POLICY FOR THE MANAGEMENT OF
CORRECT PATIENT, CORRECT
PROCEDURE CORRECT SITE

Ratified Date: 14th May 2008
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Accountable Directorate: Theatres
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Revision History

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1.0 Introduction

The purpose of this policy is to describe the steps that must be taken to ensure that the surgical or invasive procedure is performed on the correct patient, at the correct site and, if applicable, with the correct implant. The policy is applicable to all operative and other invasive procedures performed under both local and/or general anaesthetic and includes procedures performed in settings other than the operating theatre.

2.0 Rationale

Surgery performed at the incorrect anatomical site / on the incorrect patient / or with the incorrect procedure is rare. However, if carried out, it poses a serious risk to patient safety (it can be devastating for patients). This policy refers to operating on the correct side of the correct patient and/or the correct anatomical location or level (such as the correct finger on the correct hand).

Across the NHS there is no single, standard method for marking a surgical site. This increases the likelihood of confusion and error. Despite high professional standards and excellent best practice at a local level, safety can be improved by using a consistent national standard for pre-operative marking and a verification checklist. In 2005 the NPSA and the RCS drew up recommendations for surgical marking and a checklist to help staff rapidly confirm that steps to promote correct site, procedure and patient have been taken. These were endorsed by a number of professional associations and Royal Colleges representing a cross-section of surgical staff and are supported in this policy.

As a result of the investigation of several adverse incidents and near misses within the Trust associated with wrong side, wrong operation and wrong patient incidents, a review of the process and documentation has been undertaken and a revision of the policy and check list has been undertaken to provide a robust alternative to the original NPSA check list.

3.0 Trust Approach

The Heart of England NHS Foundation Trust will comply with the National Patient Safety Agency’s guidance on correct side and site of surgery and ensure its implementation Trust wide.

Whilst there is a duty on all team members to ensure implementation of the policy, the individual operating surgeon or the surgical practitioner, in charge of the interventional procedure carries the ultimate responsibility for his / her actions.

The policy outlined below sets in place the process to mandate actions to:
• use the national CSS pre-operative marking recommendations;

• use the pre-operative marking verification checklist to ensure that marking recommendations are carried out;

• use pre-operative checklists in line with these recommendations;

• raise awareness with healthcare staff, and provide them with the appropriate information and support.

4.0 Policy

The Policy needs to be used in conjunction with the Trust pre-operative check list which should be completed simultaneously to the site verification check list.

Check 1: Initial identification of patient and marking of the procedure site

Check 2: Confirmation of patient identification and marking of the procedure site

Check 3: Team “Time Out” and final confirmation.

4.1 Check 1: On the day of Surgery

The operating surgeon or nominated deputy must always ask the patient to state their full name, date of birth and describe the site and procedure planned for them and confirm the written consent for the procedure. Staff should NOT state the patient's name, date of birth or procedure and then seek confirmation that it is correct.

Patients who do not have the capacity to perform these checks should have this check performed by two members of staff including the surgeon. Wherever possible a patient representative should be present.

These details should be confirmed and be consistent with all the patient's relevant documentation that is necessary for the procedure such as medical records, consent, imaging and theatre list which must be available prior to the commencement of the operative procedure. This check should include the patient and team’s expectations and understanding of the intended site, the procedure and the implants if applicable. Ensure missing information or discrepancies are addressed before commencement of the procedure.

Marking the Procedure site:
• The site must be marked by the operating surgeon or nominated deputy, who will be present in the operating theatre at the time of the patient’s procedure using an indelible marker pen so that the intended site of incision or site of insertion is unambiguous.

• Check reliable documentation (clinic letters, medical notes) and/or images to ascertain intended surgical site and side.

• The mark should be an arrow that extends to, or near to, the incision site and remain visible after the application of skin preparation. It is desirable that the mark should also remain visible after the application of theatre drapes.

• Surgical operations involving side (laterality) should be marked at, or near, the intended incision. For digits on the hand and foot the mark should extend to the correct specific digit. Similarly for lesions and levels of the spines.

• Marking must take place with the patient involved awake and aware if possible and/or involving family members.

• Marking must occur before the patient leaves the ward/day surgery unit or other setting. The patient must not enter the operating theatre, anaesthetic or procedure room until this has been completed other than in extreme emergencies.

• Where possible marking should take place before pre-medication. Any pre-medicated patient must have site marking confirmed with another member of staff.

• Do not mark non-operative sites

• Once appropriate marking has been completed this must be documented on site verification checklist. (appendix 1)

Circumstances where marking may not be appropriate

• Emergency surgery should not be delayed due to lack of pre-operative marking.

• Teeth and mucous membranes.

• Cases of bilateral simultaneous organ surgery such as bilateral tonsillectomy, squint surgery, laparoscopic sterilisation.

