Surgical Safety	CPP PS 01
Related Policy	Patient Identification and Procedure Matching
Application	UnitingCare Hospitals
Contact Officer	Director Clinical Governance

1 Purpose and scope

To prevent incorrect patient, incorrect procedure, incorrect site incidents by describing the steps that must be taken to ensure that an intended invasive or diagnostic procedure including surgical operations, endoscopy, dentistry, radiology, nuclear medicine, chemotherapy and radiation therapy procedures are performed on the correct patient, at the correct site and, if applicable, with the correct implants/prostheses and equipment.

A ***'Sign-In', 'Team Final Check' and 'Sign-Out'*** using the Surgical Safety Checklist will be performed for all invasive or diagnostic procedures including surgical operations, interventional cardiology, endoscopy, dentistry, emergency department and radiology procedures. The checks must be conducted in the room where the surgery / procedure is to occur.

This procedure is applicable for all employees and Visiting Medical Practitioners (VMPs) in procedural areas providing care to patients within UnitingCare Hospitals. This includes: St. Stephen's Hospital, Buderim Private Hospital, St. Andrew's War Memorial Hospital, The Wesley Hospital, and any associated clinical services of UnitingCare Hospitals.

All members of the surgical/procedural team are individually accountable for ensuring correct patient, correct procedure and correct site.

Except in an emergency situation, the surgery / procedure will be suspended in all instances where a medical practitioner (Surgeon / Proceduralist / Anaesthetist) does not or will not participate in <u>all</u> of the safety steps incorporated in the Surgical Safety Checklist.

2 Procedure

2.1 Surgical Safety Checklist

2.1.1 UnitingCare has developed a modified version of The World Health Organisation (WHO) Surgical Safety Checklist and this version will hereafter be referred to as the Checklist.

2.1.2 The Checklist will be used for all procedures performed within the perioperative, procedural, emergency and radiology departments. It comprises three (3) sections and all sections of the Checklist must be completed.

2.1.3 All sections of the Checklist will be carried out in the operating theatre / procedure room where the surgery / procedure is to be performed.

2.1.4 Each section must be undertaken and confirmed by visual and verbal response, in accordance with the checking activity required.

2.1.5 A life threatening situation will be the only instance where not completing the Checklist in its entirety may be justified. The reason for this must be documented on the Checklist by a member of the theatre team.

2.1.6 Use of the Checklist **MUST NOT** proceed without the active participation of the Anaesthetist / Proceduralist who leads the "**Sign In**" and the Surgeon / Proceduralist at "**Team Final Check**" who leads this section.

2.1.7 Other checks performed prior to the patient being taken into the operating theatre / procedure room are necessary patient safety checks but are not to be considered as meeting the intent of the in-room Checklist.

2.1.8 Team member and visitor names will be displayed on the whiteboard (when available) in the operating theatre / procedure room and updated if changes occur. This should include first name, surname and designation.

2.1.9 If any member is unfamiliar with a person or persons in the operating theatre / procedure room or a whiteboard is not available, introductions are to be performed on each occasion.

2.2 The following actions must be taken if all aspects of this procedure (**Sign-In**, **Team Time Out** and **Sign-Out**) are not appropriately applied.

2.2.1 Staff notify the Floor Coordinator (Operating Theatre) or Clinical Nurse Manager (CNM) in other procedural areas to liaise with medical practitioners to resolve the situation

2.2.2 If compliance is not obtained the Floor Coordinator or CNM:

a. Contact the ADON/Director of Perioperative Services to attend (out of hours contact the Hospital Nurse Manager) to speak to the staff involved
b. If the situation involves a Surgeon / Proceduralist / Anaesthetist and remains unresolved the Director of Medical Services (DMS) or relevant Executive Team member is to be contacted.

2.3 To the extent possible, the patient (or their 'person responsible') will be involved at all points in the verification process, during the informed consent process, and the marking of the surgical site to reconfirm with staff their understanding of the planned procedure.

2.4 Valid consent must be obtained for the procedure being undertaken and must be available as part of the verification process unless the surgery / procedure is being performed in an emergency / life threatening situation. The consent must be signed by the patient (or their responsible person) AND the Surgeon / Proceduralist and include in clearly legible writing:

a. Full name of the patient
b. Name of the procedure with no abbreviations
c. Side of procedure written as 'Right' or 'Left'
d. Site of procedure (where applicable)

2.5 Site marking will be performed in all instances where there is the potential for error involving right / left distinction, multiples structure (fingers, toes, or lesions) or levels (spine) unless contraindicated.

