Measurable Elements of IPSG.04.00

1. The hospital implements a preoperative verification process using a checklist or other mechanism to document verification of the following:
   - Informed consent that is appropriate to the procedure
   - Correct patient, correct procedure, and correct site
   - All required documents, blood products, medical equipment, and implantable medical devices are on hand, correct, and functional
   - Whether there is a risk of blood loss > 500 mL (7 mL/kg in children)
   - Whether the patient has a difficult airway or aspiration risk
   - Any known allergies

   (*See also* PCC.03.00, ME 2)
2. Ⓓ The hospital uses an instantly recognizable and unambiguous mark for identifying the surgical/invasive site that is consistent throughout the hospital.
3. Ⓓ The surgical/invasive site marking process includes the following:
   - Marking completed by the person performing the procedure
   - Patient involved in the marking process
   - Alternative site-marking process for cases in which marking may result in harm
   - Alternative site-identification process for patients who refuse site marking
   - Alternative site-marking techniques for situations in which routine site marking is not possible (for example, laser, stereotactic radiosurgery, dental)

Standard IPSG.04.01

The hospital implements a process for the time-out that is performed immediately prior to the start of the surgical/invasive procedure and the sign-out that is conducted after the procedure.

Intent of IPSG.04.01

The time-out allows any unanswered questions or confusion to be resolved and provides a final opportunity to identify potential errors such as wrong-site surgery, surgery on the wrong patient, or the wrong surgical procedure on the right patient. The sign-out process after surgery allows for identification of areas needing improvement and for discussion of what went well during the surgery to assist the hospital in making decisions about overall surgery processes.

The time-out process applies to all surgical and nonsurgical invasive procedures. Evidence indicates that procedures that place the patient at the most risk include those that involve general anesthesia or deep sedation, although other procedures may also affect patient safety. Hospitals can enhance safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure.

The time-out requirement is based on the following principles:

- Wrong-person, wrong-site, and wrong-procedure surgery can and must be prevented.
- A robust approach using multiple, complementary strategies is necessary to achieve the goal of always conducting the correct procedure on the correct person, at the correct site.
- Active involvement and use of effective methods to improve communication among all members of the procedure team are important for success.
- To the extent possible, the patient and, as needed, the family are involved in the process.
- Consistent implementation of a standardized protocol is most effective in achieving safety.

The time-out 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 time-out requirement. In some hospitals, it may be necessary to be more prescriptive on certain elements of the Universal Protocol or to create processes that are not specifically addressed within these requirements.

Hospitals should identify the timing and location of the preprocedural verification and site marking based on what works best for their own unique circumstances. The frequency and scope of the preprocedural verification will depend on the type and complexity of the procedure. The three components of the Universal Protocol are not necessarily presented in chronological order (although the preprocedural verification and site marking precede the final verification in the time-out). Preprocedural verification, site marking, and the time-out procedures should be as consistent as possible throughout the hospital.

The purpose of the time-out is to conduct a final assessment to ensure that the correct patient, site, and procedure are identified. This requirement focuses on those minimum features of the time-out. Some believe that it is important to conduct the time-out before anesthesia for several reasons, including involvement of the patient. A hospital may conduct the time-out before anesthesia or may add another time-out at that time. During a time-out, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure.

A designated member of the team initiates the time-out, and it includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved. The time-out is most effective when it is conducted consistently across the hospital.

Time-Out

The time-out is held immediately before the start of the procedure with all team members present. During the time-out, the team agrees on the following components:

- Correct patient identity (*See also* IPSG.01.00)
- Correct procedure to be done
- Correct surgical/invasive procedure site

The time-out is conducted in the location at which the procedure will be done when the patient is present and involves the active participation of the entire team. The patient does not have to participate in the time-out. Completion of the time-out is documented and includes the date and time the time-out was completed. The hospital determines the amount and type of any additional documentation. If the leading physician must leave the room (for example, in a long or multipart surgery), a complete handover to the responsible physician must occur and include components of the time-out. This activity must be documented.

Sign-Out

The WHO Surgical Safety Checklist includes a sign-out process, which is conducted in the area where the procedure was performed before the patient leaves. The following components of the sign-out are verbally confirmed by a member of the team, typically a nurse:

- Name of the surgical/invasive procedure that was recorded/written
- Completion of instrument, sponge, and needle counts (as applicable)
- Labeling of specimens (when specimens are present during the sign-out process, labels are read aloud, including patient name)
- Any equipment problems to be addressed (as applicable)
- What went well, and any problems noted, with follow-up interventions through quality improvement activities as necessary

Measurable Elements of IPSG.04.01

1. Ⓓ The full team actively participates in a time-out process, which includes the following elements in the area in which the surgical/invasive procedure will be performed, immediately before starting the procedure, and this is documented:
   - Correct patient identity
   - Correct procedure to be done
   - Correct surgical/invasive procedure site
2. Before the patient leaves the area in which the surgical/invasive procedure was performed, a sign-out process is conducted, which includes at least the following:
   - Name of the surgical/invasive procedure that was recorded/written
   - Completion of instrument, sponge, and needle counts, as applicable
   - Labeling of specimens
   - Any equipment problems to be addressed, as applicable
3. When surgical/invasive procedures are performed, including medical and dental procedures done in settings other than the operating theatre, the hospital uses uniform processes to ensure safe surgery.
4. When two or more separate procedures are being performed on the same patient by different surgeons, the team must perform another time-out before each new procedure is initiated.

Goal 5: Reduce the Risk of Health Care–Associated Infections

Standard IPSG.05.00

The hospital implements evidence-based hand-hygiene guidelines to reduce the risk of health care–associated infections.

Intent of IPSG.05.00

Proper hand hygiene is central to the elimination of hospital-associated and other infections. Evidence-based hand-hygiene guidelines are available from the World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC), and various other national and international organizations. The hospital must adopt and implement current evidence-based hand-hygiene guidelines. This includes efforts to standardize hand hygiene compliance data collection and ensure that the data are valid, such as trained observers. Resources from WHO and CDC include resources for training hand hygiene observers. Hand-hygiene guidelines should be posted in appropriate areas, and staff should be educated in proper handwashing and hand-disinfection procedures. Soap, running water, disinfectants, and single-use towels are in areas where handwashing and hand-disinfecting procedures are required. Air dryers are not used to dry hands in patient care areas.

Measurable Elements of IPSG.05.00

1. The hospital adopts current evidence-based hand-hygiene guidelines. (*See also* PCI.07.01, MEs 2, 5, and 6)
2. The hospital implements an evidence-based hand hygiene program throughout the hospital. (*See also* PCI.07.01, MEs 2, 5, and 6)
3. Ⓓ The hospital collects and analyzes data for compliance with handwashing and hand-disinfection procedures in accordance with evidence-based hand-hygiene guidelines throughout the hospital.