


<b>Name of Policy:</b> <u>Universal Protocol Policy-Comprehensive Surgical Checklist</u> <b>Policy Number:</b> 3364-100-53-05 <b>Department:</b> Hospital Administration <b>Approving Officer:</b> Chief Executive Officer - UTMC <b>Responsible Agent:</b> Chief Medical Officer <b>Scope:</b> The University of Toledo Medical Center and its Medical Staff	  <b>Effective Date:</b> 12/01/2018 <b>Initial Effective Date:</b> 5/11/2005
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

It is the policy of the Medical Staff and the University of Toledo Medical Center (UTMC) that healthcare providers follow the standards set forth in this document.

**(B) Purpose of Policy**

The purpose of this policy is to establish processes and highlight responsibilities for conducting the UTMC Comprehensive Surgical Checklist. This checklist is designed to ensure patient safety.

**(C) Procedure**

1. **Comprehensive surgical checklist.** Informed by the World Health Organization (WHO) and the Joint Commission Universal Protocol, the UTMC Comprehensive Surgical Checklist serves to ensure patient safety. There are four key elements to the checklist: Pre-procedure check-in, Sign-In, Time-Out, and Sign-out. All four portions will be completed.

The Attending Surgeon is responsible for the overall completion of the UTMC Comprehensive Surgical Checklist.

2. **Pre-procedure check-in.** All items will be completed and discrepancies rectified before moving to the next step.
  - a. Location-takes place in the preoperative ready area
  - b. Team members-Circulating Nurse and Anesthesia Provider; and the patient or his/her representative
  - c. Team member responsible for completion- Circulating Nurse
  - d. Key actions:
    - i. Circulating Nurse and Anesthesia Provider confirm:
      1. Patient identity using two patient identifiers
      2. Procedure and procedure site
      3. Completion of consent form(s) (Policy 3364-100-10-01)
      4. Procedure site has been marked by the Attending Surgeon/designee (see below).
    - ii. Circulating Nurse ensures the completion or confirms the presence of:
      1. History and Physical (Policy 3364-100-45-18)
      2. Patient allergies
      3. Preoperative antibiotics ordered and initiated
      4. Nursing assessment
      5. Risk of blood loss and need for blood products
      6. Special equipment present (e.g., devices, implants)
3. **Sign-In.** All items will be completed and discrepancies rectified before moving to the next step.
  - a. Location-takes place in the operating room, before the induction of anesthesia, and before skin prep and draping
  - b. Team Members-Circulating Nurse, Anesthesia Provider, and the Attending Surgeon

- c. Team member responsible for completion- Circulating Nurse
  - d. Key actions:
    - i. Circulating Nurse and Anesthesia Provider:
      - 1. Confirm patient identity
      - 2. Confirm procedure and procedure site
      - 3. Confirm completion of consent form(s) (Policy 3364-100-10-01)
      - 4. Confirm completion of history and physical
      - 5. Complete fire risk assessment
    - ii. Attending Surgeon or Designee:
      - 1. Confirms relevant images are displayed and labeled
      - 2. Addresses equipment (e.g., implants)/medication concerns
      - 3. Conveys critical information or non-routine steps
      - 4. Ensures the surgical site is marked and visible
    - iii. Anesthesia Provider reviews and addresses anticipated critical events including:
      - 1. Antibiotic prophylaxis completed before incision
      - 2. Additional patient concerns
4. **Time-Out.** All items will be completed and discrepancies rectified before moving to the next step. All activities will be suspended during the Time-Out.
- a. Location-takes place in the operating room *immediately before procedure or incision*. This may occur prior to skin preparation and draping (e.g., Orthopedic manipulation).
  - b. Team Members-Circulating Nurse, Anesthesia Provider; and the Attending Surgeon
  - c. Team member responsible for completion- Attending Surgeon
  - d. Key actions:
    - i. All Team Members:
      - 1. Introduction of Team Members
      - 2. Confirm correct patient
      - 3. Confirm correct side and site
      - 4. Confirm correct procedure
      - 5. Confirm correct position
    - ii. Circulating Nurse:
      - 1. Confirms Time-Out is completed
      - 2. Documents Time-Out completion
5. **Sign-Out.** All items will be completed and discrepancies rectified before leaving the OR.
- a. Location-takes place in the operating room.
  - b. Team Members-Circulating Nurse and the Attending Surgeon or Designee
  - c. Team member responsible for completion of process- Circulating Nurse
  - d. Key actions:
    - i. Circulating Nurse confirms:
      - 1. Recording of the name of the operative procedure
      - 2. Completion of sponge, sharp, and instrument count (Policy 3364-124-02)
      - 3. Specimens identified and labeled (Policy 3364-107-112)
      - 4. Equipment problems that need addressed
      - 5. Discussion and documentation of wound classification
    - ii. Circulating Nurse and Attending Physician address:
      - 1. Key concerns for recovery and post-operative management
6. **Marking the procedure site.**
- a. The Attending Surgeon or designee performing the procedure will mark the procedure site(s) in the preoperative ready area before the patient is taken to the operating room or the procedure area.
  - b. Marking the procedure site will be carried out with the active involvement of the patient or his/her representative. The patient will be awake and fully conscious. (Exceptions would be a confused patient).
  - c. The Attending Surgeon or designee performing the procedure will mark the procedure site(s) with his/her initials using a surgical marker. Do not mark with an "X".

