

CORPORATE POLICY

Manual/Library Name: Clinical Operative and Invasive	No: CLN.04.03
	Page: 1 of 5
Title: Universal Protocol – Time-Outs (Anesthesia, Surgery, and Procedural)[CO-2.011]	Effective Date: 08/23/24
	Previous Versions: 05/18/22, 04/03/20, 07/30/19, 09/28/16, 06/05/12, 04/04/12, 04/28/09, 02/05/08, 06/12/07, 11/18/04, 03/15/04
	Approved By: Executive Leadership Team
	Approval Date: 08/21/24

I. Scope

This policy applies to Tenet Healthcare Corporation and its subsidiaries and affiliates other than Conifer Holdings Inc. and its direct and indirect subsidiaries (each, an “Affiliate”), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

II. Purpose

To provide guidance for Procedure Team staff to prevent wrong patient, wrong Procedure, and wrong site/side when performing an operative or invasive Procedure, regardless of where the Procedure is performed (e.g., operating room, clinic room, bedside). This policy also applies to anesthesia blocks.

III. Definitions

Procedure Team: Team that includes any active Procedure participant: Proceduralist(s), anesthesia provider(s), nurse(s), or surgical technologist(s), etc. who are participating in the Procedure.

Proceduralist: The appropriately credentialed and privileged individual performing the Procedure.

Procedure: Any surgical or non-surgical invasive intervention.

Time Out: The universal protocol of taking Time Out to perform appropriate checks to prevent wrong site, wrong Procedure, and wrong patient errors.

IV. Policy

The Procedural Team completes the Time Out for all Procedures including pre-Procedure verification, site marking, a procedural Time Out, and a debrief Time Out. It is the responsibility of the Proceduralist/Procedure Team to complete/address these steps and any applicable safety checklist and/or documentation tool.

An anesthesia Time Out is completed prior to all block anesthetic techniques. At a minimum, an anesthesia provider and one registered nurse will participate in the Time Out at the facility.

CORPORATE POLICY

Manual/Library Name: Clinical Operative and Invasive	No: CLN.04.03
	Page: 2 of 5
Title: Universal Protocol – Time-Outs (Anesthesia, Surgery, and Procedural)[CO-2.011]	Effective Date: 08/23/24
	Previous Versions: 05/18/22, 04/03/20, 07/30/19, 09/28/16, 06/05/12, 04/04/12, 04/28/09, 02/05/08, 06/12/07, 11/18/04, 03/15/04
	Approved By: Executive Leadership Team
	Approval Date: 08/21/24

Any staff member may stop the process if there is a discrepancy or a concern at any point. The Procedure does not start until all discrepancies and concerns are resolved and, if necessary, follows the Tenet/USPI Stop the Line and/or Chain of Command procedures.

The Time Out protocol may be omitted or modified in cases in which the patient’s life or limb is in imminent danger and delays could potentially cause the patient greater harm.

V. Procedure

A. Pre-Procedure Verification Process

1. Verification of the correct person, Procedure, and site occurs:
 - a. At time Procedure is scheduled.
 - b. At time of pre-admission testing and assessment.
 - c. In the pre-Procedure area, by nursing team.
 - d. Upon entrance into the Procedure room/area, also known as anesthesia Time Out (might occur in the pre-Procedure area).
2. Procedure Team member will verify the correct patient, correct site (and side when applicable), and the correct Procedure to be done.
 - a. Procedure Team member will identify patient using two patient identifiers (e.g., full name and date of birth).
 - b. Ideally, when able, the patient or legal representative will participate in the identification and site marking process.
3. Procedure Team member must obtain relevant documentation as applicable/available and match to the patient. Examples of relevant documentation include the following: history and physical, signed Procedure Consent Form, Pre-anesthesia Assessment, signed Anesthesia Consent Form, physician office records when applicable, and Nursing Assessment.

B. Procedure Site Marking

1. When and Where

CORPORATE POLICY

Manual/Library Name: Clinical Operative and Invasive	No: CLN.04.03
	Page: 3 of 5
Title: Universal Protocol – Time-Outs (Anesthesia, Surgery, and Procedural)[CO-2.011]	Effective Date: 08/23/24
	Previous Versions: 05/18/22, 04/03/20, 07/30/19, 09/28/16, 06/05/12, 04/04/12, 04/28/09, 02/05/08, 06/12/07, 11/18/04, 03/15/04
	Approved By: Executive Leadership Team
	Approval Date: 08/21/24

