



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Quality Management And Patient Safety		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery		
<b>Applies To:</b>	Medical and Nursing Staff		
<b>Preparation Date:</b>	November 10, 2024	<b>Index No:</b>	QM&PS-MPP-010
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## 1. PURPOSE:

- 1.1 To promote patient safety by providing guidelines for verification of correct site, correct procedure and correct patient for invasive/surgical procedure(s).

## 2. DEFINITIONS:

- 2.1 **Wrong Site Surgery** – is defined as the performance of an operation or surgical procedure on the wrong part of the body.
- 2.2 **Wrong Procedure** – this encompasses on the wrong surgical procedure performed.
- 2.3 **Wrong Person Surgery** – it means surgery/procedure is performed on the wrong patient.

## 3. POLICY:

- 3.1 This policy comply with the International Patient Safety Goals and standards.
- 3.2 This policy applies to all invasive/surgical procedures performed including the beside invasive procedure performed at the facility.
- 3.3 This policy does not apply to venipuncture, peripheral intravenous placement, insertion of nasogastric tube or insertion of Foley catheter.
- 3.4 Maternity and Children Hospital, Hafer Al Batin, implements a process (surgical safety checklist for operating room procedures and procedural time out checklist) for preventing wrong patient, wrong site and wrong surgery in operating rooms or other locations.

## 4. PROCEDURE:

- 4.1 The process for preventing wrong site, wrong patient, wrong surgery/procedure consist of three phases:
  - 4.1.1 Verification
  - 4.1.2 Site Marking
  - 4.1.3 Time Out
- 4.2 Conduct a pre – procedural/pre – operative verification process.
  - 4.2.1 Objective: to make sure that all relevant documents and related information or requirement are available before the start of the procedure. This includes:
    - 4.2.1.1 Patient's identifiers by 4 names for Saudi /complete name for Non – Saudi and Medical Record Number.
    - 4.2.1.2 Full details of the procedure.
    - 4.2.1.3 Surgical consent to be obtained.
    - 4.2.1.4 Write procedures that involve anatomical site that have laterality, the word(s) right, left or bilateral.
    - 4.2.1.5 Relevant history, physical assessment and pre – anesthesia assessment.
    - 4.2.1.6 Correct and properly labelled diagnostic test results.
    - 4.2.1.7 Any available images of X – ray/CT scan or MRI reports.
    - 4.2.1.8 Any required blood product, implants, devices or prosthesis.