- d. The site mark(s) must be visible during the surgery or procedure.
  - e. During the timeout, the Attending Surgeon will confirm the site mark.
  - f. Site marking applies to all surgeries or procedures that involve laterality (e.g., limb or pair of organs), multiple surfaces or structures (e.g., flexor/extensor, skin lesions, fingers/toes) or levels (e.g., spine). For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level. Other exceptions to marking include repeat procedures where the site has already been marked, or when only one site is possible (e.g., one external fixator; single limb; or readily identifiable).
  - g. When it is technically or anatomically impossible or impractical to mark the site (e.g., mucosal surfaces, perineum, teeth, premature infants and where marking might permanently discolor the skin), or a patient refuses site marking, the UTMC form with anatomic diagrams will be used to mark the correct site. The form will be signed, timed and dated by the Attending Surgeon or designee performing the procedure. The site marking on the diagram will be confirmed by the team during the Pre-procedural check-in and the time-out.
  - h. Life threatening emergencies, as determined by the Attending Surgeon, may exempt the patient from site marking.
7. The definition of surgical or other invasive procedures for application of Universal Protocol Policy-Comprehensive Surgical Checklist are located in the appendix.
8. The Circulating Nurse is responsible for the documentation and completion of the UTMC Comprehensive Surgical Checklist.

<p><b>Approved by:</b></p> <p><u>/s/</u> <span style="float: right;"><u>11/30/18</u></span>                  Daniel Barbee, MBA, BSN, RN, FACHE                  Chief Executive Officer - UTMC                  Date</p> <p><u>/s/</u> <span style="float: right;"><u>11/30/18</u></span>                  Michael Ellis, MD                  Chief Medical Officer - UTMC                  Date</p> <p><i>Review/Revision Completed By:                  Surgical Services Administrator                  Chief of Staff</i></p>	<p><b>Review/Revision Date:</b>                  6/25/2008                  5/27/2009                  6/22/2011                  6/1/2014                  11/28/2018</p> <p><b>Next Review Date:</b> 11/01/2021</p>
<p><b>Policies Superseded by This Policy:</b></p>	

## APPENDIX

### DEFINITION OF SURGICAL OR OTHER PROCEDURES FOR APPLICATION OF UNIVERSAL PROTOCOL

**NOTE of CLARIFICATION: This list is not all inclusive but is representative of the more common invasive procedures. All invasive procedures require**

1. Surgical or other invasive procedures are those involving a skin incision or puncture including insertion of an instrument or foreign material into the body. These procedures expose patients to more than minimal risk and may be performed in settings other than the operating room such as a special procedures unit, endoscopy unit, or interventional radiology suite and include, but are not limited to:
  - a. open surgical procedures
  - b. percutaneous aspiration of body fluids through the skin (e.g., arthrocentesis, bone marrow aspiration, lumbar puncture, paracentesis, thoracentesis, suprapubic catheterization, and needle biopsy);
  - c. biopsy (e.g., breast, liver, muscle, kidney, genitourinary, prostate, bladder, skin, bone marrow);
  - d. cardiac procedures (e.g., cardiac catheterization, cardiac pacemaker implantation, angioplasty, stent implantation, intra-aortic balloon catheter insertion);
  - e. central vascular access device insertion (e.g., Swan-Ganz catheter, percutaneous intravascular catheter (PIC) line, Hickman catheter);
  - f. electrocautery of skin lesion;
  - g. endoscopy (e.g., colonoscopy, bronchoscopy, esophagogastric endoscopy, cystoscopy, percutaneous endoscopic, transesophageal, gastrostomy PEG), and J-tube placements, nephrostomy tube placements);
  - h. laparoscopic surgical procedures (e.g., laparoscopic colectomy, laparoscopic nephrectomy);
  - i. arthroscopy;
  - j. invasive radiology procedures (e.g., angiography, angioplasty, percutaneous biopsy);
  - k. laser therapy (e.g., eye, ear, nose, and throat);
  - l. Dermatology procedures (biopsy, excision and deep cryotherapy for malignant lesions - excluding cryotherapy for benign lesions);
  - m. invasive ophthalmic procedures, including miscellaneous procedures involving implants;
  - n. oral surgical procedures including tooth extraction and gingival biopsy,
  - o. Podiatric invasive procedures (removal of ingrown toenail, etc.);
  - p. skin or wound debridement performed in an operating room;
  - q. high risk chemotherapy i.e. vincristine
  - r. nerve blocks
  - s. interventional pain procedures
  - t. injections of any substance into a joint space or body cavity;
2. Certain procedures will also be included because of their potential for patient risk and use of technology that is invasive, but does not involve a skin puncture or incision. These include but are not limited to:
  - a. radiation therapy
  - b. lithotripsy
  - c. Vinca alkaloids.

