



Site Identification and Patient/Procedure Verification Policy for Surgical and Other Invasive Procedures

Administrative Policies & Procedures

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Document Owner: Donna Ciufu, DNP, RN

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General Description

Purpose: To ensure the correct patient, procedure and site are identified prior to any patient undergoing an inpatient or outpatient surgical or other invasive procedure, including those performed in a special procedures unit, endoscopy unit, interventional radiology suite, or at the bedside.

Scope: All clinical departments and patient care areas of Meridian Hospitals Corporation and its facilities.

Policy: Definition:

Invasive Procedure – Involving the puncturing or incision of the skin, insertion of an instrument, or insertion of foreign material into the body. Includes invasive procedures that may be performed for diagnostic or treatment-related purposes.

For all operative and other invasive procedures that expose patients to more than minimal risk, a pre-procedure verification process will be conducted, procedure site marked, as applicable and time-out performed immediately prior to starting the procedure to verify the correct patient, procedure, and site. Procedures for non-OR settings, including bedside procedures, will follow the same pre-procedure verification, site marking and time-out processes as outlined in this policy.

The Time Out Stamp will be verbally and manually completed, signed, dated, timed on the Consent Form. Exception will be those Department/Clinical areas that document Time Out in the Surgical

Information Systems (SIS)

While all procedures included in this policy require pre-procedure verification and a "time out", site marking is not required if the operating physician/special procedure physician is in continuous attendance with the patient from the time of decision to do the procedure through to the performance of the procedure. In addition, if the site is not predetermined, site marking is not required. In both situations, however, the requirements for pre-procedure verification and final time-out verification still apply.

Bedside procedures included in this policy: Examples of bedside procedures that are included under this policy are as follows.

- PICC line
- All central line insertions
- Anesthesia blocks
- Chest tube insertion
- Paracentesis
- Other similar types of procedures (i.e., Dialysis catheter insertion)

Minor Procedures excluded from this policy: The following routine "minor" procedures are NOT within the scope of this policy as they do not constitute more than minimal risk to the patient:

- Venipuncture
- Peripheral intravenous line placement
- Insertion of naso-gastric tube or urinary catheter
- Other routine "minor" procedures that do not constitute more than minimal risk to the patient

Other procedures excluded from this policy:

- Electroconvulsive therapy
- Closed reduction
- Lithotripsy
- Performance of dialysis [excluding insertion of dialysis catheters]

Procedure: A. Pre-Procedure Verification Process:

1. After the informed consent "disclosure discussion" takes place between the physician and the patient or legally authorized patient representative, written acknowledgement of informed consent must be obtained. In addition to describing the risks, benefits, and alternatives about the procedure, the informed consent form must clearly state the planned procedure(s) and the laterality of the procedure(s) where appropriate. Laterality must be spelled out ("RIGHT" or "LEFT" ***not*** "R" or "L" and ***not*** "Rt. or "Lt.") on the consent form.

2. Verification of the correct person, correct site and correct procedure will occur at the following times:
 - At the time of admission or entry into the facility for a procedure, whether elective or emergent
 - Before the patient leaves the pre-procedure area or enters the procedure room

The correct person identification process will be completed in accordance with Meridian's *Patient Identification Policy*, MHC-ADMIN-02-1222 to match the patient's identity to the planned procedure.

3. On the day of surgery / invasive procedure, prior to moving the patient to the procedure room, a surgical/special procedure checklist will be used to review and verify that the following items are available and accurately matched to the patient:
 - Relevant documentation (for example, history and physical, nursing assessment, and pre-anesthesia assessment)
 - Accurately completed, and signed, procedure consent form
 - Diagnostic and radiology test results are correctly labeled (for example, radiology images and scans, or pathology and biopsy reports)
 - Any required blood products, implants, devices, and/or special equipment for the procedure will be confirmed by a member of the OR / Procedure Team.
4. The pre-operative / pre-procedure nurse will:
 - Verify the correct person, correct site and correct procedure with the patient involved, when possible and compare the patient's response with the above documents.
 - If the patient is unwilling to verify the above information, the nurse will notify the operating physician / special procedure physician. This refusal will be documented in the patient record.
 - If the patient is not capable of verbalizing their correct identity, correct site and/or correct procedure, a family member, guardian, designated proxy or significant other will be asked to verbalize the information as above.
 - If no one is available or willing to verify the correct person, correct site or correct procedure, the nurse will notify the operating physician / special procedure physician. This will be documented in the patient record.
 - If the patient and the above documentation are **NOT** in agreement, the nurse will contact the operating physician/special procedure physician who must verify the correct patient, correct site or correct procedure on the informed consent before the patient leaves the pre-operative