- 4.3 The correct patient is verified during all the above process to avoid any discrepancies or to address missing information before starting the procedure.
- 4.4 Surgical/Procedural Site Marking:
- 4.4.1 The site marking is done before conducting the procedure/surgery.
  - 4.4.2 The surgeon/physician who perform the surgery/procedure will be the one to mark the site in the ward.
  - 4.4.3 The site is marked when the patient is awake and aware (if possible).
    - 4.4.3.1 The surgeon/physician performing the surgery/procedure asks the patient to state the procedure, site and side of the surgery/procedure.
    - 4.4.3.2 If the patient is minor or unable to verify the information for him/herself, the verification process must, as possible take place along with the parent or legal guardian.
  - 4.4.4 The site is marked upon the laterality of procedure (right/left).
  - 4.4.5 The site is marked especially in bilateral organs and multiple structures (e.g. fingers, toes, spine, etc.).
  - 4.4.6 If the procedure involves multiple site/sides during the same operation, each side and site must be marked.
  - 4.4.7 If for spinal surgery, pre – operatively the skin is marked and even special radiographic techniques are used for marking the exact vertebral level.
  - 4.4.8 Laparoscopic surgery – the surgical site will be marked for laparoscopic cases that involve operating and organs that have laterality.
  - 4.4.9 If the skin integrity is not intact:
    - 4.4.9.1 The skin mark will not be placed on an open wound lesion.
    - 4.4.9.2 In case of multiple lesions and when only same lesion are to be treated, the site should be identified prior to surgery.
  - 4.4.10 Site marking may be waived off during critical emergencies at the discretion of the operating surgeon, but a "time out" should be conducted unless there is more risk that benefit to the patient.
  - 4.4.11 For bedside procedures (lumbar puncture, chest tube insertion, PICC line insertion, etc.) the person who performs the procedure should mark the site prior to the procedure.
  - 4.4.12 The way to mark the site:
    - 4.4.12.1 Using a straight line ( ——— ) with or without representing the proposed incision.
    - 4.4.12.2 It is unacceptable to mark with an "x" or use the word "no".
    - 4.4.12.3 The type of mark made should be consistent throughout the hospital.
    - 4.4.12.4 Adhesive site marker should not be used as the sole means of marking the site.
    - 4.4.12.5 Use the marker that is sufficiently permanent. It should be indelible, hypoallergenic and latex free.
    - 4.4.12.6 The site marking should be visible after the prepped and draped.
  - 4.4.13 Have a defined, alternative process for:
    - 4.4.13.1 The patient who refuses, the physician will review the need and rationale for site marking to the patient.
    - 4.4.13.2 Documentation of patient refusal must be written in patient file along with a refusal consent.
    - 4.4.13.3 Cases in which it is technically or anatomically impossible or impractical to mark the site, such as mucosal surfaces, perineum and premature infants.
    - 4.4.13.4 Minimal access procedures to treat a lateralized internal organ, whether percutaneous or through a natural orifice. The intended side is marked at or near the incision site.
    - 4.4.13.5 Interventional procedure, cases for which catheters/instrument site is not pre – determined for example: cardiac catheterization, pacemaker insertion
  - 4.4.14 A final check "Time Out" is conducted before the procedure is initiated.
    - 4.4.14.1 The time out is conducted in the location where the procedure will be done just before starting.

- 4.4.14.2 The time out is initiated by a designated members of the team and involves the members of the team, including the individual performing the procedure, the anesthesia provider and the nurse(s) involved.
- 4.4.14.3 The entire procedure team uses active communication during the time out.
- 4.4.14.4 During the time out, the team members agree on the correct patient identity, the correct procedure site, the correct side, the correct patient position, confirm the availability of correct implants, confirms all required equipment are available and functioning.
- 4.4.14.5 Also confirm about the antibiotics prophylaxis been given within last 60 minutes.
- 4.4.15 The operating room surgeries/procedures follow the surgical safety checklist. The checklist divide the operation into three phases, each corresponding to a specific time period in the normal flow of a procedure.
  - 4.4.15.1 Sign In (the period before the induction of anesthesia):
    - 4.4.15.1.1 The nurse and the anesthetist coordinate in this part and the checklist will verbally reviewed with the patient that his/her identity has been confirmed, the procedure site is marked and that a pulse oximeter is on the patient and functioning.
    - 4.4.15.1.2 Also review for any known allergy, difficult airway or any aspiration risk.
    - 4.4.15.1.3 It also covers whether anesthesia machine and medication check complete.
    - 4.4.15.1.4 The checklist will be read out loud to confirm everything mentioned.
  - 4.4.15.2 Time Out (the period after induction and before surgical incision).
    - 4.4.15.2.1 Similar steps are carried out as described in 4.4.14.
  - 4.4.15.3 Sign Out (the period during or immediately after wound closure but before removing the patient from the operating room)
    - 4.4.15.3.1 The nurse verbally confirms the name of the procedure is recorded completion of instrument, sponge and needle counts, specimen labelling (read specimen labels aloud, including patient name), whether there are any equipment to be addressed.
    - 4.4.15.3.2 The team will review key plans and concerns regarding post operating management and recovery before moving the patient form the operating room.
- 4.4.16 The complete components of the protocol are clearly documented in the surgical safety checklist/procedural time out checklist.
- 4.4.17 If any of these guidelines at any level (marking, sign in, time out or sign out) cannot be followed, the attending physician must write a detailed explanation of the extenuating circumstances in the medical record.



