

Time Out Surgical Checklist items



Prior to skin incision or procedure start

Item 1: Initiates Time Out



Initiates Time Out

The surgeon needs to be engaged in the process and having him/her initiate the time-out reinforces its importance. The time-out immediately prior to incision includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved.

Origin: Minnesota Department of Health Time-Out Process in Minnesota and the Joint Commission Universal Protocol Standard (UP.01.03.01)

Item 2: Introductions



Introductions

The World Health Organization (WHO) recommends that every person in the operating/procedure room introduce himself or herself by name and role prior to procedure start. Introductions are also critical in creating an environment where individuals can voice concerns about the patient. People who are given the opportunity to contribute to a conversation will also find it easier to speak up later. It is recommended that every person in the operating/procedure room introduce himself or herself, including manufacturer/equipment representatives, students and observers.

Clinicians have raised concerns about having surgical team members introduce themselves before every case because everybody already knows each other, or the team will be working together for the entire day. A best practice is to have surgical team members introduce themselves by name and role prior to the first case and have surgical team members hand off this information from one individual to another when there is a transfer of responsibility.

Origin: WHO Surgical Safety Checklist

Item 3: All activity ceases



All Activity Ceases

During the time-out immediately prior to incision, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site and procedure.

Origin: The Joint Commission Universal Protocol Standard (UP.01.03.01)

Item 4: Patient identification (surgical team and anesthesia)



Patient Identification

To make sure that each patient receives the correct medicine and treatment, patient identification should occur in all stages of diagnosis and treatment (when administering medication, blood, tests, and procedures). The Joint Commission recommends the use of at least two ways to identify a patient. Acceptable identifiers include the patient's name, date of birth, medical record number, and other person-specific identifiers. In the operating room, patient identification should be performed. This is essential to ensure that the team does not operate on the wrong patient.

Origin: The Joint Commission National Patient Safety Goal and the Joint Commission Universal Protocol Standard (UP.01.01.01)



Procedure & Site

Item 5: Procedure and site

Verifying the site of the surgery is essential to ensure that the team performs the correct procedure on the correct site. This process step is an opportunity to confirm the operative site with the patient and team.

Origin: The Joint Commission National Patient Safety Goal and the Joint Commission Universal Protocol Standard (UP.01.02.01)

Surgical team members should always make certain that any procedure is what the patient needs and is performed on the right person. Verifying the surgical procedure and consent is an ongoing process of information gathering and confirmation and is initially confirmed in the preoperative area by multiple team members.

This check is the last opportunity to verify with the patient and team that the consent is consistent with the patient's expectations and the team's understanding of the procedure to be performed. It provides an important opportunity to address any questions, concerns, or discrepancies prior to induction of anesthesia. This step should include the surgeon and/or scrub nurse or technician if they are present.

Origin: South Carolina Safe Surgery 2015

Item 6: Patient identification (anesthesia care provider)

To make sure that each patient receives the correct medicine and treatment, patient identification should occur in all stages of diagnosis and treatment (when administering medication, blood, tests, and procedures). The Joint Commission recommends the use of at least two ways to identify a patient. Acceptable identifiers include the patient's name, date of birth, medical record number, and other person-specific identifiers. In the operating room, patient identification should be performed. This is essential to ensure that the team does not operate on the wrong patient.

Origin: The Joint Commission National Patient Safety Goal and the Joint Commission Universal Protocol Standard (UP.01.01.01)



Patient Identity

Item 7: Site marking confirmation

Verifying correct site marking in the operating/procedure room is a step for the patient and team to assure that the correct operative site is marked. Each facility has procedures for marking of the incision or insertion site. At minimum, a site should be marked when there is more than one possible location for the procedure and when performing the procedure in a different location. For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level. Site marking must occur before the procedure is performed and with the patient awake and involved (if possible). The site should be marked by a licensed independent practitioner who is ultimately accountable for the procedure and who will be present when the procedure is performed. The method of marking the site and the type of mark should be unambiguous and used consistently throughout the hospital. The mark should be made at or near the incision/insertion site and needs to be sufficiently permanent to be visible after the skin is prepped and draped.

Origin: The Joint Commission National Patient Safety Goal Universal Protocol (UP.01.02.01)



Site Marking Confirmation



Procedure
From Memory

Item 8: Procedure from memory

During 2008, the Minnesota Department of Health (MDH) contracted with the University of Minnesota to strengthen presurgical verification procedures. As part of this project, a human factors researcher recommended process changes designed to cognitively engage each member of the team in order to create a more robust and effective safe surgery process. The recommendations also address human factors issues such as cognitive overload, faulty risk perception, cultural issues/hierarchies, confirmation bias, and the impact of distractions on behaviors.

Origin: Minnesota Department of Health Time-Out Process in Minnesota, 2008



Culture Statement

Item 9: Culture statement

This item is sometimes referred to as “the surgeon safety statement.” When the surgeon invites other surgical team members to speak up, she or he sets a positive a tone in the operating room, creates a sense of openness, and encourages everyone in the operating room to be comfortable voicing concerns during the case. Universal Protocol is implemented most successfully in hospitals with a culture that promotes teamwork and where all individuals feel empowered to protect patient safety. A hospital should consider its culture when designing processes to meet the Universal Protocol.

Origin: Safe Surgery Checklist

Prior to skin incision/start of procedure or before induction of anesthesia



Bio Specimen Plan

Item 10: Bio specimen plan

Several simple steps can be taken to minimize the risk of mislabeling. First, the patient from whom each surgical specimen is taken should be identified with at least two identifiers (e.g. name, date of birth, medical record number). Second, the nurse should review the specimen details with the surgeon by reading aloud the name of the patient listed and the name of the specimen, including the site of origin and any orienting markings. When required by a facility, the surgeon should complete a requisition form labelled with the same identifiers as the specimen container.

