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| Issue Date: September 2008 | Department Name: Clinical Risk Management |
| Authors: Correct Site Surgery Working Group | Authorising Committee: Hospital Executive |
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Our Lady's Children's Hospital, Crumlin

Policy Title:

Correct Site Surgery

Authorised by:

Lorcan Birthistle, Chief Executive

Signed:

Ratified by:

Lorcan Birthistle, on behalf of Hospital Executive

Signed:

Date:

4.9.08.

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Policies will be reviewed yearly or more frequently if required due to changing practice, policy, or legislation.

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1 Introduction

Wrong site surgery is an infrequent event, but the consequences for patients, their families and the multidisciplinary team members can be devastating. Wrong site surgery comprises all surgical procedures performed on the wrong patient, wrong body part, wrong side of the body or at the wrong level of the correctly identified anatomical site. (JCAHO, 2006)

Universal Protocols have been developed by Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to assist other Organizations to put safer procedures in place. These have been endorsed by over 40 professional medical associations inclusive of the National Patient Safety Agency (NPSA) in the United Kingdom and Royal Colleges worldwide (Edwards 2008). These recommendations have been used to inform the development of this document for use in Our Lady's Children's Hospital, Crumlin (OLCHC).

2 Definitions relating to Correct Site Surgery

2.1 Correct Site Surgery:

Steps that are to be taken to ensure that the indicated surgery/procedure is performed on the correct patient on the correct site/side, and if indicated, with the correct implant.

2.2 Person Performing the Procedure:

This is the Consultant Surgeon or his or her nominated competent deputy that is performing or assisting in the surgery.

2.3 Operating Team:

The Operating team includes all health professionals participating in the delivery of care during the surgery who include the surgeon, assisting surgeon, anaesthetist and scrub nurse.

2.4 Competent Deputy:

Individual with the knowledge, skill and experience to perform the required task/procedure.

3 Document History

| Document Name | Issuing Committee | Document Number | Date of First Issue | Version Number | Review Date |
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| Correct Site Surgery | Hospital Executive | CSS-01-2008-0-AMK | September 2008 | 1.0 | September 2009 |
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4 Applicable to

This is a hospital wide policy and must be adhered to by all staff directly or indirectly involved in surgical procedures/interventions.

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Staff

It is the responsibility of all staff (Consultants, Non Consultant Hospital Doctors (NCHD)'s, Nursing, and Administrative) involved in the process of preparing the patient for Surgery, to adhere to the processes required to ensure correct site surgery for all patients requiring any procedure within OLCHC.

Ward Manager / Departmental Manager and Consultant Surgeons

It is the responsibility of the Ward Manager/Departmental Managers/ Consultant Surgeons to ensure that all staff are fully informed of the policy for Correct Site Surgery.

Consultant Surgeon

The Consultant Surgeon is responsible for the identification of the nominated competent deputy to act on his/her behalf during the four steps in Correct Site Surgery policy.

5 Objectives

The objective of this Policy document is:

- To provide standardised instruction for all members of the Multidisciplinary team on the steps required to ensure Correct Site Surgery is performed within Our Lady's Children's Hospital.
- To enable members of the operating team to identify unambiguously the intended site of incision or insertion at the time of surgery.
- To ensure that if at any time any member of the team has a doubt that the incorrect side/site is being prepared for surgery, they can immediately voice their concerns. There should be no criticism of persons raising concerns even if their concerns prove to be unfounded

6 Stages required to Ensure Correct Site Surgery

Utilising current available research four key stages, where specific processes need to be implemented, have been identified within OLCHC as being necessary to ensure Correct Site Surgery. The four stages are:

- Out Patient's Department
- Ward Area
- Theatre Reception
- Surgical Pause

6.1 Processes required in the Out-Patient's Department to ensure Correct Site Surgery

The decision to plan and book a child for a surgical procedure is often made in the Out Patient's Department. To ensure correct site surgery is planned at this point the following steps must be adhered to:

6.1.1 Patient Identification

Checks should be performed to confirm that all documentation and X-rays belong to the patient.

6.1.2 Review of relevant healthcare records

All of the patient's healthcare records must be available for review by the consultant or nominated competent deputy to plan and book a surgical procedure, and to complete the informed consent process.

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6.1.3 Review of relevant X-ray films and reports

Relevant X-ray films and original reports to ensure correct site surgery must be available and reviewed by the consultant or nominated competent deputy to plan and book a surgical procedure, and to complete the informed consent process.

6.1.4 Review of relevant diagnostic reports

All relevant original diagnostic reports and imaging required to ensure correct site surgery must be available and reviewed by the consultant or nominated competent deputy to plan and book a surgical procedure, and to complete the informed consent process.

6.1.5 Provision of information for the parents/guardian and/or the patient

As part of the decision making process the consultant or nominated competent deputy must provide parents/guardian and/or patient with the required information for the planned procedure

Informed consent may be obtained by the consultant or nominated competent deputy at this time if the procedure is planned within a three month time frame.

Interpreter services should be utilised if required.