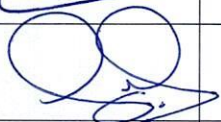

## **5. MATERIALS AND EQUIPMENT:**

- 5.1 Surgical Safety Checklist
- 5.2 Patient File with Post – Operative Record, Post – Operative Order, Intra – Operative Record
- 5.3 Anesthesia Record

## **6. RESPONSIBILITIES:**

- 6.1 Nurses
- 6.2 Physician
- 6.3 Anesthetist
- 6.4 Surgeon

9. APPROVALS:

	Name	Title	Signature	Date
<b>Prepared by:</b>	Ms. Rhodora Natividad	Document Management Control Coordinator		November 10, 2024
<b>Reviewed by:</b>	Mr. Sabah Turayhib Al Harbi	Director of Nursing		November 14, 2024
<b>Reviewed by:</b>	Mr. Abdulellah Ayed Al Mutairi	QM&PS Director		November 15, 2024
<b>Reviewed by:</b>	Dr. Tamer Mohamed Naguib	Medical Director		November 17, 2024
<b>Approved by:</b>	Mr. Fahad Hazam AlShammari	Hospital Director		November 24, 2024



### SURGICAL SAFETY CHECKLIST FORM

NAME: \_\_\_\_\_  
 MEDICAL RECORD NUMBER : \_\_\_\_\_ NATIONALITY: \_\_\_\_\_  
 ROOM NO: \_\_\_\_\_ BED NO: \_\_\_\_\_ AGE: \_\_\_\_\_  
 DATE & TIME OF ADMISSION: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ GENDER:  MALE  FEMALE

**SIGN IN** To Be Read Out Loud (Before the Induction of Anesthesia)

TIME: \_\_\_\_\_

With at least Nurse and Anesthetist

Has the confirmed his/her:  
 Identity:  Yes  No  
 Procedure:  Yes  No  
 Consent:  Yes  No

Is the site of the Procedure Marked?

Yes  
 No  N/A

Is the anesthesia machine and medication check complete?

Yes  
 No

Is the pulse oxymeter on the patient and functioning?

Yes  
 No

Does the Patient have a known: Allergy?

Yes  
 No

Difficult airway or aspiration risk?

Yes, in equipment/ assistance available  
 No

Risk of > 500ml blood loss (7ml/kg in children)?

Yes, in two IVs/ Central access and fluid planned.  
 No

Surgeon Name/Stamp: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TIME OUT** To Be Read Out Loud (Before the Skin Incision)

TIME: \_\_\_\_\_

With Nurse, Anesthetist and Surgeon

- Confirm all team members have introduced themselves by name and role.
- Confirm correct patient.
- Confirm correct procedure.
- Confirm the correct site.
- Confirm the correct side.
- Confirm correct patient position.
- Confirm the availability correct implants.
- Confirm all required equipment are available and functioning.

Has antibiotic prophylaxis been given the within last 60 minutes.

Yes  Not Applicable

**Anticipated Critical Events:**

**To Surgeon:**

- What are the critical or non-routine steps?
- How long will the case take?
- What is the anticipated blood loss?

**To Anesthetist:**

- Are there equipment issues or any concerns/

**To Nursing Team:**

- Has sterility (including indicator Results) been confirmed?
- Are there equipment issues or any Concerns?

Is essential imaging displayed?

Yes  Not Applicable

- All team members agree on the procedure to be done.

Nurse Name/Stamp: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGN OUT** To Be Read Out Loud (Before patient leave operating room)

TIME: \_\_\_\_\_

Nurse Verbally Confirms:

- The Name of the procedure is recorded.

- Completion of instrument, sponge and needle counts.

- Specimen labelling (read specimen labels aloud, included patient name).

- Whether there are any equipment to be addressed.

