

<p>Title:</p> <p align="center">TIME-OUT PROCESS & PROCEDURE VERIFICATION</p>	<p>LEGACY Policy Number: NCL0065</p> <p>NRS Policy Number: NRS1529</p> <p>Page: 1 of 11</p>
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This policy is developed as a guideline to address general circumstances. There may be certain instances in which the exercise of professional judgment and/or discretion by the health care provider warrants taking other actions.

This **TIME-OUT PROCEDURE & VERIFICATION PROCESS** Policy applies to the facilities listed above, which are governed by BayCare Health System, Inc.

PURPOSE:

To engage all members of the patient care team in the positive identification of the correct patient, the correct procedure, and the correct site/ side of the procedure.

POLICY:

This applies to all operative and other invasive procedures done in settings throughout the health system with the exception of venipuncture, peripheral intravenous line placement, nasogastric tubes, urinary catheters, and lacerations, incision and drainage procedures performed in the Emergency Department.

PROCEDURE:

To provide the effective and safe transition of the patient through the pre-procedure, procedural/ operative phases of care and the continuous sharing and validation of pertinent information.

PRE-PROCEDURE CONFIRMATION:

1. The accuracy of the pre-procedure checklist including relevant documentation, (e.g., history and physical, consents, nursing assessment, pre-anesthesia assessment), diagnostic studies, and required blood products, implants, devices, or special equipment requested and the procedure ordered.
2. The identification of the patient verbally and by visually **inspecting the ID band on the patient for name and date-of-birth (DOB). Any additional ID bands are validated at this time.**
3. The surgical consent matches the proceduralist's order/ plan of care.

4. The patient's knowledge of the proposed scheduled/ ordered procedure.
5. The patient's acknowledgement of the correct procedural site.
6. The marking of the procedure site, as appropriate.

MARKING THE PROCEDURAL SITE

1. Marking the site is required for all procedures/ surgeries with laterality (e.g., left or right), multiple structures (e.g., fingers and toes) or multiple levels (e.g., as in spinal procedures). See Exceptions from Marking Site.
2. For procedures that involve laterality of organs/ vessels, but the incision(s) or approaches may be from the mid-line, percutaneous approach or from a natural orifice, the site is marked, and the laterality noted (e.g.; right or left ureteral stent placement or right or left carotid stent placement).
3. The procedure site is marked before the patient is moved to the location where the procedure will be performed. The procedure site may not be marked in life threatening emergencies.
4. Marking the procedure site takes place with the patient involved, awake and aware, unless the patient is incapacitated.
5. The procedure site is marked by a provider who is privileged or permitted by the hospital to perform the intended surgical or non-surgical invasive procedure. This individual is directly involved in the procedure and present at the time the procedure is performed.
6. Mark the site with a "YES" at or near the procedure site, with a marker pen, and visible after the patient is prepped and draped. **Do not mark on the non-operative site.**
7. Operative procedures that involve digits of the hand or feet require the specific digit be marked with a "YES".
8. For spinal surgery, mark the general region (cervical, thoracic, or lumbar).
 - ***Intra-operatively, the surgeon utilizes special radiographic techniques for marking the exact vertebral level.***
9. **Refusal** of site marking by a competent patient **MUST** be documented in the medical record by both the proceduralist and the nurse or designated health care professional and reported using the PRISM system. A time-out applies if the procedure is done.
10. **An unresolved discrepancy between the surgery/ procedure and/or surgery/ procedure site, consent or surgery/ procedure schedule or order/ plan of care necessitates immediate notification of the attending physician or medical licensed provider. The patient cannot proceed to the procedural area until accurate verification is completed.**
11. After the discrepancy is resolved, a new consent form is re-affirmed with the patient.
12. Alternatives when site marking is technically or anatomically impossible or impractical to mark the site;
 - a) Midline incisions or laparoscopic procedures with laterality (e.g., right oophorectomy), mark the correct side of the abdominal area.
 - b) Procedures with laterality through a single natural body orifice located below the waist, mark the thigh of the correct side, (e.g., cystoscopy with right stent) and drape with a clear legging.
 - c) Infants less than 40 weeks of age, who cannot have the site marked due to risk for permanent tattoo, wear a temporary posey/ Velcro arm band containing the word "yes" placed on the same side as the procedure site. The site marking band is placed by the provider performing the procedure.
 - d) If a "yes" will not be marked or visible, a laminated "right" or "left" sign is displayed in the room and be visible to everyone.
13. Marking the regional block site takes place with the patient or patient's representative involved and confirmed with surgical consent.
14. Regional nerve blocks/ procedures with laterality, require anesthesia provider that is performing the block to mark the correct site as close in proximity as possible to block site with an "A" inside a circle during the Time-Out process.
15. If the regional block is to be performed after the patient is sedated, mark the block site before sedation.