6.2 Processes required for Ward Admission to ensure Correct Site Surgery (CSS)

The following processes must be followed in the ward area for patient's admitted for a surgical procedure:

6.2.1 Pre-operative work-up

It is the responsibility of the operating surgical team to ensure the pre-operative work-up is complete.

6.2.2 Review of relevant X-ray films and reports

Relevant X-ray films and original reports to ensure correct site surgery must be available and reviewed by the consultant or nominated competent deputy to complete the informed consent process.

6.2.3 Review of relevant diagnostic reports

All relevant original diagnostic reports and imaging required to ensure correct site surgery must be available and reviewed by the consultant or nominated deputy to complete the informed consent process.

6.2.4 Pre-operative marking

Pre-operative marking must be performed by the Consultant Operating Surgeon or nominated competent deputy, who will be performing/ assisting in the operation. Site must be marked with indelible ink in the presence of parent or guardian prior to the patient being transferred to the Theatre Department and following review of relevant x-rays, reports and consent form. The mark should be an arrow that extends to or near to the incision site.

Please refer to Appendix II – Instruction for Pre-operative Marking.

6.2.5 Obtaining Consent

Informed consent must be obtained by the consultant or nominated competent deputy for surgical procedures. Any queries raised by parents regarding the operation site or side must be conveyed to the consultant in charge.

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TO ACHIEVE BEST PRACTICE WITHIN OLCHC ALL RELEVANT X-RAYS AND DIAGNOSTIC REPORTS SHOULD BE AVAILABLE FOR VIEWING DURING THE INFORMED CONSENT PROCESS

Interpreter services should be utilised at this stage if required.

Patient's admitted out of hours may be admitted and deemed medically safe in the hospital by a senior house officer on duty. Consent for the procedure should not be taken at this time (OLCHC, 2007).

6.2.6 Transfer of Patient to the Theatre Department

The patient must not leave the ward without confirmation of a valid consent form, site marked and a completed pre-operative checklist. If documentation is incomplete, or relevant x-rays not available, the operating consultant must be informed. If the operating consultant makes the decision to proceed without any of the above this must be clearly documented in the patient's healthcare record by ward nursing staff.

Any concerns raised by the patient or the parents/guardian at this stage must be communicated to the operating consultant.

6.3 Processes required in at Theatre Reception to ensure Correct Site Surgery (CSS)

6.3.1 Check in at Theatre Reception

Patient's being checked in at the theatre reception for surgical procedures must have:

- Correct patient identification name band with patient's name, hospital number, and date of birth
- Current healthcare records (old notes should be available on the ward)
- Relevant x-rays and original diagnostic reports
- Consent form stating the correct procedure and correct site/side, signed within the previous three month period

6.3.2 Verification of surgical site

The patient's surgical site marking should be verified verbally by the transfer nurse to the theatre nurse.

NB: *Patient's arriving at Theatre Reception where all of the above are not available will be asked to return to the ward area, unless the operating consultant has been notified and accepted responsibility to proceed with surgery. This decision must be recorded in the patient's healthcare records.*

6.4 Processes required in the Theatre Suite to ensure Correct Site Surgery (CSS) – the Surgical Pause

6.4.1 Completion of the Surgical Pause

The Surgical Pause is the final check to ensure correct site surgery for a patient. This check must be made by the operating team (operating surgeon, anaesthetist and scrub nurse) immediately before commencing surgery when the child is positioned on the table, to confirm the correct patient, with the correct side/site marked for the correct procedure. The operating surgeon or nominated competent deputy must take the lead in instigating this process however every member of the multidisciplinary team must signal their agreement or highlight a discrepancy if noted.

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6.4.2 Process to complete the Surgical Pause

The Surgical Pause should be performed immediately before surgery, when the child is anaesthetised and positioned on the table. Individual surgeons may determine the exact timing for the Surgical Pause, however the Correct Site Surgery Working Group recommend it is performed immediately prior to prepping and draping the patient.

To instigate the surgical pause the operating surgeon must:

- Confirm the patient's identity against the name band and healthcare record
- Verify the correct procedure on the patient consent and supporting documentation and ensure it is confirmed against original radiology films and diagnostic reports (as relevant for the procedure)
- Confirm surgical side/site is marked and corresponds to the consent, documentation, and original radiology films and diagnostic reports (as relevant for the procedure)
- Confirm availability of surgical instrumentation / correct implants

If at any time any member of the team has a doubt that the incorrect side/site is being prepared for surgery, they should immediately voice their concerns. There should be no criticism of persons raising concerns even if their concerns prove to be unfounded.

The completion of the Surgical Pause should be entered into the Theatre Management System by a member of the Operating Team.