- To Surgeon, Anesthetist and Nurse: What are the key concerns for recovery and Management of this patient?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Procedure**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Anesthetist Name/Stamp: \_\_\_\_\_

Signature: \_\_\_\_\_


Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



NAME: _____	
MEDICAL RECORD NUMBER : _____	NATIONALITY: _____
AGE: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> days	
DATE OF BIRTH: ____/____/14 H ____/____/____ G	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

<b>TIME-OUT FOR INVASIVE PROCEDURE FORM</b> (Surgical Safety checklist)																				
<b>Diagnosis:</b>																				
<b>Procedure:</b>																				
<b>Date:</b>		<b>Time:</b>																		
<b>Call "Time-out" record</b>																				
<table border="1" style="width: 100%;"> <tr> <td>Correct Patient</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Correct patient position</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Correct site</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td>Correct procedure</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Consent</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>All documents and equipment required are correct, available and functioning</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>			Correct Patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Correct patient position	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Correct site	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	Correct procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	All documents and equipment required are correct, available and functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
All documents and equipment required are correct, available and functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
<b>Physician/surgeon Stamp &amp; signature:</b>																				
<b>Procedure Nurse Stamp &amp; signature</b>																				
<b>Date:</b>																				

**KINGDOM OF SAUDI ARABIA**



**وزارة الصحة**  
Ministry of Health

MRN: \_\_\_\_\_ رقم الملف الطبي:

Name: \_\_\_\_\_ الاسم:

Nationality: \_\_\_\_\_ الجنسية:

Age: \_\_\_\_\_ سنة \_\_\_\_\_ شهر \_\_\_\_\_ يوم \_\_\_\_\_  
Years Months Days العمر:

Date of Birth: \_\_\_\_ / \_\_\_\_ / 14 \_\_\_\_ H \_\_\_\_ / \_\_\_\_ / 20 تاريخ الميلاد:

Gender:  Male  Female الجنس:

Hospital: \_\_\_\_\_ مستشفى:

Region: \_\_\_\_\_ المنطقة/المحافظة:

Dept./Unit: \_\_\_\_\_ القسم/الوحدة:

### PRE – OPERATIVE CHECKLIST FORM

SCHEDULED OPERATION: ..... DATE: ..... TIME : .....

DIAGNOSIS: ..... WEIGHT: ..... HEIGHT: .....

DATE & TIME OF ADMISSION: ..... ISOLATION PRECAUTION: .....

ALLERGY:  NKA  YES ( if yes, Specify): .....

CHECKLIST	YES	NO	N/A
1. Identification Band on hand checked			
2. Surgical Consent signed			
2.1 Special Consent signed ( if required )			
3. Anesthesia consent signed			
4. Blood transfusion consent signed? ( If blood transfusion is suspected)			
5. Blood Transfusion requisition on chart If yes, number of blood bag available ( ) Type: .....			
6. Surgical Site Marking done			
7. Consultation ( if required )			
8. Pre - Anesthesia Assessment done			
9. History & Physical assessment on Chart and completed			
10. Surgical Prep. Done Surgical Prep. Checked by (RN): .....			
11. All ordered investigations report on chart? <input type="checkbox"/> CBC <input type="checkbox"/> PT PTT <input type="checkbox"/> Urine Analysis <input type="checkbox"/> Stool Analysis Pregnancy test (if required) <input type="checkbox"/> X- ray _____ film enclosed <input type="checkbox"/> ECG <input type="checkbox"/> others .....			
12. Pre-operative V/S: Pulse: ..... BP: ..... RR: ..... SPO2: ..... Temp..... Pain score/ Scale: .....			
13 Time urine voided Amount: 12.1 Catheter or drain present Specify:			
14. Enema (If required) Time:			
15. Prosthesis Removed 14.1 Dentures removed 14.2 Contact Lenses removed 14.3 Others ..... Removed			
16. Hairpins, Makeup, Nail Polish , Lipstick removed, Jewelry			
17. Clean gown, Cap on, Clean Bath Blanket			
18. Pre- Op. Medication Administered ( specify) 18.1 Dose 18.2 Route 18.3 Time 18.4 RN initial			
19. Medication administration record on chart			
20. Side Rails 20.1 Up 20.2 Below Position			
21. Pre- Operation patient instructions. NPO from Midnight			
Patient care area : RN name: ..... Initial .....	OR : RN name:		
Job Number. .... Date : ..... Time : .....	RN Initial:		
	Job number		
	Date/ Time:		