



El Paso - Ambulatory Clinic Policy and Procedure

Title: UNIVERSAL PROTOCOL VERIFICATION PROCESS FOR INVASIVE PROCEDURES	Policy Number: EP 1.13
Regulation Reference: UP 01.01.01, UP 01.02.01, UP 01.03.01	Effective Date: 7/2009

Policy Statement:

It is the policy of the TTUHSC – EP Ambulatory Clinics to provide safe, accurate patient care to those patients who are to have invasive procedures in the clinics by verifying procedure, correct patient, correct procedure, correct side/ site and that needed equipment, x-rays and medication, etc are available and ready for use during the procedure. All staff members involved in invasive procedures will take part in completing a check list for each patient undergoing an invasive procedure to verify correct patient, procedure, site etc. Checklists will be completed fully and accurately and placed in the patients chart for each procedure.

Exception: Procedures listed here are not within the scope of this procedure: Venipuncture, peripheral IV line placement, Foley catheter, suturing of minor laceration, endoscopy or NGT Tube Placement.

Scope and Distribution:

Involves active participation by all faculty, staff, residents, and students.

Procedure:

1. Verify that the correct patient is being taken to the room where the procedure will be carried out. Two (2) forms of patient identification will be used to identify the patient: Common (2) forms of ID are: to ask the patient to state their name and their date of birth (staff will not provide these identifiers). If the patient cannot speak a family member may be asked to identify the patient.
2. Procedure site will be marked if the procedure involves right or left distinction or multiple structures such as finger or toes. A physician member of the healthcare team, who will be performing the procedure, will mark the operative site with their initials, with a pen that will allow the mark to be visible after prepping and draping the site.

Exceptions: Exceptions to this procedure are when the invasive/ surgical procedure will take place in or through a natural orifice (e.g. mouth, GI endoscopy, procedures on the genitalia), or other situations in which marking the site would be impossible or technically impractical (i.e. with premature



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infants where marking may cause a permanent tattoo). If the invasive procedure involves an eye, the surgeon will initial the forehead above the eyebrow of the affected eye. For invasive procedures involving the ear, the surgeon will initial the earlobe of the affected ear.

3. The Health Care Team will verify with the patient/ family/ parent, whenever possible, that the procedure site has been correctly marked. The invasive procedure form, attachment A, will be used to document the verification. The form will be retained in the patient's medical record as evidence of compliance.
4. Immediately before the start of the invasive procedure all members of the healthcare team will take "time out" for final verification of correct patient, correct procedure, correct side/ site. This verification must be multidisciplinary and include the HCP who will be doing the procedure. The staff member will conduct the "time out" out loud and all activity in the room will stop to allow all team members to participate.

The "time out" must include but is not limited to:

- a) Correct patient identification (x2)
 - b) Confirmation that correct side and site are marked, if applicable
 - c) An accurate consent form
 - d) Agreement on procedure to be done
 - e) Correct positioning of the patient
 - f) Relevant instruments, images and result are available, properly labeled and displayed as required.
 - g) Needed medications are available
 - h) Safety precautions based on patient history or medication use are in place.
5. If there are any differences in staff responses to the checklist components all activity must stop until every issue in question has been resolved. Once resolution has occurred a final time out will take place prior to beginning the procedure.
 6. The completed Universal Protocol Verification form will be placed in the patient's Medical Record.

Attachment A: Universal Protocol Verification Form



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Universal Protocol Verification Form	PATIENT IDENTIFICATION LABEL or Patient Name: _____ MR#: _____ Date: _____				
Invasive Procedure Performed:	<input type="checkbox"/> Biopsy <input type="checkbox"/> Needle Aspiration <input type="checkbox"/> Colposcopy- Laser, LEEP, Cryo (Circle one)			<input type="checkbox"/> Cystometrogram <input type="checkbox"/> Circumcision <input type="checkbox"/> Wound Care <input type="checkbox"/> Other	
Healthcare Team Members involved in “Time Out” process:	<input type="checkbox"/> Registered Nurse _____ (Print Name) <input type="checkbox"/> CMA/ NA _____ (Print Name) <input type="checkbox"/> Faculty _____ (Print Name) <input type="checkbox"/> Resident _____ (Print Name) <input type="checkbox"/> Other _____ (Print Name)				
Pre-procedure Verification Process	Met	Not Met	N/A	Staff Initials	Comments
History and Physical					
Pre-Anesthesia/ Sedation Form					
The consent form (s) is signed and accurately completed					
If ordered, correct diagnostic and radiology test results are properly labeled and displayed					
Instruments, equipment and/ or blood products are readily available for the procedure					
Staff Full Signature and Title					
“Time Out” Oral Verification Process by all the Healthcare Team	Met	Not Met	N/A	Staff Initials	Comments
ALL ACTIVITY STOPPED FOR TIME OUT PROCESS					
Correct Patient Identity using the two patient identifiers (name & medical record #)					
The consent form (s) is signed and accurately completed					
Active agreement by all the healthcare team on the procedure (s) to be done					
Patient is positioned correctly for the procedure					
If ordered, relevant images and results are properly labeled and appropriately displayed					
If ordered medications available					
Safety Precautions based on patient history or medication use in place					
Staff Full Signature & Title	Initials:		Date:	Time:	