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7 Appendix I: Algorithm - Steps required in the Correct Site Surgery Process

STEP 1 – OUT PATIENTS DEPARTMENT

- Patient's healthcare records, relevant x-rays and diagnostic reports must be available and reviewed to plan and book a surgical procedure
- The operating consultant or nominated competent deputy must provide the relevant information necessary to the parents/guardians to make an informed decision regarding surgery
- Informed consent may be obtained and the form signed in the OPD if surgery is anticipated within a three months timeframe
- Parents/Legal Guardian must be present for consent process
- Interpreter service must be available if necessary

STEP 2 – WARD AREAS

- It is the responsibility of the operating surgical team to ensure the pre-operative work-up is complete.
- Questions regarding correct site/side or correct procedure must be conveyed to the operating consultant.
- Relevant x-rays and diagnostic reports must be reviewed when taking informed consent
- Pre-operative marking must be performed by the operating consultant or nominated competent deputy who will be performing/ assisting the procedure, prior to the patient being transferred to the Theatre Department.
- Informed consent must be taken by operating consultant or nominated competent deputy prior to transfer to Theatre. On-call team may admit patient's to ward as medically safe only. Consent for the procedure should not be taken at this time.
- Patients must not be transferred to theatre without a valid consent, pre-operative marking (where required), original diagnostic reports and necessary documentation.

STEP 3 – THEATRE RECEPTION

Patients being checked in at the theatre reception for surgical procedures must have:

- Correct patient identification name band with patient's name, hospital number, and date of birth.
- Current healthcare records (Old notes should be available on the ward).
- Relevant x-rays and original diagnostic reports.
- Consent form stating the correct procedure, signed within the previous three month period.
- Pre-operative site marked (to be verbally confirmed between transfer nurse and theatre nurse).

Patient's arriving at Theatre Reception without all of the above will be asked to return to the ward area, unless the operating consultant has been notified and accepted responsibility to proceed with surgery. This decision must be recorded in the patient's healthcare records.

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STEP 4 – THE SURGICAL PAUSE

The Surgical Pause is the final check to ensure correct site surgery for a patient. This check must be made by the operating team (operating surgeon, anaesthetist and scrub nurse) immediately before commencing surgery when the child is positioned on the table, to confirm the correct patient, with the correct side/site marked for the correct procedure. The operating surgeon or nominated competent deputy must take the lead in instigating this process however every member of the multidisciplinary team must signal their agreement or highlight a discrepancy if noted. There should be no criticism of persons raising concerns even if their concerns prove to be unfounded.

To instigate the Surgical Pause the operating surgeon must:

- Confirm the patient's identity against the name band and healthcare record
- Verify the correct procedure on the patient consent and supporting documentation and ensure it is confirmed against original radiology and diagnostic reports (as relevant for the procedure)
- Confirm surgical side/site is marked and corresponds to the consent, documentation, and original radiology and diagnostic reports (as relevant for the procedure)
- Confirm availability of surgical instrumentation / correct implants

The completion of the Surgical Pause should be entered into the Theatre Management System by a member of the Operating Team.

Responsible Person: Operating Consultant.

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8 Appendix II: Instruction for Pre –Operative marking

The role of marking to promote correct site surgery

Pre-operative marking has a significant role in promoting correct site surgery, including operating on the correct side of the patient and/or the correct anatomical location or level (such as the correct finger on the correct hand). This procedure is mandatory and essential for all patients attending for surgical procedures (with the exception of those procedures mentioned in Exceptional Cases, outlined below)

How to mark.

An indelible marker pen should be used. The mark should be an arrow that extends to or near to the incision site. It is desirable that the mark should remain visible after the application of theatre drapes.

Where to mark?

Surgical operations involving side (laterality) should be marked at or near the intended incision. For digits on the hand or foot the mark should extend to the correct specific digit. Ascertain the intended surgical site from relevant documentation and images.

Who Marks?

Marking should be undertaken by the Consultant Operating Surgeon or Nominated Competent Deputy who will be performing/assisting the surgery.

Marking with Whom?

The process of pre-operative marking of the intended site should involve the patient as appropriate. Parents/guardian should be present at the time of site marking. Any concerns regarding the correct procedure and/or correct site/side must be conveyed to the Operating Consultant.

Marking time and place.

The surgical site mark should be marked on the ward or day care unit area prior to patient transfer to the operating theatre. Marking should take place prior to pre-medication in children aged 16 and above.

Verification of Marking.

The surgical site mark should subsequently be checked against reliable documentation and relevant x-rays and diagnostic reports to confirm it is correctly located, and visible.

These checks should be verbally confirmed on transfer to theatre and end with a final verification prior to commencement of surgery. The operating team members (Surgeon, Anaesthetist and Scrub Nurse) should be involved in checking pre-operative marking during the Surgical Pause.

Circumstances Where Marking May Not Be Appropriate

It is recognised that in some situations may not be appropriate or possible for surgical site marking. Examples include:

- Emergency Surgery should not be delayed due to lack of pre-operative marking
- Dental surgery and Mucous Membranes
- Bilateral Tonsillectomy
- Single Organ cases, such as Cardiac
- Premature infants cannot be marked in any circumstances due to risk of permanent marking

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9 References

- www.jacho.org *Joint Commission on Accreditation of Healthcare Organizations Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery* 2006
- National Patient Safety Agency, 2005. Correct Site Surgery Patient Safety Alert. (<http://www.npsa.nhs.uk/patientsafety/alerts-and-directives/alerts/correct-site-surgery/>, Last accessed 16/08/08).
- *Staff Guidelines in Relation to Obtaining Consent for Children and Young People*, OLCHC 2007.

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