient position and equipment	Signature of Clinician Performing Procedure MD/NP/PA/Certified IVRN, PT or OT:  _____ Signature of Nurse, Tech, PT, OT participating in Time Out: _____

**Variation in Verification Procedure:**

Patient refused site marking

Emergent situation precluded site marking

**IMMEDIATE POST-PROCEDURE NOTE**

**PROCEDURE PERFORMED:**  Same as Above  Other: \_\_\_\_\_

**LOCAL ANESTHETIC:(Circle)** Lidocaine 0.5% 1% 1.5% 2% \_\_\_\_\_ cc Bupivacaine 0.25% 0.5% \_\_\_\_\_ cc

**ADDITIVES: (Circle)** epi 1:100,000 1:200,000 1:400,000 Bicarbonate 4.2% 8.4% \_\_\_\_\_ cc

**Other:** \_\_\_\_\_

**SEDATION PROVIDED:**  See Sedation Flowsheet

**POST-PROCEDURE DIAGNOSIS:**  Same as Above  Other: \_\_\_\_\_

**FINDINGS, IF APPLICABLE:** \_\_\_\_\_

**SPECIMEN(S) OBTAINED:**  None  Type: \_\_\_\_\_

**COMPLICATIONS:**  None  Describe: \_\_\_\_\_

**PATIENT CONDITION:** \_\_\_\_\_

**Performed by:** \_\_\_\_\_ **Print Name** \_\_\_\_\_  
(MD/PA/NP/RN Signature)

**Assisted by:** \_\_\_\_\_ **Print Name** \_\_\_\_\_  
(RN, Tech, PT, OT Signature)

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Page/phone:** \_\_\_\_\_