EXCEPTIONS from Marking Site:

1. Single Organ cases (e.g., cesarean section, cardiac surgery), or single device removal (e.g., port removal on patient with 1 port).
2. A traumatic site (obvious surgical site), (e.g., open fracture, wound with purulent drainage, unilateral extremity cast, post-breast needle localization).
3. Interventional cases for which the catheter/ instrument insertion site is not predetermined (e.g., cardiac catheterization).
4. Surgical procedure where the site is not predetermined (e.g., vein harvesting, Infusa-Port).
5. Teeth – indicate operative tooth name(s) on documentation **or** mark the operative tooth (teeth) on the dental radiographs or dental diagram.

6. Infants less than 40 weeks corrected age, for whom the mark may cause a permanent tattoo.
7. Life threatening emergency situations.
8. The proceduralist is in continuous attendance with the patient from the time of decision to do the procedure and consent from the patient through to the performance of the procedure (i.e., procedure at the bedside). The requirement for the "Time-Out" final verification still applies.
9. The patient is emotionally or developmentally challenged; site may be marked after patient is sedated or under anesthesia.

Anesthesia Regional Block/ Procedure Time-Out Final Verification Process

1. **Prior to the start of the regional block the entire team ceases all activity and validates the following:**
 - a. **Correct patient identity (Patient name and DOB) verified from patient's armband**
 - b. **Correct side and site**
 - c. **Correct regional block procedure**
 - d. **Identifies the laterality and "A" inside a circle mark site**
 - e. **Allergy status**
2. Marking the regional block site takes place with the patient or patient's representative involved and is confirmed with surgical consent.
 - a. Surgeon marks the surgical site before administration of consciousness or awareness altering medications.
 - b. Regional nerve blocks/ procedures with laterality, require anesthesia provider that is performing the block to mark the correct site as close in proximity as possible to block site with an "A" inside a circle during the Time-Out process.
 - c. If the regional block is to be performed after the patient is sedated, mark the block site before the sedation.
3. Document confirmation on the appropriate form or in the medical record. A discrepancy during this verification process necessitates immediate termination of procedure until resolved. The registered nurse (RN) or designated health care professional assisting the anesthesia provider with the regional block reads the consent and remains engaged.
4. At no time is the pre-filled syringe handed to the anesthesia provider before the "Time-Out" is completed.
5. **Any member of the team is empowered to say "STOP" and halt the process from moving forward because they know an error has been made or feel something is not right, without fear of retribution.**
6. **If at any time a member of the team feels intimidated or threatened for speaking up, they are to contact their supervisor or any member of the leadership team immediately.**

Anesthesia Induction Time-out Final Verification Process

1. **Prior to the start of anesthesia induction, the entire team ceases all activity and validate the following:**
 - a. **Correct patient identity (Patient name and DOB) verified from patient's armband**
 - b. **Correct side and site**
 - c. **Correct anesthesia type**
 - d. **Correct procedure**
 - e. **Allergy status**
2. Document confirmation on the appropriate form or in the medical record. A discrepancy during this verification process necessitates immediate termination of procedure until resolved. The RN or designated health care professional assisting the anesthesia provider reads the consent and remains in the surgical/ procedure room until induction is complete.

Any member of the team is empowered to say "STOP" and halt the process from moving forward because they know an error has been made or feel something is not right, without fear of retribution.

If at any time a member of the team feels intimidated or threatened for speaking up, they are to contact their supervisor or any member of the leadership team immediately.

Surgical/ Procedural Time-Out: Final Verification Process

1. **After the patient is positioned/ draped (if necessary) and prior to incision or start of the procedure, the entire team ceases all activity and validates the following:**
 - a. **Correct patient identity (Patient name and DOB) verified from patient's armband (if not accessible, reverified from consent)**
 - b. **Correct side and site**
 - c. **Correct procedure to be done**
 - d. **Allergy status**
2. When performing multiple procedures, where a procedure(s) necessitates a change in surgeon/ physician, the Time-Out is repeated. Document this confirmation on the appropriate form or in the medical record. A discrepancy during this verification process necessitates immediate termination of procedure until resolved.

The RN or designated health care professional assisting the proceduralist, reads the consent and remains in the surgical/ procedure room until the incision is made or the procedure initiated.