2.5.1 Site marking is a waterproof mark made by the Surgeon / Proceduralist on the patient's skin to indicate the site of the intended surgery and recommended by the Royal Australasian College of Surgeons.

2.5.2 The surgical site must be marked in the following cases:

a. Whenever there are multiple digits (e.g. fingers, toes), multiple levels (e.g. spinal cases), laterality (e.g. limbs) and paired organs (e.g. breasts, ovaries, kidneys). This includes laparoscopic cases (i.e. laparoscopic right ovary removal).
b. Spinal cases to indicate the side (if relevant) and the level.
c. Any lesion when there is laterality or when there are multiple lesions.
d. Breast surgeries (left or right) unless a hook wire is insitu
e. Whenever the Surgeon / Proceduralist wants to mark a site it is appropriate to mark 'aorta' or other unpaired organs.

2.5.3 In the case of hand surgery, where multiple digits on both hands may be operated on, the Surgeon / Proceduralist can choose to use the *UCH Hand Diagram, UCH Teeth Diagram, and UCH Eye Diagram* as a visual reminder / prompt during the procedure to re-orientate to correct site and side of surgery.

2.5.4 If there is any uncertainty regarding site marking, immediately page / call the Clinical Nurse Manager (CNM); Theatre Floor Coordinator. Do not wait until after the case has started or finished.

2.5.5 If the patient refuses marking, immediately page / call the CNM and Theatre Floor Coordinator. Such refusals must be documented in the patient's medical record.

2.5.6 In a life threatening emergency where the patient enters the procedure room directly. This must be documented in the medical record.

2.5.7 Surgical site marking must be completed by using an acceptable marking pen: permanent black ink, single use only 'Artline 700' or 'Artline 70'. All other felt tip pens i.e. whiteboard marking pens will be labelled "*Not for site marking*" and are not to be used under any circumstances for surgical site marking.

2.5.8 Exception to site marking:

a. The CNM or Theatre Floor Coordinator may approve exceptions to site marking in certain cases such as premature infants and some oral and maxillofacial surgery, where marking may cause a permanent tattoo.
b. A whiteboard is used when site marking is either not practical or possible. The whiteboard in the operating theatre is to be filled out by the surgeon and referred to during the **Sign-in**, **Team Final Check** and **Sign-out** check. The chart must also be referred to during the procedure.
c. Ophthalmology Patients:
   Details on the whiteboard are to include the following information:
   - Patient name
   - Procedure
   - Operative side
   - Lens diopter (where applicable)
d. Oral Maxillo Facial (OMF) Patients:
   Details on the whiteboard are to include the following information:
   - Patient name
   - Procedure

- Diagram of *UCH Teeth chart* with extractions noted

2.6 Imaging relative to the procedure will be available and correctly identified before commencement of anaesthesia / sedation or the planned procedure.

2.7 Where prosthesis, implants, special equipment or medications are required for the procedure, they must be available before commencement of the anaesthetic / sedation or the planned procedure.

2.8 A "Surgical Briefing" is to be completed prior to commencement of procedural list.

2.8.1 Briefing can be initiated by any member of the Theatre Team. Introductions will take place to ensure all team members are present and to indicate that the debriefing will take place at the end of the planned operating list.

2.8.2 An outline of the list is then provided by the Surgeon. This will include:

a. an overview of cases on the list
b. any changes or modifications to the current operating list
c. anticipated durations
d. any additional information not noted on the operating list
e. any significant case related information

2.8.3 All members of the theatre team are then to confirm they are aware of their roles and responsibilities and raise any significant case related concerns. All concerns raised are to be addressed in a supportive and consultative way.

2.9 Pre Procedure Verification Prior to Transfer to the Theatre / Procedure Room

2.9.1 This process will be followed by all clinicians at all steps of the patient journey including the ward, pre surgical admission units, procedural areas and holding rooms and in the operating theatre / procedure room. Components include:

a. Confirmation of patient details
b. The presence of a signed consent document
c. The patient's understanding of the intended surgery / procedure against patient information i.e. identification band, medical record number, medical record documentation and scheduling documentation.

