

Operating Theatre Manual
Prevention of Incorrect Surgery and Ensuring correct patient, procedure and site (Surgical team time out)

HOSPITAL POLICY NO: **OT 065 / NCPS 112**

Legislation: Australian Commission on Safety and Quality in Health Care. *Safety and Quality Improvement Guide Standard 5: Patient Identification and Procedure Matching (October 2012).*

POLICY STATEMENT

Procedures and Guidelines are followed in the Operating Theatre to ensure that the correct patient receives the correct procedure on the correct site. Every member of the Operating Theatre team has a duty to be aware that the correct patient, side and site are operated on.

OUTCOME STATEMENT

Incorrect surgery is prevented by the implementation of guidelines which ensure confirmation of the correct patient, procedure and site.

PROCEDURE

The 5 Step protocol ensures correct patient, correct site and correct procedure:

- **Correct and Complete CONSENT / Procedure forms complete, correct and unabbreviated**
- **PATIENT IDENTIFICATION correct**
- **Surgeon MARKS THE SITE**
- **Surgeon MARKS THE SIDE**
- **IMAGING DATA correct**

1. Correct and Complete CONSENT / Procedure forms complete, correct and unabbreviated

- The Surgeon denotes the Site and side of the operation in full i.e. Right or Left (not abbreviated to R or L) on the Booking Slip

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<i>Developed By:</i> Peri Operative Services Manager	
<i>Authorised By:</i> Executive Committee	
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- All documentation including the patient notes, hospital forms and operating theatre lists, must record side/site in full i.e. RIGHT or LEFT whenever recorded
- On completion of the Preoperative Checklist MR 6D.1, the Anaesthetic Nurse confirms that the consent form is complete including the name and reason for the procedure, the patient's full name and the signature consenting to the procedure
- The Anaesthetic Nurse as part of the completion of the Preoperative Checklist MR 6D.1 confirms that all appropriate Diagnostic Images have accompanied the patient and are available prior to the procedure. The Anaesthetic Nurse confirms with the surgeon that the Imaging Data is correctly labelled with the correct patient details and SITE/site

2. PATIENT IDENTIFICATION correct

The Surgeon, after patient consent has been checked to be complete and accurate, verifies with the unsedated patient (or a patient's designated representative e.g. Parent of child, spouse of someone whom is unable to answer for self):

- Asks patient to STATE their full name
- The NAME of the PROCEDURE
- SITE of the procedure and
- SIDE of the procedure

3. Surgeon MARKS THE SITE

- The Surgeon or representative in consultation with the patient and their Medical Record, when satisfied on which side and site the procedure is to be performed, MARKS THE SITE/SIDE of the procedure with an indelible pen. The mark should be within the operative field and should be INITIALLED by the Surgeon making the mark.
- Multiple operation sites must be individually marked.
- As per Royal Australasian College of Surgeons Guidelines, private body parts such as the Penis and Vagina are not marked.
- The Pen Mark is checked by the Anaesthetic Nurse as part of the Preop Checklist MR 6D.1 before the patient enters the Operating Room.
- On entering the Operating Room the Scrub Nurse verifies the Pen Mark with the Scout Nurse
- The Surgeon visibly checks the Pen Mark prior to commencing surgery and ensures that this is in accord with the intended operation BEFORE induction of anaesthesia

4. FINAL CHECK by the Surgical Team

- A final check of the correct patient, procedure and site are made prior to induction. All activity in the theatre must stop. The Surgical team (Scrub Nurse, Anaesthetic Nurse, Scout Nurse Anaesthetist as minimum team members), take 'time out' and:

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- Verify the correct PATIENT
 - Ask the non-sedated patient/patient representative to: state their full NAME, name of the PROCEDURE, SITE/SIDE of the procedure
 - Check that the patient identification wrist band corresponds to the OT list
- Verify the correct SITE has been marked accurately and corresponds to the OT list and consent
- Verify the correct PROCEDURE to be performed
 - Compare consent to OT list
- IMAGING DATA/Xray/Scans: if imaging data is to be used to confirm the site or procedure, 2 members of the surgical team must confirm that the images are correct and properly labelled
- IMPLANTS: the availability of the correct prosthesis required for the procedure, where required, must be verified by the Scrub Nurse and Surgeon

The Final Check is to be documented on the appropriate Final Check section of the Intraoperative Report MR 6E by the Anaesthetic Nurse and countersigned by the Scout Nurse/Scrub Nurse or Anaesthetist.

- If the Final Check, Prevention of Incorrect Surgery Guidelines are not followed, the Scrub Nurse must complete an Incident Form

5. Completion of WHO Surgical Safety Checklist

- If imaging data is to be used to confirm the site/procedure, 2 or more members of the team must confirm the images are correct and properly labelled
- IMAGING: the Surgeon and Scrub Nurse must confer that the appropriate images are available, and confirm the site and side of the proposed surgery
- IMPLANTS: the Surgeon and Scrub Nurse must check the presence and appropriateness of implants in the Operating Theatre complex before the anaesthetic commences
- At all stages in the prevention of incorrect surgery process, there should be consistency of documentation of site/side. If any inconsistency arises, the OPERATION SHOULD BE SUSPENDED and the incorrect documentation should be changed and signed and an explanation of this written by the Surgeon in the patients Medical Record before proceeding with the surgery. An Incident form will be completed. If the Surgeon remains uncertain of the Site/side of surgery or the site/side differs from that previously discussed with the patient, the procedure should be postponed.
- If the Prevention of Incorrect Surgery Guidelines are not followed, the Scrub Nurse completes an Incident Form
- EMERGENCIES: in life or limb threatening emergency, some of these steps may be omitted

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REFERENCES

- Royal Australasian College of Surgeons, 2006; Implementation Guidelines for Ensuring Correct patient, correct side and correct site surgery, October 2006
- World Health Organisation (WHO) Surgical Safety Checklist, 2006.

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