LETTER TEMPLATE

TO: Medical Staff, Surgical Services and Procedural Area Professional Staff

FROM: Chief Executive Officers and Chief Medical Officers of Indianapolis Area Hospitals

DATE: Day – Month – Year

RE: Universal Protocol Policy

The Indianapolis Coalition for Patient Safety was formed in 2003 with the mission of making the greater Indianapolis area a safer community in which to receive healthcare in the hospital setting. The membership includes Clarian Health, Community Health Network, St. Francis Hospital and Health Centers, St. Vincent Health, Wishard Health Services, Roudebush VA Medical Center and the Suburban Health Organization member hospitals.

We recognize that having a standardized approach to key safety processes such as unsafe abbreviations and the Universal Protocol for invasive procedures can benefit all patients, physicians, staff and leadership. In response to the 2007 Indiana Medical Errors Report and the changes in the 2009 Joint Commission's National Patient Safety Goals regarding the Universal Protocol, we have chosen to unite on this effort to continue making Indianapolis a safer place to receive healthcare. As such, we will be implementing a Coalition "Universal Protocol" policy throughout our membership. Implementation planning has already begun, but we will need the support of our medical staffs to achieve successful execution of this policy. The new policy is attached for your information.

If you have any questions regarding the policy, please contact the Chief Medical Officer or medical director of your hospital. We look forward to your support of this policy uniformly throughout the greater Indianapolis area member hospitals.

Sincerely,

Hospital CEO   Hospital CMO

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Director of Surgical Services/appropriate
Invasive procedure leadership

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Document:	Universal Protocol Policy
Author:	Coalition Periop Group
Revision Date:	23 September 2008
Approval Date:	XX – Month – 2008

UNIVERSAL PROTOCOL POLICY

I. PURPOSE

To provide the safest possible surgical and procedural care for all patients in central Indiana by providing guidelines for the verification and documentation of correct patient identity , procedure, surgical site and time-outs.

II. SCOPE

All procedural areas

III. PROCEDURE

A. Pre-procedural unit

1. With the patient or representative involved, awake and aware if possible, the RN will:
   - **a.** Verify the patient's identity using two (2) forms of identification
   - **b.** Verify the surgical procedure, location, any known allergies, a Consent for Procedure has been signed and the H&P is verified as current.
2. With the patient or representative involved, awake and aware if possible, the procedural site(s) is to be marked prior to the patient leaving the pre-procedural area.
   - **a.** The site may only be marked by the physician performing the procedure and will be present at the time the procedure is performed.
   - **b.** The site is to be marked with the word "**YES"** to indicate appropriate site using a skin marker that is sufficiently permanent to remain visible after completion of skin prep and sterile draping. In addition, the physician may place their initials adjacent to the "**YES**" marking.
   - **c.** Sites are required to be marked with regard to laterality (right vs. left distinction), multiple structures (fingers, toes), and general spinal regions (cervical, thoracic, lumbar). Incision sites in the mid-line or though a natural orifice must be marked with laterality noted for paired structures.
   - **d.** Document in medical record.

3. Prior to the patients arrival in the procedural area a checklist is completed (but not necessarily in the pre-procedural area) to verify the following items are available and accurately matched to the patient:
    a. Correct diagnostic and radiology test results, any required blood products, implants, devices and/or special equipment if applicable
    b. Relevant documentation regarding patient identity and procedure(s) to be performed

B. Upon arrival in the procedural area

1. With the patient involved, awake and aware if possible, the circulating RN will:
    a. Verify with the patient and anesthesiologist if applicable, the patient's identity, procedure to be performed, and any known allergies.

C. "Time-out" prior to initiation of procedure

1. Immediately prior to the initiation of the procedure, with the full procedural team present, the physician will initiate the time-out. If the physician does not take ownership of this process, the circulating RN will be charged with initiating this process.
2. The time-out involves verbal acknowledgement by every member of the team where any member is open and able to express concerns about procedure verification.
3. The initiator of the time-out will verbally verify with the entire team:
    a. Correct patient identity using two (2) identifiers
    b. Agreement on the procedure to be performed and accurate consent has been signed
    c. Correct side and site have been marked if applicable and correct patient position
    d. Verify and document the name of the pre-procedural antibiotic (if applicable) and the time it was started
    e. Confirm the need to administer antibiotics or fluids for irrigation purposes if applicable
    f. Confirm any safety precautions based on patient history or medication use if applicable
    g. Verify all relevant images and results are properly labeled and appropriately displayed
4. If any verification process fails to identify the correct site by any member of the team, all activities are halted until the discrepancy can be resolved and documented.
5. The entire time-out process is to be documented in the medical record.
6. When a single patient is undergoing multiple procedures that include a change in position/physician/procedure then a time-out is conducted just prior to each change. Each time-out is documented separately.

D. Closing "Time-out" and verification of counts

1. Prior to closure (if applicable), the physician or circulating RN will initiate a time-out to verbally confirm:
    - a. A review of consent and procedures completed
    - b. All specimens are identified, accounted for and accurately labeled
    - c. All foreign bodies have been removed
2. Once the counts are complete, the circulating RN or designee will ask the physician or designee (e.g. fellow, resident, first assistant, NP, PA etc.) to verbally acknowledge once the counts are complete and correct.

IV. EXCEPTIONS

A. To site marking:

1. Teeth must be identified and documented on the appropriate record using either a dental radiograph or a dental diagram.
2. Premature infants, for whom the mark may cause a permanent tattoo.
3. Interventional procedures where the catheter/instrument insertion site is not predetermined
4. Cases where it is technically or anatomically impossible or impractical to mark the site (mucosal surfaces, perineum, or obvious deformities)
    - a. An alternative method for visual identification of correct side and site may be used
    - b. Placement of a temporary unique wrist band on the side of the procedure containing patient's name and use of a second identifier for the intended procedure and site.
5. Cases where there is an immediate threat to life that would preclude site marking

B. To time-outs

1. Cases where there is an immediate threat to life that would preclude all but the following:
    - a. An abbreviated time-out may be performed to verify patient identity, correct site and side

V. REFERENCES

National Patient Safety Goals. Joint Commission on Accreditation of Hospitals and Health Care Organizations, 2009.

AORN Standards, Recommended Practices and Guidelines. Association of PeriOperative Nurses, 2008.

VI. APPROVAL SIGNATURES