2.9.2 The verification process occurs in all settings and interventions involved in the preparation of the patient up to and immediately prior to commencement of the procedure. Staff must always:

a. Ask the patient (or their 'person responsible') to state their full name, date of birth, planned procedure including the site and side.
   NOTE: Staff must not state the patient's name, date of birth and procedure (including the site and side) and ask the patient if this information is correct.
b. Check the patient's stated details and Medical Record Number with the identification band, consent documentation and the procedure schedule list.
c. Confirm with the patient (or their 'person responsible') that the written consent for the planned procedure has been completed (where applicable).
d. If the patient wishes to alter the content of the signed consent form after the administration of a pre-medication, the procedure should be postponed unless a life threatening emergency situation exists.

e. Confirm the X-rays and other images are for the correct patient and are the correct images (where applicable).

2.9.3 For procedures where an Anaesthetist is present, the Anaesthetic Plan must be discussed between the Anaesthetist and the Anaesthetic Assistant prior to the patient being brought into the room. Together they must review:-

a. Any airway issues including aspiration risk.
b. Blood loss issues.
c. Confirm that the anaesthetic machine has been checked including the presence of a functioning pulse oximeter / $ETCO_2$ Monitoring.

2.10 "Sign-In" Check – Immediately Prior to Commencement of Anaesthesia of any Type.

2.10.1 The **Sign-In** check will be undertaken upon entry to the theatre and before any form of anaesthesia is administered or the performance of any procedures.

2.10.2 The **Sign-in** procedure is led by the Anaesthetist and must include active participation from:

a. Anaesthetic assistant,
b. Either scrub or scout nurse (must be at least one Registered Nurse).

2.10.3 The Surgeon's presence is advised but not essential except in circumstances where there is no anaesthetist (Point 2.10.4).

2.10.4 In cases where only local anaesthetic is used and there is no Anaesthetist present, the Surgeons presence and participation in the **Sign-In** is essential.

2.10.5 All participants **MUST** cease all activity, participate in the checking process and agree with what is being said and visualised.

2.10.6 The nominated checklist coordinator must verbalise the checklist **Sign In** and:

a. Verbally confirm the patient's identification with the patient or guardian/family member as follows:
   - What is your full name? (ask the patient to spell if unclear)
   - What is your date of birth?
   - Do you have any allergies?
   - What operation / procedure are you here for?
   - What side /site?

b. Check the patients Identification (ID) band against the operating theatre list for:
   - full name,
   - date of birth,
   - Medical Record Number (MRN) and,
   - Procedure (as per Theatre / procedure scheduling documentation).

c. Check the consent documentation contains the following:
   - The patient's identification (as per 2.10.6),
   - The procedure name/description, and
   - The patients and surgeons signature
   - The site of the surgery – left and right must be written in full

2.10.7 Visually confirm the site marking (where appropriate).

2.10.8 Confirm the presence of correct imaging for the correct patient

2.10.9 Confirm any known allergies.

2.10.10 Confirm thromboprophylaxis has been ordered or required. (If thromboprophylaxis is not ordered raise this with the surgeon).

2.10.11 Confirm prosthesis/special equipment requirements are:

a. Present (if not present alert the surgeon before the patient is anaesthetised).
b. Checked and correct.

2.10.12 If a unilateral anaesthetic block is to be administered, confirm the site immediately prior to proceeding with the block.

2.10.13 Confirm the handover of relevant information e.g. presence of existing prosthesis, pacemaker, cytotoxic therapy within 7 days, the presence of / or at risk of pressure ulcer development. (In operating theatre / procedure room these are confirmed by the Anaesthetic Assistant).

2.10.14 The checklist coordinator should tick all relevant boxes and sign the **Sign In** section however this can also be undertaken by any team member who was present and witnessed the conversation.

2.11 "Team Final Check" – Immediately prior to commencing skin incision / procedure

2.11.1 The **Team Final Check** is led by the Surgeon.

2.11.2 **Team Final Check** will be undertaken after the induction of anaesthesia (local/ block/general) and immediately before any incision or insertion of first instrument.

