

1. Correct Patient, Correct Side, Correct Site, Correct Procedure and Surgical Safety Checklist Policy

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Policy Statement

Surgical and interventional procedures require Pre-Procedural Verification, Surgical Site Verification when indicated and Time Out for Final Verification and sign out when using the Surgical Safety Checklist (S.S.C)

Purpose

To define the requirements to ensure that an intended procedure is performed on the correct patient, on the correct side, at the correct site and, if applicable, with the correct implant.

Scope

All Canterbury DHB staff involved in surgical and interventional procedures. Responsibility of ensuring correct person, correct side/site and correct procedure verification rests with **all** team members. However, the person in charge of the interventional procedure carries ultimate responsibility.

Definitions

Interventional Procedure

A procedure involving any invasive contact with a patient. Examples include all surgical procedures, endoscopy, dentistry and certain radiological/diagnostic procedures.

Person Performing the Procedure

This is either the surgeon/proceduralist or his/her delegate who is performing or assisting in the surgery or procedure.

Procedure Team

The procedure team includes all health professionals participating in the delivery of care during the surgery/procedure.

Surgical Safety Checklist (S.S.C.)

Intended for use in the Operating Theatre. This includes three phases:

- **Sign In:** The period before induction of anaesthesia.
- **Time Out:** The period after induction and before surgical incision
- **Sign Out:** The period during or immediately after wound closure but before removing the patient from the operating room.

Time Out

A period of time when all members of the surgical/procedural team cease activity and participate in the positive identification of the patient, the intended procedure and visualisation of the marked site of the procedure.

Associated Documents

Canterbury DHB Volume 2 – Legal and Quality

– Informed Consent Policy

– Open Disclosure Policy

Canterbury DHB Volume 11 – Clinical

– Patient Identification Policy

– Surgical Specialities Procedure for Identifying Correct Site and Correct Side

Surgical Safety Checklist (C170005)

References

Correct Patient, Correct Procedure and Correct Site Model Policy, The Quality and Safety Branch of NSW Health, 2004, revised 2007.

Royal Australasian College of Surgeons Implementation Guidelines for Ensuring Correct Patient, Correct Side, Correct Site Surgery, September 2008.

Performance of Correct Procedure at Correct Body Site, WHO Collaborating Centre for Patient Safety Solutions, Volume 1, Solution 4, May 2007.

World Alliance for Patient Safety Implementation Manual Surgical Safety Checklist. (First Edition). 2008

1.1 Pre-Procedure Verification Process

1.1.1 Pre-admission, Prior to Procedure, Prior to Pre-medication

Step 1 – Patient Verification (includes “sign in” component of SSC)

At pre-admission, admission and any time a patient is transferred or handed over to another service or caregiver, all patients must be verified using at least two identifiers, full name, date of birth.

- Ask the patient to state, not confirm their full name, date of birth and side/site or type of procedure.

Exception

- If the patient is unable to verify their own identity, a designated representative can act on their behalf (eg. a child, patient with communication difficulties due to nationality or medical condition). If this is not possible, the patient’s identification bracelet will be checked against all available documentation.

Checking consent form or procedure request form

- The consent form must include and the patient or representative must verify:
 - Patient’s full name
 - Name and full description of procedure
 - Site of procedure
 - Side of procedure
- The site and side of the operation must be recorded in full (ie. Right or Left) and not abbreviated to R or L, whenever the side is recorded. All documentation must include side and site, including patient’s clinical record, hospital forms and operating theatre lists.

Step 2 – Marking the site/side of the surgery or invasive procedure

The site of the operation or an invasive procedure should be marked (see exceptions overleaf) with an indelible pen by the person in charge of the procedure or a delegated team member who has been fully briefed about the operation or procedure. This should occur in consultation with the patient and clinical record.

Where marking is to occur, the following process is applied:

- The mark should preferably be within the operative field that will be visible when the patient is prepped and draped.
- Mark ALL sites involving right/left distinction, multiple structures, or multiple levels.
- If imaging is used to mark the site, the proceduralist must confirm with another team member.
- The surgeon/proceduralist visibly checks the pen mark prior to commencing surgery and ensures this is in accordance with his or her intended procedure before induction of sedation or anaesthesia.
- In the event of multiple surgeries, procedures by different surgeons or proceduralists on the one patient, all relevant surgical/procedural sites must be marked prior to the first procedure. The surgeon or proceduralist marking the site(s) must be present for and participate in the “Time Out” performed for each procedure he/she marks.

