



# Clark Memorial Hospital

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 Owner: KELLY JONES: SURGICAL SVS  
 Policy Area: Surgical Services - Main OR and CMOPS

A Norton and LifePoint Partnership

References:  
 Applicability: Clark Memorial Hospital

## Universal Protocol (Time-Out)

- I. Pre-Procedure Verification Process
- II. Marking of Procedure Site
- III. Performing Time-Out

### POLICY STATEMENT:

To provide safe comprehensive and consistent care for the patient undergoing an invasive procedure.

### PROCEDURE:

Purpose Statement:

- I. The purpose of the Pre-Procedure Verification Process is to make sure that relevant documents and equipment are:
  - 1. Available at the procedure start
  - 2. Correctly identified, labeled, and matched to the patient identifiers
  - 3. Reviewed and consistent with patient expectations and the team's understanding of the intended procedure and site. Missing information and discrepancies are addressed before the start of the procedure.
- II. The purpose of marking the procedure site allows staff to identify without ambiguity the intended site for procedure.
- III. The purpose for the time out, immediately before the start of the procedure, is to conduct a final assessment that the correct patient, site, positioning, and procedure are identified and that, if applicable, all relevant documents and necessary equipment are available.

WHO:	DOES WHAT:
Health Care Team (HCT) involved in invasive procedure (Proceduralist, Physician, Surgeon, Anesthesiologist, Cardiologist, Radiologist, Nurse, Gastroenterologist, Surgical Scrub Tech, Tech/Assistant	Verifies the correct person, correct site, correct procedure, and completes documentation on the Surgical Safety Checklist.

Health care Team	<b>I. Pre-procedure Verification Process</b>
Surgery Scheduler PAT Nurse Registration Clerk RN/LPN/Tech	Will verify the correct person, correct site, and correct procedure when patient arrives to that area (outpatient procedures)
RN/LPN/Tech	<p>Will verify the correct person, correct site and correct procedure before patient leaves the pre-procedure area, enters the procedure room, or transfers care of the patient to another member of the team. Preferably with patient involved, awake, and aware.</p> <p>Prior to moving the patient to the procedure room, the following items are verified to be available and accurately match the patient.</p> <ul style="list-style-type: none"> <li>• Relevant documentation (H &amp; P), Data base, Pre anesthesia assessment)</li> <li>• Accurately completed and signed Procedure Consent Form</li> <li>• Diagnostic and radiology test results</li> <li>• Any required blood products, implants, devices, or any special equipment for the procedure</li> </ul>
Health Care Team (HCT)	<p><b>II. Marking of Procedure Site</b></p> <p>After proper patient identification and prior to leaving the preoperative holding area, the procedure site is identified and marked by a licensed independent practitioner who will perform the intended surgical or non-surgical invasive procedure. This individual will be involved directly in the procedure and present at the time the procedure is performed.</p> <p>The marking should be:</p> <ul style="list-style-type: none"> <li>• The surgeon or proceduralists' initials, and/or the word "YES"</li> <li>• Made with the patient involved, awake, and aware if possible</li> <li>• Made near the procedure or incision site with a mark that is unambiguous and is used consistently throughout the hospital</li> <li>• Made with an indelible marker that is visible after the patient has been prepped, draped, and in final position</li> <li>• Considerate of laterality, surface, general spine level, specific digit, or lesion to be treated.</li> </ul> <p>► Note: For procedures that involve laterality of organs, but the incisions or approaches may be from the midline or from a natural orifice, the site is still marked and laterality noted.</p> <p>Intra-operatively the physician will verify exact vertebral levels and side radiographically.</p> <p>Prior to a regional block being administered, the Anesthesia Care Procedure will follow the same guidelines for marking of procedure</p>

site and conducting a time out.

In the case where a patient refuses site marking, the procedure site cannot be easily marked, or the site is technically or anatomically impossible or impractical to mark, the following process will occur:

- The procedure site will be verified by using a second identifier, such as the History and Physical or Radiographic Images, in addition to the patient or patient advocate's verbal confirmation of the procedure site.

Health Care Team (HCT)

### III. Perform Time-Out

1. Patient may be asked to verify operative site upon arrival to OR. Time out for the procedure is to be conducted with all members of the surgical team present.
2. Initiated by designated member of the team.
  - RN/LPN/Interventional Tech
  - Requires active participation of all team members to verify each of the following elements:
    - Patient verified by two patient identifiers.
    - Marking of correct side/site, unless nonapplicable.
    - Accurate signed consent form on chart.
    - Correct patient position.
    - Correct radiographic data. (if applicable)
    - Ensure availability of correct equipment/implants, for procedure.
    - Appropriate antibiotic infused.
    - Safety precautions based on patient history or medication use.
    - Documentation will be completed on the patient record.
3. Involves immediate members of the procedure team who will be participating at its inception.
4. Involves interactive, verbal communication allowing any team member to express concerns over procedure verification. At this time all other activities are suspended to allow the team to focus on the active confirmation.
5. Includes a defined process for reconciling differences in responses.

► Note: CMH defined Process is as follows:

- All members of the team will be in agreement on the procedure. If concerns or discrepancies are raised, the procedure will not continue until everyone is in agreement. If unable to resolve concerns, the procedure will be cancelled for further discussion.
6. Separate time outs are performed when two or more procedures are performed on the same patient.
- ▶ Note: Each time out should be performed before initiation of each procedure.

## Reference:

2014 Joint Commission National Patient Safety Goals

## POLICY STATEMENT:

The purpose of Time-Out is to conduct a final assessment that the correct patient, site, and procedure is identified. The Time-Out is conducted immediately before starting the surgical procedure or making the incision.

## PROCEDURES:

WHO	DOES WHAT:
Circulator/ RN	<ol style="list-style-type: none"> <li>1. Initiates Time-Out               <ol style="list-style-type: none"> <li>a. Operative Team Stop! "Let's do the Time-Out"</li> <li>b. All activities in the room paused.</li> </ol> </li> <li>2. Circulator/RN identifies patient name.</li> <li>3. Surgeon identifies patient name.               <ol style="list-style-type: none"> <li>a. Agreement on the procedure comparing with surgical consents</li> <li>b. Correct side and site</li> </ol> </li> <li>4. Antibiotic prophylaxis in accordance with recommended guidelines.               <ol style="list-style-type: none"> <li>a. After the above steps have been completed and all questions or concerns are resolved, the surgery may proceed.</li> <li>b. Time-Out process is documented in SIS.</li> <li>c. When two or more procedures are being performed on the same patient, a Time-Out is performed for each subsequent procedure.</li> </ol> </li> </ol>

\*Recommendations by Joint Commission 2014 National Patient Safety Goals.

## Attachments:

No Attachments