2.11.3 All members of the team (Surgeon, Anaesthetist, Scrub Nurse, Scout Nurse, Anaesthetic Assistant and others) must cease all tasks, listen to and confirm the required elements of the Checklist.

2.11.4 Any team member who does not concur with any of the items being checked must identify the issue to the whole team. Surgery must not proceed until the issue has been clarified.

2.11.5 When the surgical site cannot be identified, the surgeon will have a sterile Right/Left identification sticker made available (if appropriate) to apply to the surgical drapes to facilitate site identification.

2.11.6 The nominated checklist coordinator will verbalise the checklist **Team Final Check** by:

a. Introducing any unfamiliar team members at this point and confirming staff names are recorded on the whiteboard (when available) in the theatre. The most critical time for introductions is at the beginning of an operative day. There is no need to repeat introductions if no staff changes have been made.
b. Confirm the patient's identity (name), operation to be performed and site by reading aloud the patient's consent.
c. Confirm whether the appropriate antibiotic prophylaxis has been given within the last 60 minutes.
d. The Surgeon / Proceduralist is to verbalise to the team the surgical plan including:
    - Patient specific concerns,
    - Anticipated operation duration, and
    - Anticipated blood loss.
    - If there are no anticipated concerns such as during a routine procedure in which the entire team is familiar, the surgeon can state 'This is a routine case of X duration'

2.11.7 The Scout nurse ticks all boxes and signs off on the section however this can also be undertaken by any team member who was present and witnessed the conversation.

2.12 "Sign Out" Check – Before the patient leaves the operating theatre / procedure room.

2.12.1 The Surgeon, the Anaesthetist (if anaesthetic given), the Scrub and Scout nurses all participate in the **Sign Out** check.

2.12.2 The nominated Checklist Coordinator verbally confirms the following with the team:

a. The name of the procedure to be recorded (this may be different to the procedure initially planned)
b. The instrument, sponge and needle counts are correct (for cases where accountable items are recorded). If there are any discrepancies with instrument, sponge or needle count the patient must not leave the operating theatre /procedure room until radiology has been undertaken.
c. Any equipment problems to be addressed.
d. The number and type of specimens collected and labelling with the correct patient's name.
e. Postoperative plan for patient.

2.12.3 The team (Surgeon, Anaesthetist and nurses) reviews key plans and concerns regarding the post operative management/ recovery.

2.12.4 The Checklist Coordinator signs the **Sign Out** section.

2.13 "Surgical Debrief" – At the completion of each procedural list.

2.13.1 Surgical Debriefing can be initiated by any member of the Surgical Team and requires all members of the operating team to be present. This is a brief wrap up of the list to ascertain "What went well? What did not go well and why? What can we do better next time?"

2.14 An Incident relating to Surgical / Procedural Patient Safety.

2.14.1 In the event of a wrong site surgery or other serious incident, according to the patient's condition, the Surgeon / Proceduralist will take steps to rectify the error. The Surgeon / Proceduralist or delegate (from surgical team) will speak to the Director of Medical Services or delegate and / or the General Manager at the first opportunity prior to the patient and their family being informed to ensure that appropriate disclosure is made.

2.14.2 The theatre manager will complete the incident report in conjunction with theatre staff detailing the events that occurred.

2.14.3 Record incident details appropriately in the patient's medical record.

3 Definitions

3.1 **"Active participation":** the cessation of all other activities in the operating theatre / procedure room and each and every team member giving full attention to the patient and checking process. Being present in the room and "listening in" does not constitute participation.

3.2 **"Person responsible":** If a person is less than 16 years of age or is 16 years of age or over and incapable of giving consent, the provisions of the Guardianship Act 1987 apply and the consent of the patient's "person responsible" may then be required. The Act establishes a hierarchy for determining who is the "person responsible".

3.3 **"Wrong site surgery":** The wrong procedure being performed on a person, or a procedure being performed on the wrong part of a person's body, resulting in the death of the person or an injury being suffered by the person.

4 Context and References

4.1 ACORN (2017). Surgical Safety. In ACORN Standards for Perioperative Room Nurse; section Staff and Patients Safety (pp. 113-114). Adelaide: The Australian College of Operating Room Nurses Ltd.

4.2 Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017

4.3 Royal Australian College of Surgeons (2009) Guidelines for Ensuring Correct Patient, Correct Procedure, Correct Side and Correct Site.

