

Section Title	Effective Date:	Page: 1	Date Revised: 8-06
NURSING - GENERAL			
Subject:			
SURGICAL PROCEDURE SITE VALIDATION			

SURGICAL PROCEDURE SITE VALIDATION

POLICY

The facility will establish guidelines to ensure that patient care and safety is maintained by verifying the operative procedure and the appropriate surgical site. Actions will be taken to verify the correct site, correct procedure and correct person. The physician making the initial incision is responsible for marking the patient with a permanent marker. This protocol will be applicable to all operative and other invasive procedures that expose patients to harm. A requirement for site marking will focus on cases involving right/left distinction, multiple structures (fingers, toes), or levels (spine).

Prior to the beginning of the procedure, the team will perform a pre-procedure "Time Out" to verbally confirm the correct person, procedure, side, site, patient position and immediate availability of correct implantable devices with the entire surgical team. The "Time Out" will be completed even when procedure site marking does not take place. If any discrepancy is noted, the procedure is not started until the discrepancy is resolved.

PURPOSE

To prevent wrong site, wrong procedure, and wrong person invasive procedures and subsequent injury to the patient. To promote the awareness of accurate verification of each procedure and site for each patient.

PROCEDURE

Pre-operative verification process

Purpose: To ensure that all of the relevant documents and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other and with the patient's expectations and with the team's understanding of the intended patient, procedure, site and, as applicable, any implants. Missing information or discrepancies must be addressed before starting the procedure.

Process: An ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the preoperative preparation of the patient, up to and including the "time out" just before the start of the procedure.

The preop verification process will occur:

- At the time the surgery / procedure is scheduled.
- During the preoperative phone interview, the nurse will verbally verify the correct procedure, including the operative site.
- At the time of admission into the facility and before the patient leaves the preop area, the nurse will verbally verify the correct procedure and site with the patient. The RN will also compare this information to the consent form, the surgeon's H&P and procedure schedule.
- And include the patient's involvement, if possible.

Marking the Operative Site

Purpose: To identify unambiguously the intended site of incision or insertion.

Process: For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal procedures), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped.

The marking process will occur:

- At or near the incision site.
- By the surgeon performing the procedure – by writing "YES" or surgeon's initials on or near the site where the procedure will be performed. The site that is marked will be visible after the patient has been prepped and draped.

Section Title	Effective Date:	Page: 2	Date Revised: 8-06
NURSING - GENERAL			
Subject:			
SURGICAL PROCEDURE SITE VALIDATION			

- Using a marker that is sufficiently permanent to remain visible after completion of the skin prep.
- With the patient involved, awake and aware, if possible.
- And be consistent throughout the organization
- Teeth - indicate operative tooth name(s) on documentation *OR* mark the operative tooth (teeth) on the dental radiographs or dental diagrams. Dental restorations will be exempt since dentists are unable to verify without x-rays, which are completed after the patient is asleep.
- Spinal Procedures –
 - ✓ Preoperative skin marking of the general level of the procedure (cervical, thoracic, lumbar) is done. When the approach involves right vs. left, then the mark must indicate this.
 - ✓ Intraoperatively, the exact interspace(s) to be operated on should be precisely marked under fluoroscopy and the “Time Out” completed at this time.

“Time out” immediately before starting the procedure

Purpose: To conduct a final verification of the correct patient, procedure, site and, as applicable, implants.

Process: Active communication among all members of the surgical/procedure team, to verbally confirm the correct person, procedure, side, site, patient position and immediate availability of correct implantable devices. The “Time Out will be completed even when procedure site marking does not take place. If any discrepancy is noted, the procedure is not started until the discrepancy is resolved.

“Time out” immediately before starting the procedure:

- Will occur in the location where the procedure will be done, just before starting the procedure.
- It must involve the entire operative team, use active communication, and be documented on the intraop record.
- It will include a review of the H&P, the consent, the schedule and any relevant images that are properly labeled and displayed.
- Be performed immediately before the start of the procedure / surgery for all patients.
- Must include:
 - ✓ Correct patient identity.
 - ✓ Correct side and site.
 - ✓ Agreement on the procedure to be done.
 - ✓ Correct patient position.
 - ✓ Availability of correct implants and any special equipment or special requirements.
- Continue until all questions or concerns of all the surgical team members are resolved.
- When multiple procedures are performed on the same patient, a “Time Out” is taken prior to each procedure.

Procedure for patients who refuse site marking

1. The patient/guardian is provided with information to understand why site marking is appropriate and desirable.
2. The implications of refusing the site markings are discussed with the patient/guardian.
3. If the patient/guardian makes an informed decision not to mark the procedure site, then the team will verify with the consent, the History and Physical and the diagnostic studies.
4. Documentation of the patient’s refusal and the actions taken will be placed in the medical record.

Training

The facility is responsible for training of staff on an initial and ongoing basis. Training is necessary to promote a high level of awareness regarding the accuracy of communication and verification of operative procedures and sites.