• Situations where the laterality of surgery needs to be confirmed following examination under anaesthesia or exploration in theatre.

• Certain cases performed via Endoscopy, such as cystoscopy or bronchoscopy.
• Certain cases where laterality is not an issue as only single organ, e.g. caesarean section, hysterectomy, bladder repair, colon or gastrectomy.

The surgical site mark should subsequently be checked against reliable documentation to confirm it is (a) correctly located, and (b) still legible and should take place at each transfer of the patient’s care and end with a final verification prior to commencement of surgery. All team members should be involved in the final checking of the mark.

4.2 Check 2: Confirmation of Patient Identification

This should take place in the anaesthetic room, or if the patient goes straight to operating or procedure room must take place before the patient is anaesthetised. The operating surgeon and another member of staff or the anaesthetist in consultation with the surgeon must check the following with the patient and ask the patient to state the following:

- Full name
- Date of birth
- Address
- Procedure
- Site of procedure
- Any allergies
- Last monthly period (LMP) or result of pregnancy test.
- Any special information e.g. Jehovah’s Witness

The patient’s Hospital PID or NHS number should be checked by the operating surgeon and the above information must be correlated with that documented in the notes.

• Staff should not state any of the above information and then ask the patient to confirm that the information is correct

• If the patient has been sedated prior to transfer to the operating theatre or procedure room or is incapable of personally participating in the verification process and with no authorised representative present, a member of staff from the preceding location who carried out the theatre check on arrival into the theatre suite must act as the patient’s representative for the verification.

• This information should be confirmed and be consistent with the medical records, consent, imaging and theatre list.

4.3 Check 3: ‘Time Out’ and final confirmation
• Immediately prior to starting the procedure the scrub practitioner must withhold the skin preparation until the operating surgeon has performed the final check. All members of the surgical team including the surgeon, anaesthetist, nursing and ODA/P staff must stop all other activity and ‘pause’ to conduct a final verbal verification. This must be conducted in the room where the procedure will be done.

• The lead surgeon must verbally confirm and the team agree the following:

  o Presence of the correct patient
  o Correct side and site marked
  o Correct procedure to be carried out
  o Correct patient position
  o Availability of correct implants and any special equipment where required
  o If imaging data is used to confirm the site or procedure, two or more members of the team must confirm that the images are correct and properly labeled.

• The result of the “Time Out” process must be documented on the site verification checklist by a delegated member of the operating team.

4.4 Managing Process failure

If failure of any pre-operative check occurs the surgeon in charge should assess the situation and either return the patient to the ward/day care area or note and sign a decision to proceed at risk and incident reports must be completed.

Where the patient refuses marking, this must be documented in the medical records and on the site verification checklist.

In the event of a wrong patient, wrong procedure or wrong site incident this occurs must be reported as per the Trust’s Incident Management Policy. An incident form should be completed and this should be followed by a full root cause analysis of events. The outcome of this being discussed at the appropriate safety meeting.

If the patient’s condition permits, an immediate plan to rectify the mistake should be made by the most senior member of the procedural team. Wherever possible, the patient and the patient’s family should be involved in the management plan.

There will also be a need to ensure that any variations in practice, failures to adhere to the policy or near miss incidents are formally reported in line with governance procedures and that Risk Management is formally involved and that incident reports are fully completed.

5.0 Exceptions to marking
Directorates may only agree exceptions to this policy in exceptional circumstances.

Directorates will need to seek approval of the appropriate Medical Director and ensure that the exceptions are recorded as part of appendix 2 to this policy.

All exceptions must be presented to Surgery Executive for approval.

6.0 Responsibilities

6.1 Medical Directors

It is the responsibility of the Medical Directors to oversee the monitoring and application of this policy and to report as necessary to Trust Board via Operations Committee. The Medical Director will have a specific responsibility to agree and ensure any exceptions are fully approved and documented.

6.2 Operations Director

It is the responsibility of the Director of Operations Surgery to advise the Medical Directors on the processes used, to ensure their application and to undertake appropriate monitoring. The Director of Operations Surgery will report to the Surgery Executive and ensure compliance with the policy throughout the Trust.

6.3 Clinical Directors

Clinical Directors are responsible for ensuring that consultants in their directorates understand the policy and ensure that it is applied within their practice.

6.4 Directorate Managers

Directorate Managers are responsible for implementing and communicating this policy in their directorate areas.

6.5 Pre operative, ward and theatre staff

It is the responsibility of the departmental management staff (Matrons, Assistant Matrons and Department managers,) and their teams to ensure that this policy is embedded into routine practice and that all staff under take appropriate action – completing all documentation and updating records as appropriate.

