

Greater Cincinnati Health Council

If it involves health,
we're involved.

Adapted from the Ohio Patient Safety Institute (2004). Ohio Surgical/Procedural Verification Protocol. Accessed 6/9/2008 from The Ohio Patient Safety Web site:

<http://www.ohiopatientsafety.org/surgery/Links/Ohio%20surgical%20verification%20protocol604.pdf>

Universal Protocol Assessment for: _____

Date: _____

Auditor: _____

STEP ONE	Pre-operative verification process Verification of the correct person, procedure, and site should occur (as applicable):		
		Yes	No
1	At the time the surgery/procedure is scheduled.		
2	At the time of admission or entry into the facility.		
3	Anytime the responsibility for care of the patient is transferred to another caregiver.		
4	With the patient involved, awake and aware, if possible.		
5	Before the patient leaves the preoperative area or enters the procedure/surgical room.		
STEP ONE CONTINUED	<i>A preoperative verification checklist may be helpful to ensure availability and review of the following, prior to the start of the procedure: (it is not required).</i>		
		Yes	No
1	Relevant documentation (e.g., H&P, consent).		
2	Relevant images, properly labeled and displayed.		
3	Any required implants and special equipment.		

Adapted from the Ohio Patient Safety Institute (2004). Ohio Surgical/Procedural Verification Protocol. Accessed 6/9/2008 from The Ohio Patient Safety Web site:

<http://www.ohiopatientsafety.org/surgery/Links/Ohio%20surgical%20verification%20protocol604.pdf>

Universal Protocol Assessment for: _____

Date: _____

Auditor: _____

STEP TWO	Marking the operative site		
	<p><i>Exemptions:</i></p> <ul style="list-style-type: none"> <i>o Single organ cases (e.g., Cesarean section, cardiac surgery).</i> <i>o Interventional cases for which the catheter/instrument insertion site is not predetermined (e.g., cardiac catheterization).</i> <i>o Teeth—BUT, indicate operative tooth name(s) on documentation OR mark the operative tooth (teeth) on the dental radiographs or dental diagram.</i> <i>o Premature infants, for whom the mark may cause a permanent tattoo.</i> 		
		YES	NO
	My area makes the mark at or near the incision site. Do NOT mark any non-operative site(s) unless necessary for some other aspect of care.		
	The mark is unambiguous (e.g., use initials or "YES" or a line representing the proposed incision; consider that "X" may be ambiguous).		
	The mark is positioned to be visible after the patient is prepped and draped.		
	The mark is made with a marker that is sufficiently permanent to remain visible after completion of the skin prep. Adhesive site markers should not be used as the sole means of marking the site.		
	The method of marking and type of mark is consistent throughout the organization.		
	At a minimum, mark all cases involving laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine). Note: In addition to pre-operative skin marking of the general spinal region, special intraoperative radiographic techniques are used for marking the exact vertebral level).		
	The person performing the procedure does the site marking.		
	Marking must take place with the patient involved, awake and aware, if possible.		
	Final verification of the site marking takes place during the "time out."		
	A defined procedure is in place for patients who refuse site marking.		

Adapted from the Ohio Patient Safety Institute (2004). Ohio Surgical/Procedural Verification Protocol. Accessed 6/9/2008 from The Ohio Patient Safety Web site:

<http://www.ohiopatientsafety.org/surgery/Links/Ohio%20surgical%20verification%20protocol604.pdf>

Universal Protocol Assessment for: _____

Date: _____

Auditor: _____

STEP THREE	“Time out” immediately before starting the procedure		
	<i>Must be conducted in the location where the procedure will be done, just before starting the procedure. It must involve the entire operative team, use active communication, be briefly documented, such as in a checklist (the organization should determine the type and amount of documentation) and must, at the least, include:</i>		
		YES	NO
1	Correct patient identity.		
2	Correct side and site.		
3	Agreement on the procedure to be done.		
4	Correct patient position.		
5	Availability of correct implants and any special equipment or special requirements.		
	<u>The organization has a processes and systems in place for reconciling differences in staff responses during the “time out.”</u>		
NON-OR	Procedures for non-OR settings including bedside procedures.		
		YES	NO
	Site marking must be done for any procedure that involves laterality, multiple structures or levels (even if the procedure takes place outside of an OR).		
	Verification, site marking, and “time out” procedures should be as consistent as possible throughout the organization, including the OR and other locations where invasive procedures are done.		
	Exception: Cases in which the individual doing the procedure is in continuous attendance with the patient from the time of decision to do the procedure and consent from the patient through to the conduct of the procedure may be exempted from the site marking requirement. The requirement for a “time out” final verification still applies.		