POLICY STATEMENT:

It is the policy of the Texas Tech Physicians 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 checklist 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:

This policy applies and will be distributed to all TTUHSC School of Medicine Clinics, also known as Texas Tech Physicians.

PROCEDURE:

Departmental policy shall identify procedures performed in their clinic that expose the patient to more than minimal risk of harm, require site marking, or are of such complexity that Universal Protocol applies. Compliance with Universal Protocol shall be demonstrated by the completion of a checklist to ensure the following steps have been taken.

1. A pre-procedure process verifies the following:
   a. Correct patient using 2 identifiers (name and date of birth; staff will not provide identifiers)
   b. Correct procedure
   c. Correct site (the patient is involved in the verification process when possible)
   d. Relevant documentation is available
   e. Diagnostic and Radiology test results are displayed
   f. All required equipment is available

2. Procedures requiring marking of the incision or insertion site are marked. (Sites require marking where there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety.)
   a. The site is marked with indelible ink using initials by the licensed independent practitioner or resident performing the procedure with the patient involved when possible. Adhesive markers are not the sole means of marking the site.
   b. If a patient refuses the site marking, further education will be provided to the patient including the importance and possible implications of refusing the marking. If the patient continues to refuse the
marking, the procedure team will verbalize the site of the procedure, mark the site with an adhesive marker, and document the refusal on 3.26.A, Universal Protocol Checklist, for the respective campus.

3. A time out is performed immediately before starting the invasive procedure or making the incision.
   a. The time out involves immediate members of the procedure team.
   b. Team members agree on the following: correct patient, site, and procedure to be performed.

4. The Universal Protocol Checklist must be completed in its entirety and placed in the patient’s medical record.

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Joint SOM Policy Committee to the Regional Deans with final signatory authority by the Deans, Schools of Medicine.

RESPONSIBILITY AND REVISIONS

It is the responsibility of the Joint SOM Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement and Risk Management. Administrative and technical management of this policy, including web site maintenance, will be the responsibility of the Lubbock Office of Performance Improvement.

ATTACHMENT:


| Signatory approval on file by          | Steven L. Berk, MD          |
|                                       | Dean, School of Medicine    |
|                                       | Jose Manuel de la Rosa, M.D.|
|                                       | Dean, School of Medicine, El Paso |