- / pre-procedure area.
 - In the unusual circumstance that a patient is not seen in a pre-procedure or holding area and a procedure is being done under local anesthesia, the patient, physician and circulating nurse will confirm the correct person, correct site and correct procedure in the procedure room and the circulating nurse will document this confirmation process.
5. If there is missing information or a discrepancy, this must be resolved prior to initiation of the procedure.

B. Marking the Procedure Site:

1. Procedure sites are marked as "Correct" or "C" when there is more than one possible location for the procedure and when performing the procedure in a different location would affect quality or safety. Site marking will be performed with the patient involved, when possible.

Exemptions from Site Marking include:

- Midline, single organ procedures (e.g., Cesarean section, cardiac surgery)
 - Endoscopies without intended laterality
 - Special procedure cases for which the catheter / instrument insertion site is not predetermined or where the entrance site laterality is of no consequence to the procedure (e.g., cardiac catheterization)
 - Laparoscopic cases where laterality is involved, but the site is not predetermined
 - 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, and the decision and direction for which ones are to be treated is determined at some time prior to the procedure, then the sites to be treated should be marked as soon as possible after the decision is made
 - Bilateral procedures, where there is an identical procedure, surgical team and equipment, site marking is recommended but not required
 - If the individual performing the procedure is in continuous attendance with the patient from the time of decision to do the procedure through to the performance of the procedure, then site marking is not required. (i.e., PICC lines, Dialysis / other angio catheters and central lines). However, the requirements for pre-procedure verification and final "time-out" verification still apply.
2. Site identification marking for the surgical patient must be

performed by the operating physician / special procedure physician before the patient is moved to the surgical suite where the procedure will be performed, whenever possible. Site marking will be performed with patient involved, when possible.

3. If it is not feasible for the person performing the procedure to mark the site, the procedure site must be marked by a licensed independent practitioner or other provider who is privileged or permitted by the hospital to perform the intended surgical or nonsurgical invasive procedure. This individual will be involved directly in the procedure and will be present at the time the procedure is performed.

If the person marking the site is not the operating physician / special procedure physician, the operating physician / special procedure physician must personally initial the correct site as confirmation prior to the patient being anesthetized. The confirmation must be separate and distinct from the final "Time Out" verification process.

4. Any patient undergoing an inpatient or outpatient surgical or other invasive procedure where Right / Left distinction applies must have the site marked as "Correct" or "C".
5. For all cases involving multiple structures (such as digits or levels), the correct site and total number of structures must be marked for each of the areas involved in the procedure (i.e., C-3 for 3 toes).
6. The mark(s) must be positioned to be visible after the patient has his or her skin prepped, is in his or her final position, and sterile draping is completed.
7. Marking may be done with a standard surgical marking pen, so as not to cause permanent staining after the procedure. If a skin prep is required, marking will be done prior to the prep and must remain visible after the prep. Re-marking with a sterile marker may be done at the request of the operating physician / special procedure physician.
8. The mark is to be made directly on the patient's skin as near to the incision / puncture site as possible. Marking tape and attaching the tape to the patient or other similar marking methodologies are not an acceptable alternative(s).
9. All efforts should be made to comply with the above marking process; however, the patient's treatment must take precedence. If emergent treatment prevented site marking, the reason must be

documented in the medical record.

