**Site Verification and Time Out**

# POLICY:

All patients presenting to the ASC for a procedure have identification, procedure, and surgical site verified.

This policy includes all procedures including those that involve left/right distinction, multiple structures (such as fingers and toes), or levels (as in spinal procedures).

# PURPOSE:

To ensure verification of the correct patient, procedure anatomical site and/or side, equipment and/or implants **(ASC to specify per specialty)**

# PROCEDURE:

Verification of the patient, surgical site, and anticipated procedure is accomplished by:

* Confirming the patient's identity using two (2) or more pre-designated identifiers (excluding room number, surgery schedule, or bed placement). Confirmation is conducted by asking the patient to state first and last name plus identifier (i.e. date of birth).
* Reviewing the informed consent, facility consent, history and physical, and physician's orders, as applicable
* Involving the patient and/or a family member/significant other in the verification process prior to pre-operative medication, sedation and anesthesia
* Verifying patient's identification to the applicable chart documents
* Notifying the surgeon of any discrepancies between patient identification, the chart

documents, and the scheduled posting

* Verification (time out) of the correct patient, correct procedure and correct site, equipment and implants in the operative suite/procedure room with the surgeon/physician and the surgical team after prep and drape and immediately prior to incision or insertion of an instrument.
  + The **definition of the surgical team** consists of **(ASC to specify per specialty)** the surgeon, physician, circulating nurse, surgical technologist, endoscopy technician, anesthetist, physician’s assistant, nurse practitioner, this includes and any active participants who will be participating in the procedure from the beginning.

The verification process begins at the time the procedure is scheduled in the ASC, prior to coming to surgery/procedure.

The verification process continues throughout the pre-operative process as outlined below, as well as anytime a change in caregiver is made.

The following marking procedure applies to all surgical cases/procedures in which there exists a right or left operative choice (example: kidneys, arms, legs, hernia sites), multiple structures (such as fingers and toes) or levels (as in spinal procedures).

Upon initial verification of site, the operative site is marked by the person performing the procedure using his/her initials. This marking is placed at or near the site with indelible surgical marking pen directly on skin surface. Procedures involving the facial area, ear or eye are marked with indelible surgical marking pen or semi-permanent tattoo. Dental procedures are exempt from the site marking process; however, the dental diagram or radiograph is marked and included as part of the patient record. Procedures involving midline incisions/insertion sites but are intended to treat an organ that is "right" or "left" are marked to indicate the correct side of the proposed procedure and are visible after the patient is prepped and draped, Final confirmation of the correct operative site/side and implants is the responsibility of the surgeon.

For pain procedures, the side(s) and general area(s) (i.e., cervical, thoracic, or lumbar) are marked by the person performing the procedure using his/her initials. Further site identification can be accomplished by the use of fluoroscopy.

The surgeon documents the correct operative site in the medical record prior to the consent being completed. This documentation is found in the physician's orders, the physician's informed consent, or in the completed history and physical. Surgical/procedure posting schedules or boards are checked and corrected but are NEVER relied upon as a sole source of operative site information. In the event that this information is not provided, the surgeon is contacted to provide this information.

Procedures, such as some urology and orthopaedic cases that utilize radiology studies to determine the operative site/side, do not commence until the surgeon has verified radiological findings. For dental cases verification can be made with radiology or dental diagram.

**During pre-admission**, the pre-operative assessment nurse includes verification of the correct patient, correct procedure, and correct operative site in the pre-operative assessment checklist. The nurse:

* Confirms the identity of the patient using two identifiers
* Confirms the correct site and procedure with the patient or patient's representative
* Confirms that the consent is complete, accurate, and identifies the appropriate side
* Confirms the patient, procedure and site with physician's documentation: Physician's orders, history and physical, and informed consent.

In the event of a discrepancy between the consent, history and physical, X-ray, or patient's verification, the surgeon or physician performing the procedure is contacted for clarification.

**In the pre-operative holding area**, the pre-operative holding area nurse and the operating room circulating nurse include verification of the operative site in the pre-operative assessment/checklist. These nurses:

* Confirm the identity of the patient using two identifiers
* Confirm the correct site and surgical procedure with the patient or patient's representative
* Confirm that the consent is complete, accurate, and identifies the appropriate side
* Confirms the patient, procedure, and site with physician's documentation: Physician's orders, history and physical, and informed consent.
* Confirm all equipment necessary for performing the scheduled procedure is immediately available in the operating/procedure room.
* Confirm that implantable devices intended to be used during the procedure are prepared before the procedure and available.

In the event of a discrepancy between the consent, history and physical, X-ray, or patient's verification, the surgeon is contacted for clarification. The surgery/procedure does not commence until all discrepancies are resolved.

For ophthalmology cases, the operative eye is marked pre-operatively by nursing personnel prior to administration of eye drops.

Once the correct site of surgery has been identified as indicated above, the person performing the procedure marks the operative site with his/her initials only. This marking is placed at or near the site with indelible surgical marking pen directly on the skin surface. The nurse documents in the nurses' notes or pre-operative checklist that the surgical site/side was confirmed and marked.

Patients who refuse marking have a verbal verification of surgical site by the surgical team and operating physician. The use of alternate methods, such as adhesive site marker, are discussed with the patient.

Every attempt is made to designate the correct site.

**Regional block in the pre-operative area/procedure room**--the staff nurse asks those present in the room or at the bedside, if applicable, to pause, and the anesthesiologist (or surgeon if applicable) verbally verifies the patient identification, intended procedure, and correct surgical/procedure site with the patient's record and the surgical team before the administration of the regional block. The staff nurse documents this "time out" in the pre-operative record and documents that the verification was confirmed by the anesthesiologist/surgeon before the administration of the regional block.

**In the operating room/procedure room--**Immediately prior to beginning the procedure, the provider performing the procedure assumes responsibility for the time out and engages the entire surgical team. With all personnel present giving their full attention, the circulating nurse asks the surgical/procedural

team to pause for a "time out." The circulator verbally verifies with the surgical team the patient identification, intended procedure, correct surgical/procedure site, and implants. The time-out occurs after surgical site preparation and draping and immediately prior to incision, insertion of an instrument, or start of the procedure. The circulating nurse documents the "time-out" in the operating room/ procedure record. Additional verification is made of patient position, implants or use of other specialized equipment. A Safety Checklist is utilized to enhance communication among caregivers and to confirm critical patient information during the following periods while the patient is in the operating/procedure room: a) prior to the administration of anesthesia/sedation, b) prior to incision or start of the procedure, and c) prior to the patient leaving the OR or procedure room.

In the event that the nurse is unable to resolve a site verification issue with the surgeon/physician (Example: patient/patient representative and surgeon do not agree on site), the nurse immediately notifies the ASC Administrator/CEO and follows the facility chain of command policy to resolve the issue prior to starting the surgery/procedure. The operation/procedure does not commence until all discrepancies are resolved.

Staff are encouraged to keep all eyes on the first invasive move to ensure proper execution. If any interruptions have occurred, the "time-out" is repeated.

***Anesthesia "Time Out" (FLORIDA)***

*In the Operating Room/Procedure Room, the anesthesia provider and the circulating nurse pause prior to induction and verbally verify the patient identification, planned anesthesia, intended procedure and correct surgical/procedure site with the patient's record. This "anesthesia time-out" is documented in the anesthesia record.*

# REFERENCES:

AORN Official Statement on Correct Site Surgery Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery, 2009

The Joint Commission (TJC) Universal Protocol

Who Safe Surgery Checklist 2008