3. At no time is the scalpel/ sharps or pre-filled syringe handed to the physician before the "Time-Out" is completed.

Any member of the team is empowered to say "STOP" and halt the process from moving forward because they know an error has been made or feel something is not right, without fear of retribution.

If at any time a member of the team feels intimidated or threatened for speaking up, they are to contact their supervisor or any member of the leadership team immediately.

Procedural Time-Out Without Anesthesia: Final Verification Process

1. **After the patient is positioned/ draped (if necessary) and prior to incision or start of the procedure, the entire team ceases all activity and validates the following:**
 - a. **Correct patient identity (Patient name and DOB) verified from patient's armband (if not accessible, reverified from consent)**
 - b. **Correct side and site**
 - c. **Correct procedure**
 - d. **Allergy status**
2. When performing multiple procedures, where a procedure(s) necessitates a change in surgeon/ physician, the Time Out is repeated. Document this confirmation on the appropriate form or in the medical record. A discrepancy during this verification process will necessitate immediate termination of procedure until resolved. The RN or designated health care professional assisting the proceduralist, reads the consent and remains in the surgical/ procedure room until the incision is made or the procedure initiated.
3. At no time will the scalpel/ sharps or pre-filled syringe be handed to the physician before the "Time-Out" is completed.

Any member of the team is empowered to say "STOP" and halt the process from moving forward because they know an error has been made or feel something is not right, without fear of retribution.

If at any time a member of the team feels intimidated or threatened for speaking up they are to contact their supervisor or any member of the leadership team immediately.

Interventional Radiology/ Cardiac Cath Lab: Final Verification Process

1. **Prior to incision or start of the procedure, the entire team ceases all activity and validates the following:**
 - a. **Correct patient identity (Patient name and DOB) verified from patient's armband (if not accessible, reverified from consent)**
 - b. **Correct side and site**
 - c. **Correct procedure**
 - d. **Allergy status**
2. The radiologist/ Cardiologist presents a brief clinical history, the original order, the review sheet and the final order/ procedure to be completed at the beginning of the time-out.
3. At no time will the scalpel/ sharps or pre-filled syringe be handed to the radiologist before the "Time-Out" is completed.

Any member of the team is empowered to say "STOP" and halt the process from moving forward because they know an error has been made or feel something is not right, without fear of retribution.

If at any time a member of the team feels intimidated or threatened for speaking up they are to contact their supervisor or any member of the leadership team immediately.

POST-PROCEDURE: Confirm the following verbally prior to closure (if applicable) with licensed independent practitioner who performed the procedure.

1. Procedure performed verified and reconciled with consent (if applicable)
2. Instrument, sponge, and sharp count final result. See SRG-SVCS-107, Sponge, Sharps, Instruments, and Incidental Counts.
3. Correct patient and specimen labeling validated by another member of the team and physician.
4. Wound Classification confirmed verbally with physician.

TIME-OUT FORMAT – ANESTHESIA INDUCTION

ALL PERSONNEL CEASE ACTIVITY!!

Anesthesia Provider: Is everyone ready for the Time-Out? All personnel cease activity

Anesthesia Provider: This is (**Patient's Name and DOB verified from patient's armband**) he/she has (**no allergies or list allergies**), he or she has received (**list antibiotic given, or state no antibiotic ordered**) and is having (**Procedure/ Site/ Laterality**). He or she is receiving (**state type of anesthesia**).

Circulator:
Read from Consent I agree that he/she is having (**Procedure/ Site/ Laterality**)
Does everyone agree?

TIME-OUT FORMAT – ANESTHESIA NERVE BLOCKS/ PROCEDURES

ALL PERSONNEL CEASE ACTIVITY!!

Anesthesia Provider: Is everyone ready for the Time-Out? All personnel cease activity

Nurse or designated health care professional assisting Proceduralist/ MLP:

This is (**Patient's Name and DOB verified from patient's armband**) and is having (**Procedure/ Site /Laterality**). (Verified against surgical consent)

Anesthesia Provider: This is (**Patient's Name and DOB verified from patient's armband**) he/she has (**no allergies or list allergies** and is having (**Procedure/ Site/ Laterality**).

Does everyone agree?

Patient should participate in agreement, and sedation for procedure limited, until Time-Out completed.

Anesthesia Provider: Anesthesia Provider will then MARK THE CORRECT SITE AS CLOSE IN PROXIMITY AS POSSIBLE WITH "A" IN A CIRCLE.