The following exceptions apply where marking is not possible:

- Single organ cases which do not involve laterality (eg. caesarean section, cardiac surgery).
- Interventional cases for which the catheter/instrument site is not predetermined (eg. cardiac catheterisation, epidural/spinal, and analgesia/anaesthesia).
- Where the procedure site cannot be marked (eg. teeth), relevant radiographs or other scans must be marked to indicate the site, or a diagram clearly indicating the side/site must be included in the patient’s clinical record.
- Endoscopic or other procedures done through a midline orifice.
- Premature infants where marking may cause permanent tattoos.
- Situations in which the primary pathology itself is plainly visible (eg. single laceration).
- If the site is traumatic (eg. obvious surgical site).
- When the operative pathology has been identified by real time imaging (eg. frameless stereotactic neurosurgical procedures or micro calcifications in a breast biopsy).

- Life threatening emergency when any delay in initiating surgery or the procedure would compromise the safety or outcome of the patient.
- When movement of a patient to create a marking would compromise the safety or outcome of the procedure (eg. unstable spine fracture).

If there is a situation that prevents marking of the procedural site, this must be documented in the clinical record.

If a patient is unable to verify the correct side, site, all responsible personnel shall verify the correct side, site by using all relevant documentation and consult the patient's representative at signing of the consent, if available.

If a discrepancy is discovered between the consent, clinical record and marked procedural site, then all proceedings must cease. Any intervention must not resume until the discrepancy is resolved.

1.1.2 Prior to Entering Operating Theatre, Procedure Room, Prior to Pre-medication

Step 3 – Confirming Patient Identification

- The patient involved should be awake and aware, if possible.
- Ask the patient to state **not confirm** their full name, date of birth and side/site or type of procedure.
- Ensure all the relevant patient documents are available and the correct patient side/site of procedure and implant (if required) is consistently documented.
- Ensure discrepancies are addressed before commencement of the procedure.
- Incorrect documentation must be changed and signed and an explanation of the inconsistency documented in the patient's clinical record by the surgeon or proceduralist before proceeding further.

1.1.3 Final Verification Immediately Prior to Starting the Procedure

Step 4 – “Team Time Out” (includes “time out” component of SSC)

- The “Time Out” must be conducted in the room where the procedure will be done, immediately before starting the procedure and prior to positioning the patient.

- The proceduralist and key staff directly involved in the procedure must **verbally confirm** through a “Team Time Out” when all other activity in the procedure room is stopped:
 - Correct patient identity using at least two patient identifiers, full name and date of birth, confirm NHI.
 - Intended procedure(s)
 - Correct side and site.
 - Correct patient positioning
 - Availability of any prostheses/implant and/or specialised equipment if required.
- Staff will report that “Time Out” has occurred by documenting in the clinical record.
- If multiple procedures are to occur, the proceduralist and key staff must specifically confirm each individual procedure site immediately prior to commencing that procedure.
- Success is totally reliant on active communication amongst all members of the procedure team. “Time Out” should be consistently initiated by a designated member of the team (team leader).
 - The procedure will not commence until all questions and concerns are resolved. If the surgeon or proceduralist remains uncertain of the side/site of the procedure or the side/site differs from that previously discussed with the patient, the procedure must be postponed or cancelled.

If any member of the team believes the incorrect patient, side, or site is being prepared for surgery, they should immediately voice their concerns. There should be no criticism of persons raising their concerns even if their concerns prove unfounded.

Confirming Imaging Data

If imaging data are used to confirm the site or procedure, two or more members of the team must confirm the images and reports are correct and properly labelled.

Exceptions:

In emergencies, life or limb threatening situations, some of these steps may be omitted.

Step 5 – “Sign Out” component of SSC

- At completion of the procedure prior to the patient leaving the operating theatre.

1.2 In the Event of Wrong Patient, Wrong Side/Site or Wrong Procedure Incident

An immediate plan to rectify the mistake will be made by the most senior member of the procedural team.

- The patient and the patient's family must be fully informed – refer to the Open Disclosure Policy.
- An incident form will be completed and an appropriate review undertaken.
- Appropriate details will be recorded in the patient's clinical record.
- A claim will be completed for ACC Injury by Treatment, if applicable.
- The adverse event will be discussed at appropriate patient safety or clinical review meetings.

Policy Owner	Quality & Risk
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