Origin: WHO Guidelines for Safe Surgery 2009



Imaging

Item 11: Imaging

The WHO Surgical Safety Checklist recommends reviewing essential imaging if it is needed during the procedure. Imaging should be prominently displayed for use during the operation. If imaging is needed but not available, it should be obtained before skin incision. It is important that this discussion occurs at a time when the surgeon is present.

Origin: WHO Surgical Safety Checklist



Procedure Set Up

Item 12: Procedure set-up

The Universal Protocol is non-prescriptive on the specific roles of team members and the order in which they should confirm the information provided by the initiator of the pre-procedure or time-out discussions. The Minnesota Department of Health Time-Out Process in Minnesota provides direction to facilities about the information that each team member is expected to provide. The expectation for each team member should be tailored to his/her role on the team and the information that he/she is likely to have. For example, the scrub tech who would be involved in setting up equipment and supplies for the procedure is the ideal person to confirm the procedure for which he/she has set up.

Origin: Minnesota Department of Health Time-Out Process in Minnesota, 2008



Operative Plan

Item 13: Operative plan

This item prompts the surgeon to share a summary of the operative plan for the patient with all surgical team members.

Important details of the procedure to be performed are often known only to the surgeon, even though the team is usually aware of the type of procedure. This item gives the surgeon the opportunity to share this information, which in turn helps facilitate the team's performance. If the plan is routine, the surgeon may state "routine procedure."

The surgeon may discuss possible difficulties, expected duration, anticipated blood loss, and whether special equipment is required as part of the operative plan.

Origin: WHO Surgical Safety Checklist



Anesthetic Plan

Item 14: Anesthetic plan

The WHO Surgical Safety Checklist recommends that the anesthesia professional share the anesthetic plan, particularly any concerns with major morbidities. Discussing the anesthetic plan helps ensure that team members are adequately prepared and ready to anticipate potential risks.

Origin: WHO Surgical Safety Checklist



Airway Concerns

Item 15: Airway concerns

The WHO Surgical Safety Checklist recommends that the anesthesia professional share any concerns about the patient's airway, to alert all team members about possible complications. If no problems are expected, the anesthesia professional may report "no airway risks or concerns."

Origin: WHO Surgical Safety Checklist



Code Status

Item 16: Code status

Once a decision is reached on the patient's DNR status as a result of the required reconsideration conversation, the surgeon must continue his or her leadership role in the following areas: (1) documenting and conveying the patient's advance directive and DNR status to the members of the operating room team; (2) helping the operating room team members understand and interpret the patient's advance directive; and (3) if necessary, finding an alternate team member to replace an individual who has an ethical or professional conflict with the patient's advance directive instructions.

Origin: American College of Surgeons: Statement on Advance Directives by Patients: "Do Not Resuscitate" in the Operating Room, January 3, 2014



Fire Risk Score

Item 17: Fire risk score

Health care professionals and staff who perform surgical procedures should be trained in practices to reduce surgical fires. Training should include factors that increase the risk of surgical fires, how to manage fires that do occur, periodic fire drills, how to use carbon dioxide (CO₂) fire extinguishers near or on patients, and evacuation procedures. Specific recommendations to reduce surgical fires include: conducting a fire risk assessment at the beginning of each surgical procedure and encouraging communication among surgical team members—ensure communication exists between the anesthesia professional delivering medical gases, the surgeon controlling the ignition source, and the operating room staff applying skin preparation agents and drapes.

Origin: Recommendations to Reduce Surgical Fires and Related Patient Injury: FDA Safety Communication, May 28, 2018



Antibiotic
Prophylaxis

Item 18: Antibiotic prophylaxis

This item prompts confirmation that antibiotics are fully infused prior to skin incision. A patient's risk of developing a surgical site infection is reduced if prophylactic antibiotics are infused within one hour prior to surgical incision.

Origin: WHO Surgical Safety Checklist

For cases that are going to last longer than three hours, a plan for antibiotic redosing should be discussed.

Origin: South Carolina Safe Surgery 2015



Other Concerns (ACP)

Item 19: Other concerns (ACP)

The WHO Surgical Safety Checklist recommends building in an opportunity for the anesthesia professional to raise any other concerns that they might have. Sometimes people won't share concerns unless they are given the specific opportunity to do so.

Origin: WHO Surgical Safety Checklist



Implants &
Special Equipment

Item 20: Implants & special equipment

This item prompts a discussion of implants or special equipment that is required and helps the team adequately prepare and anticipate needs for the procedure. Discussing appropriate implants or equipment has been shown to decrease the number of times the circulator leaves the room and ultimately decreases room time.

Origin: WHO Surgical Safety Checklist



Equipment Issues

Item 21: Equipment issues

The WHO Surgical Safety Checklist recommends that the nursing team discuss any equipment problems or concerns to adequately prepare and anticipate needs for the procedure. This is another opportunity for the nursing and technology team to discuss equipment problems or ask questions regarding the surgical team's anticipated needs. Adequate preparations for the procedure reduce wait time in the operating/procedure room and help reduce the need for the circulating nurse to leave the room during surgery.

Origin: WHO Surgical Safety Checklist



Other Concerns

Item 22: Other concerns (circulator, scrub or other technologist)

The WHO Surgical Safety Checklist recommends building in an opportunity for the circulating nurse, scrub nurse, or technologist to ask other questions or express concerns. Sometimes people won't share concerns unless they are given the specific opportunity to do so.

Origin: WHO Surgical Safety Checklist