WRONG SITE PREVENTION

ARE YOU FOCUSED ON LIVING THE MISSION?
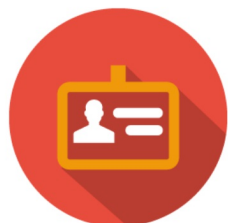
EVERY PATIENT DESERVES AN ERROR-FREE EXPERIENCE!

5 Steps
to Assure a Relentless Commitment to Safety

## 1. Patient Identification:

- Each team member uses two standardized patient identifiers (Example: name and DOB)

- Identifiers should be unambiguous (never change)

- Caregivers should ask the two identifiers, not tell or suggest

2. Pre-Procedure Site Verification:

- Includes everyone because every person is a patient advocate!

- Begins at scheduling, continues through insurance verification, PAT, registration, Pre-Op, & OR

- Includes patient input but does not rely on them as the sole verifier

- All paperwork is cross-referenced for accuracy

3. Site Marking:
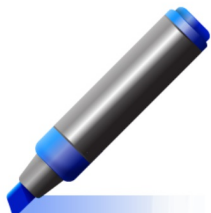
- Mark must be unambiguous (use initials only)

- Marking must be made at or near the procedure site and sufficiently permanent to be visible after prepping & draping

- Performed by physician with his/her initials only

- Includes patient involvement but patient does not mark site

- Anesthetic blocks require site marking

4. Time Out:

- Performed prior to every procedure, incision, injection (including anesthesia blocks)

- Includes engagement by the entire procedural team; "all eyes on the field"

- Performed after prepping/draping

- Best practice includes physician stating, "I see the mark"

- Condensed time out to occur prior to each additional procedure, injection, incision, or prior to inserting an implant

5. Patient Advocacy: Speak Up & Stop-the-Line

- Ensure every team member is empowered and supported to Stop the Line
- Establish direct phrasing that all employees know and understand (Speak UP, CUS, etc.)
- Practice using mock scenarios and perform competencies to drive engagement