# UTMC COMPREHENSIVE SURGICAL CHECKLIST

Place Patient ID Sticker Here

PREPROCEDURE CHECK-IN	SIGN-IN	SIGN-OUT
<b>Location:</b> Preoperative Ready Area	<b>Location:</b> Operating Room	<b>Location:</b> Operating Room
<b>Team:</b> Circulating Nurse and Anesthesia Provider <b>Responsible agent:</b> Circulating Nurse	<b>Team:</b> Circulating Nurse, Anesthesia Provider, Attending Surgeon or Designee <b>Responsible agent:</b> Circulating Nurse	<b>Before the Patient Leaves the OR</b> <b>Team:</b> Circulating Nurse and Attending Surgeon or Designee <b>Responsible agent:</b> Circulating Nurse
<b>Circulating Nurse and Anesthesia Provider confirm:</b> Patient Identity <input type="checkbox"/> Yes Procedure and procedure site <input type="checkbox"/> Yes Consent(s) <input type="checkbox"/> Yes Site is marked and visible <input type="checkbox"/> Yes <input type="checkbox"/> N/A by Attending Surgeon or designee	<b>Introduction of team members</b> <input type="checkbox"/> <b>Circulating Nurse and Anesthesia Provider confirm:</b> Patient Identity <input type="checkbox"/> Yes Procedure and procedure site <input type="checkbox"/> Yes Consent(s) <input type="checkbox"/> Yes History and physical <input type="checkbox"/> Yes Fire risk assessment and discussion completed <input type="checkbox"/> Yes	<b>Circulating Nurse confirms:</b> Name of operative procedure recorded: _____ Completion of sponge, sharp, and instrument counts <input type="checkbox"/> Yes <input type="checkbox"/> N/A  Specimens identified and labeled <input type="checkbox"/> Yes <input type="checkbox"/> N/A  Equipment problems <input type="checkbox"/> Yes <input type="checkbox"/> N/A  Wound Classification <input type="checkbox"/> Yes
<b>Circulating Nurse confirms presence of:</b> History and physical <input type="checkbox"/> Yes  Patient allergies <input type="checkbox"/> Yes <input type="checkbox"/> N/A  Preoperative antibiotic ordered and started <input type="checkbox"/> Yes <input type="checkbox"/> N/A  Nursing assessment <input type="checkbox"/> Yes  Blood products <input type="checkbox"/> Yes <input type="checkbox"/> N/A # of units available _____  Special equipment (devices, implants) present <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>Attending Surgeon or Designee:</b> Relevant images properly labeled and displayed <input type="checkbox"/> Yes <input type="checkbox"/> N/A Special equipment/medication concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A Implants and devices <input type="checkbox"/> Yes <input type="checkbox"/> N/A Site is marked and visible <input type="checkbox"/> Yes <input type="checkbox"/> N/A Skin prep plan confirmed <input type="checkbox"/> Yes  <b>Anesthesia Provider:</b> Antibiotic prophylaxis completed before incision <input type="checkbox"/> Yes <input type="checkbox"/> N/A Additional patient concerns <input type="checkbox"/> Yes <input type="checkbox"/> N/A	<b>All team members:</b> What are the key concerns for recovery and management of this patient? _____ _____ _____
	<b>TIME-OUT</b> <b>Immediately before incision</b> <b>All other activities suspended</b>	
	<b>Team:</b> Circulating Nurse, Anesthesia Provider, Attending Surgeon <b>Responsible agent:</b> Attending Surgeon	
	<b>Team agrees:</b> <input type="checkbox"/> Introduction of team members <input type="checkbox"/> Correct patient <input type="checkbox"/> Correct side and site <input type="checkbox"/> Correct procedure <input type="checkbox"/> Correct position	
	<b>Circulating Nurse documents:</b> <input type="checkbox"/> Time out complete	_____ Circulating Nurse Signature and Date

Note: Not part of the patient's medical record.