4.4 World Health Organisation. (2016). Patient safety: Safe Surgery. Retrieved April 13, 2016, from WHO: http://www.who.int/patientsafety/safesurgery

5 Related Documents

5.1 UCQ Crisis and Incident Management Policy

5.2 UCQ Client Incident Management Framework

5.3 UCH Patient Identification and Procedure Matching Policy

5.4 UCH Incident Management Procedure

5.5 UCH Open Disclosure Policy

5.6 UCH By-Laws for Accredited Practitioners 2018

5.7 UCH Clinical Governance Framework

5.8 UCH Consent Policy

5.9 UCH Accountable Items Procedure

6 Review and Version Control

Version	Authorising Position	Approval Date	Effective Date	Change History	Review Date
1.0	Director Clinical Governance	01/03/2019	01/03/2019	New UnitingCare Hospitals procedure. Supersedes all existing hospital procedures: BPH 1.4.03 Perioperative Surgical Site and Side Procedure, BPH CPOT4.1.28 Surgical Safety Checklist Procedure, SAWMH CP_CT6.2 Correct Patient, Correct Procedure and Correct Site Procedure, SSH CP_PCMS_03_P058 Surgical Safety Checklist Procedure, TWH 3.15.3 Correct Patient, Correct Procedure and Site Procedure, TWH 39 Correct Patient, Procedure and Site Checking using The Wesley Hospital Surgical Safety Checklist.	01/03/2022

UnitingCare

Patient Identification & Procedure Matching - Surgical Safety Checklist

UnitingCare Hospitals (UCH) acknowledges that failure to correctly identify a patient and match that information to the intended clinical intervention poses a serious risk to the safety of the patient and therefore mandates compliance with the requirements of the: Surgical Safety Checklist (**Policy Number: CP_PS 01 & Procedure Number: CPP PS 01)**

The use of the Surgical Safety Checklist was mandated in Australia to help prevent wrong site procedures and is in use in all procedural departments in UnitingCare Hospitals.

The checklist may be initiated and facilitated by a nursing member of the surgical team however leadership and active participation is required from the: **Anaesthetist and Surgeon / Proceduralist and their Surgical Assistants**.

Surgical team member's names will be displayed on the whiteboard in each theatre and updated if changes occur. If any member is unfamiliar with a person or persons in the theatre, or there is no whiteboard in a location, introductions must be performed.

The Surgical Safety Checklist is a structured process that follows 3 unique sections:

1. **Sign In Check:**
   As a minimum the Anaesthetist, Anaesthetic Assistant and either the scrub or scout nurse will carry out the pre-anaesthetic check. The surgeon's presence is advised but not essential.
   This check will be undertaken **immediately before t**he induction of anaesthesia or before the administration of a regional anaesthetic block or the performance of other invasive procedures. An exception can be made in the case of a distressed patient, a patient with developmental delays or a paediatric patient where doing the "Sign In" may increase patient distress. In this instance the team should still do the "Sign In" but with the patient anaesthetised and when the Anaesthetist indicates an appropriate time.

2. **Team Final Check:**
   This check will be undertaken after the induction of anaesthesia **and directly before any incision or insertion of first instrument.** All members of the team (Surgeon / Proceduralist, Anaesthetist, Surgical Assistant, Scrub Nurse, Scout Nurse, Anaesthetic Nurse / Assistant, Scientist & others present) **MUST** participate. Any team member who does not concur with any of the items being checked must identify the issue to the whole team. Surgery must not proceed until the issue has been clarified. Any surgical assistant if present must also be part of this process. The speaking up about any concerns by any member of the team at this time has prevented wrong site procedures occurring.

3. **Sign Out:**
   This check will be completed by the Surgeon / Proceduralist, Anaesthetist and Nurses after wound closure / or end of procedure and prior to any team member leaving the room.

Use of the Checklist **MUST NOT** proceed without the active participation of the Anaesthetist who leads the "Sign In" and the Surgeon who leads the "Team Final Check".

Being present in the room and "listening in" does not constitute participation. Knowing what surgery is being performed who is in your team, and speaking up if there are any discrepancies is the responsibility of all members of the team.

Active participation requires the cessation of all activities and giving full attention to the patient and checking.

Name: _____ **Signature:**_____

Date: _____