(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.
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

## PREPROCEDURE CHECK-IN
- **Location:** Preoperative Ready Area
- **Team:** Circulating Nurse and Anesthesia Provider
- **Responsible agent:** Circulating Nurse

## SIGN-IN
- **Location:** Operating Room
- **Team:** Circulating Nurse, Anesthesia Provider, Attending Surgeon or Designee
- **Responsible agent:** Circulating Nurse

## SIGN-OUT
- **Location:** Operating Room
- **Before the Patient Leaves the OR**
- **Team:** Circulating Nurse and Attending Surgeon or Designee
- **Responsible agent:** Circulating Nurse

### Circulating Nurse and Anesthesia Provider confirm:
- **Patient Identity** □ Yes
- **Procedure and procedure site** □ Yes
- **Consent(s)** □ Yes □ Yes □ N/A
- **Site is marked and visible** □ Yes □ N/A
  - by Attending Surgeon or designee

### Circulating Nurse confirms presence of:
- **History and physical** □ Yes
- **Patient allergies** □ Yes □ N/A
- **Preoperative antibiotic ordered and started** □ Yes □ N/A
- **Nursing assessment** □ Yes
- **Blood products** □ Yes □ N/A
- **# of units available**  
- **Special equipment (devices, implants) present** □ Yes □ N/A

### TIME-OUT
- **Immediately before incision**
- **All other activities suspended**

### Team:
- Circulating Nurse, Anesthesia Provider, Attending Surgeon
- **Responsible agent:** Attending Surgeon

### Team agrees:
- □ Introduction of team members
- □ Correct patient
- □ Correct side and site
- □ Correct procedure
- □ Correct position

### Circulating Nurse documents:
- □ Time out complete

---

**Note:** Not part of the patient’s medical record.