- a. Site marking occurs prior to the start of any Procedures involving incision, puncture, or insertion when there is more than one possible location for the Procedure.
 - b. Marking must be visible to the team after all draping is complete.
 - c. The marking takes into consideration laterality (right, left, or bilateral distinction), surface (flexor/extensor), level (spine), or specific digit (finger/toe) or lesion to be treated.
 - d. For cases involving bilateral Procedures requiring separate incisions (e.g., eyes, knees, feet), mark both sides/sites.
2. Who and How
- a. The Proceduralist, in conjunction with the patient, shall clearly mark the procedure side/site with initials or the word “Yes” in a legible and unambiguous manner using a marker sufficiently permanent to remain visible after the patient has been prepped and draped.
 - b. The Proceduralist shall mark the site with the patient involved, awake, and aware if possible. To avoid confusion, the Proceduralist shall state the side/site and point to it with the patient.
 - (i) In the case of multiple procedures with multiple Proceduralists, each relevant site is marked by each Proceduralist.
 - (ii) If secondary Proceduralist is not present at time of case start, the site marking may be delegated to the Proceduralist performing the first procedure.
3. Standard Alternative Process
- The Proceduralist shall use an alternative method (e.g., special purpose wristband, body drawing, radiopaque indicator, and/or radiographic technique, etc.) for visually identifying the correct side and site in the event that it is not possible or practical to mark the site, including patient refusal.

C. Procedural Time Out

CORPORATE POLICY

Manual/Library Name: Clinical Operative and Invasive	No: CLN.04.03
	Page: 4 of 5
Title: Universal Protocol – Time-Outs (Anesthesia, Surgery, and Procedural)[CO-2.011]	Effective Date: 08/23/24
	Previous Versions: 05/18/22, 04/03/20, 07/30/19, 09/28/16, 06/05/12, 04/04/12, 04/28/09, 02/05/08, 06/12/07, 11/18/04, 03/15/04
	Approved By: Executive Leadership Team
	Approval Date: 08/21/24

1. Immediately prior to the start of the Procedure, the Procedure Team will conduct a Time Out process including verifying the correct patient, correct site (side), and the correct Procedure. During the Time Out, all other activities are suspended and there are to be no distracting noises or conversations. Active verbal participation will occur by all Procedure Team members. If movement or distraction occurs, the Time Out process will restart from the beginning.
 2. When site marking is applicable, the mark MUST be visible to and verified by the Proceduralist. All must acknowledge that they “See The Mark”
 3. A Procedure Team member must document the completion of the Time Out in the medical record, including date and time.
 4. When the same patient is having more than one Procedure performed, the initial Time Out will include all anticipated Procedures (with or without the subsequent Proceduralist(s) present). The Procedure Team will also perform a Time Out for each subsequent Procedure.
 5. If the Proceduralist performs a Time Out and then leaves the room prior to starting the Procedure, the Procedure Team must repeat the Time Out.
 6. Additional elements for review during the Time Out may occur (e.g., Time Out checklist) as deemed appropriate to patient care needs.
 7. An abbreviated secondary Time Out is completed prior to hand off of any implant to include the type of implant and expiration date.
- D. Debrief Time Out
1. Prior to closure, or the Proceduralist removing gloves in cases without closure, the Procedure Team will complete a debrief Time Out to validate completion of key steps (e.g., they completed the correct Procedure in full, collected and properly labeled all specimens, and confirmed surgical/procedural counts are correct). Other elements for review may include the following: Estimated Blood Loss (EBL), confirmation of surgical wound class, and special patient disposition needs.

CORPORATE POLICY

Manual/Library Name: Clinical Operative and Invasive	No: CLN.04.03
	Page: 5 of 5
Title: Universal Protocol – Time-Outs (Anesthesia, Surgery, and Procedural)[CO-2.011]	Effective Date: 08/23/24
	Previous Versions: 05/18/22, 04/03/20, 07/30/19, 09/28/16, 06/05/12, 04/04/12, 04/28/09, 02/05/08, 06/12/07, 11/18/04, 03/15/04
	Approved By: Executive Leadership Team
	Approval Date: 08/21/24

2. The debrief offers a time to identify what went well in the case and any opportunities for improvement the case identified moving forward. This documentation form is not a part of the medical record.

VI. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII. References

CLN.04.03.DR.01 Anesthesia Block Checklist Requirements (CO-2.011)

American Society of Regional Anesthesia (May 2014) Pre-Block Check Lists

Joint Commission National Patient Safety Goals

Patient Safety Primer: Debriefing for Clinical Learning.

<https://psnet.ahrq.gov/primers/primer/36/debriefing-for-clinical-learning> retrieved on 2/26/2020

Standardization in patient safety: the WHO High 5s project (2014) International Journal of Quality in Health Care, 26, (2): 1-16

TeamSTEPPS Fundamentals Course: Module 4. Leading Teams.

<https://www.ahrq.gov/teamstepps/instructor/fundamentals/module4/slleadership.html>, retrieved on 2/26/2020