



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™**

Ambulatory Clinic Policy and Procedure – Amarillo

Title:	Universal Protocol Verification Process for Invasive Procedures	Policy Number:	3.26
		Version Number	2
Regulation Reference:	Joint Commission	Effective Date:	2/2010
		Original Approval:	10/2009

POLICY STATEMENT:

It is the policy of the TTUHSC – Amarillo 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 policy: Venipuncture, peripheral IV line placement, Foley catheter, suturing of minor laceration, endoscopy or NG Tube Placement.

SCOPE:

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 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.

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, School 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:

[3.26.A – Amarillo – Universal Protocol Verification Form](#)

Signatory approval on file by:	Steven L. Berk, MD Dean, School of Medicine
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