TIME-OUT FORMAT – Surgery/ Procedural

Conducted immediately before making the incision or starting the invasive procedure.

ALL PERSONNEL CEASE ACTIVITY!!

- Surgeon or Designee:** Is everyone ready for the Time-out? All personnel cease activity.
- Circulator:
Read from Consent** This is (**Patient's Name and DOB verified from patient's armband (if not accessible, reverified from consent)**) and he/ she is having (**Procedure/ Site/Laterality**).
- I have verified the Fire Risk Elements and the Fire Risk rating of (**rating number**)
- Anesthesia Provider:** This is (**Patient's Name and DOB verified from anesthesia record**) has (**no allergies or list allergies**) and is having (**Procedure - shorthand version**). The patient has received the (**pre-op antibiotic**) and it is documented or (**no pre-op antibiotic**).
- Scrub Tech:** I have set-up for the **procedure** and I see the site marking on (**location or not applicable**).
- Surgeon:** This is (**Patient's Name and DOB**) and is having (**Complete Procedure/ Site/ Laterality**).
- Does everyone agree?

TIME-OUT FORMAT – Non-Procedural Areas

Conducted immediately before making the incision or starting the invasive procedure.

ALL PERSONNEL CEASE ACTIVITY!!

Proceduralist/ MLP: Is everyone ready for the Time-out? All personnel cease activity.

Nurse or designated health care professional assisting Proceduralist/ MLP:

Read from Consent This is (**Patient's Name and DOB verified from patient's armband**) he/she has (**no allergies or list allergies** and is having (**Procedure/ Site/ Laterality**) and I have set-up for this procedure.

Proceduralist/ MLP: This is (**Patient's Name and DOB**) and is having (**Complete Procedure/ Site/ Laterality**).
Does everyone agree?

TIME-OUT FORMAT – Emergency Department

Conducted immediately before making the incision or starting the invasive procedure.

ALL PERSONNEL CEASE ACTIVITY!!

Proceduralist/ MLP: Is everyone ready for the Time-out? All personnel cease activity.

Nurse or designated health care professional assisting Proceduralist/ MLP:

Read from Consent This is (**Patient's Name and DOB verified from patient's armband**) he/she has (**no allergies or list allergies**) and is having (**Procedure / Site / Laterality**).

Proceduralist/ MLP: This is (**Patient's Name and DOB**) and is having (**Procedure/ Site/ Laterality**).
Does everyone agree?

TIME-OUT FORMAT – Interventional Radiology/ Cath Lab/

Conducted immediately before making the incision or starting the invasive procedure.

ALL PERSONNEL CEASE ACTIVITY!!

- Proceduralist/ Circ:** Is everyone ready for the Time-out? All personnel cease activity.
- Recorder or Circulator:
Read from Consent** This is (Patient's Name and DOB verified from patient's armband (if not accessible, reverified from consent) and is having (Procedure/ Site/ Laterality).
- Proceduralist:** This is (Patient name and DOB.) Proceduralist provides a brief clinical summary, a review of original order, review of worksheet/ plan of care and the order for the procedure/ site/ laterality to be performed.)
- Circulator/ Anesthesia:** This is (Patient's Name and DOB verified from anesthesia record) has (no allergies or list allergies) and is having (Procedure - shorthand version). If applicable: The patient has received the (pre-op antibiotic) and it is documented
- Scrub:** I have set-up for the procedure, and I see the site marking on (location or not applicable).
Does everyone agree?

TIME-OUT FORMAT- ENDOSCOPY

All providers must be present for timeout. Team members may perform Anesthesia Induction Timeout AND Surgery/ Procedural Timeout as alternative option.

ALL PERSONNEL CEASE ACTIVITY!!

- Proceduralist:** Is everyone ready for the Time-out? All personnel cease activity.
- Circulator:** Read from Consent: This is (**Patient's Name and DOB verified from patient's armband**) and he/she is having(**Procedure/ Site/ Laterality**). I have verified the FRA elements and the FRA rating of (**rating number**).
- Circulator/ Anesthesia:** This is (**Patient's Name and DOB verified from patient's armband**) he/she has (**no allergies or list allergies**), he or she has received (**list antibiotic given or state no antibiotics ordered**) and is having (**Procedure/ Site/ Laterality**). He or she is receiving (state type of anesthesia).
- Endo Tech:** I have set-up for the (**procedure**) and I see the site marking on (**location or not applicable**).
- Proceduralist:** This is (**Patient's Name and DOB**) and is having (**complete Procedure/ Site/ Laterality**).
Does everyone agree?