7.0 Dissemination
The policy will be widely disseminated and should be embedded into:

- Patient Information guidance
- Pre-operative Assessment Policies
- Admission Policies
- Theatre and Anaesthetic policies

The policy will be circulated to the following and stored centrally on the Trust’s Intranet (Policies and Procedures):

- Directorate Managers and Assistant Directorate Managers
- Consultant Surgeons, Operating Physicians and Consultant Anaesthetists
- Matrons
- Ward Managers
- Theatre Managers
- Nursing Director
- Clinical Directors
- Clinical Governance Leads
- Risk Managers
- Health and Safety staff
- Communications leads
- Patient Advice and Liaison Service staff
- Deputy Directors of Operations Surgery
- Director of Operations Surgery
- Medical Director Surgery
- Associate Medical Director Surgery
- College Tutor

Individual copies will be issued to all of the above as well as a communications strategy led through directorate presentations and the placement of the policy on the Trust intranet.

8.0 Links to other Policies and Procedures

The policy is predicated on appropriate procedures being in place to ensure appropriate communication with the patient, consent has been obtained after clear and supportive discussion with the patient and/or where appropriate carer and that the pre-operative assessment and admission checks have all been fully completed. Therefore adherence to these wider policies is essential.

- Consent Policy
- UltraGenda Policies and Procedures
- Pre operative assessment, theatre and anaesthetic protocols
• The Chaperoning Policy
• The Mental Capacity Act

9.0 Monitoring

The policy will be monitored through regular audit, feedback and through the Surgery Executive Committee.

This policy will be reviewed annually by the Director of Operations for Surgery.

10.0 References


11.0 Endorsements
The National Patient Safety Agency
Royal College of Surgeons
Royal College of Ophthalmologists
Royal College of Obstetricians and Gynaecologists
Royal College of Nursing (Peri-operative and Surgical Nursing Forum)
The National Association of Theatre Nurses
The National Association of Assistants in Surgical Practice
The Association of Operating Department Practitioners
Independent Healthcare Forum
Appendix 1
CORRECT PATIENT, PROCEDURE AND SITE VERIFICATION CHECK LIST

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<th>Patient’s name:</th>
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<tr>
<td>Hospital No. / DOB:</td>
<td>Intended procedure:</td>
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<th>2 Responsibility and confirmation</th>
<th>3 Problem identified &amp; corrective action taken</th>
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<tr>
<td><strong>4 Check 1</strong>&lt;br&gt;On the day of surgery:</td>
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<tr>
<td>• Check with the patient: name, date of birth &amp; address</td>
<td>The operating surgeon, or nominated deputy, who will be present in the theatre at the time of the patient’s procedure.</td>
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<tr>
<td>• Cross check with patient number, medical records, clinic letter, and/or images if applicable, to ascertain intended surgical site</td>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>• Cross check operation details with theatre list, consent form and patient</td>
<td>Print name:</td>
<td></td>
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<tr>
<td>• If all the above checks concur then <strong>mark</strong> the intended site with an arrow using an indelible pen</td>
<td>Position:</td>
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| 5 Check 2 *<br>In the anaesthetic room and prior to anaesthesia: | | |
| • Check the patient’s identity – name, date of birth and address, | The operating surgeon or the anaesthetist in consultation with the surgeon | |
| • Check the intended operation and, where appropriate inspect the side mark, and confirm with the patient if no premed and against the patient's reliable supporting documentation, consent and theatre list | Signature: | |
| • Re-check that any relevant imaging studies for the patient are available in the operating theatre or suite | Print name: | |
| • The availability of the correct implant (if applicable) | Position: | |

| 6 Check 3 | | |
| **Once the patient has been positioned and prior to the commencement of surgery the operating surgeon, anaesthetist (if present) and theatre team involved in the intended operative procedure should **ALL pause** and perform a final check to confirm:** | In conjunction with the Operating surgeon, the Scrub practitioner should instigate the final check and a delegated member of the operating team should sign the verification check list. | |
| • Presence of the correct patient | Signature: | |
| • Marking of the correct site | Print name: | |
| • Procedure to be performed | Position: | |
| • Imaging where applicable has been checked. | | |

* if patient goes straight into theatre the second check should be performed on admission to theatre suite.
Appendix 2

Exceptions must be agreed with Medical Directors and formally agreed at Surgery Executive Committee

Current exceptions are:

1. To avoid confusion if a procedure requires a regional anaesthetic then only the procedure site should be marked

2. Interventional cases for which the catheter/instrument site is not predetermined e.g. cardiac catheterisation, epidural/spinal analgesia/anaesthesia.

3. Where the procedure site cannot be marked e.g. teeth, relevant radiographs or other scans must, if possible, be marked to indicate the site. Where this is not possible, a diagram clearly indicating the site and side must be prepared and entered into the patient’s medical record

4. Premature infants, where marking may cause permanent tattoos

5. If the site is a traumatic site (obvious surgical site).

6. When intra-procedure imaging for localisation e.g. radiological, MRI, will be used