

COMPETENCY
O.R. Correct Site Verification

Applicable for:

X	RN		NURSE INTERN		SA
	CST		HUC		NA
	LPN		PHYSICIAN		NA, PSYCH

Completed by Preceptor:

Competency Statement: (Write # that applies)

_____ Demonstrates and documents the ability to actively, completely, and safely perform his/her role in the correct site verification process for each surgical patient.

Evaluation Mechanism:

1=Clinical Performance 2=Simulated Performance 3=Verbal or Written Performance

Preceptor

Signature: _____ Date: _____

Completed (Initialed) by Employee:

_____ I have read and understand the Correct Site Verification for Surgical Procedures, Invasive Procedural Areas and Bedside Procedures Policy.

_____ For every surgical procedure in which I am participating as a circulating nurse, I will be responsible for conducting the time-out and seeking verification of the patient's name and procedure from other team members.

_____ I understand that I should not allow the procedure to continue if there is a discrepancy in any information about the patient or procedure, or if a complete time-out has not occurred.

_____ I understand the key points and will follow the Correct Site Verification policy guidelines:

1. This is a hospital wide policy, to take place before every surgery or invasive procedure.
2. A "Hard Stop" will take place and no surgical procedure will be performed unless the time-out process is done.
3. I understand my role in the verification process that takes place in the pre-operative area.
4. I understand the specific steps in the site marking component of the policy.
5. I understand the steps of the spine and other procedures protocol, and my role.
6. I understand the time-out process for additional procedures, and my role.
7. I will complete all required sections of the verification form/checklist for each procedure.
8. I know what the correct verification form documentation is for an emergency/trauma situation.

Critical Thinking Questions:

1. Which members of the intra-op team need to actively participate in the time-out process?

2. Name the three pieces of information that the ACP and surgeon need to verify.

3. What three things must be verbally verified by the procedural team before a "side specific" implant is opened?

I have demonstrated the ability to perform this procedure and I have knowledge of the resources to answer questions.

Employee Signature: _____ Date: _____/_____/_____