Special / Alternative Marking Procedures:

10. For spinal surgery, a two stage mark process is required. First, the general level of the procedure (cervical, thoracic, or lumbar) must be marked pre-operatively as above. If the approach involves an anterior versus posterior, or right versus left, then the mark must indicate this. Then, intraoperatively, the exact interspace(s) to be operated on should be precisely marked using standard intraoperative radiographic marking technique.
11. For facial or eye surgery, the surgeon will mark "C" over the correct side. Post- procedure post anesthetic care staff will attempt to remove any facial site identification marks.
12. For teeth, because there are times when the dentist cannot fully examine the patient or obtain radiographs prior to anesthesia, there is not always a practical or reliable method to mark the teeth that are intended for extraction. Whenever possible, the following ADA / Joint Commission recommendations will be followed:
 - Review the dental record including the medical history, laboratory findings, appropriate charts and dental radiographs. Indicate the tooth number(s) or mark the tooth site or surgical site on the diagram or radiograph to be included as part of the patient record.
 - Ensure that radiographs are properly oriented and visually confirm that the correct teeth or tissues have been charted.
 - Conduct a "time out" to verify patient, tooth and procedure with assistant present at the time of the procedure (two person rule).
13. A defined, alternative process is in place for patients who refuse site marking or cannot easily be marked under the following conditions:
 - For cases in which the patient refuses to allow site marking or when it is technically or anatomically impossible or impractical to mark the site (i.e., mucosal surfaces, premature infants), a temporary, unique band or other physical identifier will be placed on the side of the procedure containing the patient's name, date of birth / medical record #, and site.
 - The operating physician / special procedure physician must apply the band/ physical identifier.
 - For patients that refuse to allow the operating physician /special procedure physician to mark the site, this will be documented in the medical record and the patient will be asked to sign the refusal note.
 - For minimal access procedures that intend to treat a

lateralized internal organ, whether percutaneous or through a natural orifice, the intended side is indicated by a mark at or near the insertion site, and remains visible after completion of the skin prep and sterile draping.

C. "Time-Out" Immediately Before Starting the Procedure:

1. A final "time-out" verification will be completed in the operating or procedure room just prior to incision / procedure, with all members of the operative or procedure team present (i.e., operating physician(s), special procedure physician(s), anesthesia provider(s) circulating nurse, scrub nurse, resident, operating room / special procedure technician, etc.).

Whenever there is more than one procedure being performed on the same patient by separate procedure teams, there will be a time out prior to each team commencing their procedure. This does not apply to those situations where the same team is performing multiple components during a single procedure. It does apply however, to procedures requiring two separate consents. Two separate "time-outs" should occur for these situations.

2. The operating / special procedure physician, anesthesiologist, circulating nurse or special procedure nurse / technician will initiate the time-out verification process and all of the members of the team will verbally agree with the following:
 - Correct patient identity is verified
 - Confirmation that the correct side and site(s) are marked
 - An accurate procedure consent form
 - Correct procedure(s) to be done
 - Correct patient position
 - Relevant images and results are correctly labeled and appropriately displayed
 - The need to administer antibiotics or fluids for irrigation purposes
 - Safety precautions based on patient history or medication use
3. Team members are expected and encouraged to express any patient safety concerns as part of the time-out verification process.
4. 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 correct patient, procedure, and site.
5. If the patient's identity, surgical / special procedure, sites are **NOT**

in agreement, the operating physician / special procedure physician must resolve this issue prior to initiating the procedure and all team members must verbally agree.

6. The circulating nurse or special procedure nurse / technician will ensure that the final time-out verification process is documented. The documentation will note the successful completion of the time-out and not each individual component of the time-out process on the medical record.
7. No procedure will proceed if the operating physician / special procedure physician does not participate in the time-out verification process.

D. Change in Responsibility for Care:

Anytime the responsibility for care of the patient is transferred to another member of the procedural care team, (including the anesthesia providers) at the time of, and during the procedure, verification of the correct person, correct site and correct procedure will take place.



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Special Notes / Appendix

References:

1. The Joint Commission National Patient Safety Goal / Universal Protocol Standards
2. Joint Commission Frequently Asked Questions (FAQs) for the Universal Protocol, November 2008, February 2009 and March 2009
3. 2008 World Health Organization (WHO) *Surgical Safety Checklist*



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Revision History

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Contributing Authors

The following are subject matter experts who contributed to this document:

Patient Safety Officer
Universal Protocol Ad-Hoc Committee



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Requirements

Approvals: Meridian Medical Council - 3/16/09
JSUMC Medical Executive Committee - 5/12/09
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Patient Safety Administrative Leadership Team (PSALT)
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