Actions to Prevent Wrong-Patient, Wrong-Site, Wrong-Procedure Events

The following action steps can assist perioperative personnel in the development of policies and procedures for their health care organization.

1. Acknowledge that a wrong person, wrong site, or wrong procedure can happen.[1,2]
2. Actively involve the patient, family members, and significant others in prevention practices whenever possible.[3]
3. Advocate for each patient for every operative or other invasive procedure.[4]
4. Ask active questions.[5]
5. Build in safeguards to identify possible errors before patient harm can occur.[1,2]
6. Build on relationships with personnel in physician's offices to improve the accuracy of information received and methods used to confirm the accuracy of the OR schedule.[1,2]
    a. Access office records.[5]
7. Confirm the accuracy the surgical schedule.[1,2]
    a. When scheduling an operative or other invasive procedure, obtain the following information: the correct spelling of the patient's full name; patient's date of birth; procedure to be performed; the physician's name; and implants required, if applicable.[6]
    b. Require computer automation for surgery scheduling.[7]
    c. Educate the surgery scheduling personnel[1,2,7]
    d. Write out (ie, do not abbreviate) the words "right," "left," or "bilateral" on the OR schedule and all relevant documentation (eg, consents) for scheduled procedures that involve anatomical sites that have laterality.[6]
8. Develop procedures and protocols and include perioperative RNs, surgeons, anesthesia professionals, risk managers, and other health care professionals in the development process. [8]
9. Communicate and clarify with all surgical team members and other nursing personnel to verify that all components of the standardized process related to the prevention of wrong site surgery events are completed correctly.[6,8]
10. Confirm the presence and accuracy of primary documents critical to the verification process (eg, signed surgical consent, history and physical, physician orders) before surgery.[9]
11. Complete a preoperative checklist which should include, but is not limited to, a preprocedure verification, site marking, and time out procedures.[8]
12. Mark the surgical site.
    a. Clearly delineate the role and responsibility of the physician and other team members in marking and verifying the correct surgical site.[8]
    b. Confirm the site mark.[5]
    c. Have the surgeon mark the site with his or her initials, before the patient enters the OR suite.[10]
    d. Verify that the surgeon marks the site in the preoperative holding area in a consistent manner (eg, surgeon's initials) placed as close as anatomically possible to the incision site using a single-use surgical skin marker .[1,2]
    e. Mark the site for every procedure; if not possible, document why a site mark was not performed.[1,2]
    f. Use a marker to mark the surgical site.[11~~13~~]
    g. Use a marker that ensures that the mark is visible after the skin prep.[11]

13. Verify the
    a. correct
        i. patient using two identifiers;[3]
        ii. procedure;[3]
        iii. surgical site including laterality, if appropriate
        iv. spine levels, rib resection levels, or ureters to be stented (this may require radiological images to confirm)[5];
    b. clinical competency of perioperative team members in prevention practices related to reducing the number of wrong site surgery events;[6]
    c. evidence of site marking; [3] and
    d. reconfirm correct surgical site before applying a pneumatic tourniquet.[12]
14. Do not move patient to the OR before the surgeon has marked the site.[1,2]
15. Do not rush the patient through the preoperative check-in process.[7]
16. Perform a time out.[8]
    a. Address all patient and team member concerns.[5]
    b. Engage all team members.[5]
    c. Perform a preoperative briefing in the OR with patient involvement, if possible, to verify patient identity, procedure site and side, along with other critical elements that need to be verified.[10]
    d. Speak up and voice concerns.[5]
    e. Stop all other activities during a time out.[5]
    f. Use active communication for verification.[5]
17. Identify and confirm the surgical site before skin preparation.[11]
18. Reconcile discrepanices.[5]
    a. The surgeon or operating provider resolves discrepancies.[5]
    b. Resolve any questions and concerns and include the patient before the operative or other invasive procedure begins.[6]
19. Document
    a. correct patient, site, and side (if applicable), for each patient for every operative or other invasive procedure.[13]
    b. correct site of the planned surgery on the schedule, history and physical, and consent[5]
20. Do not multitask.[9]
21. Minimize distractions.[3]
22. Foster a just culture and an environment of safety.[8,14,15]
23. Examine processes for inconsistencies and seek to understand the cause of variation.[1,2]
24. Implement and monitor standardized processes.[8]
25. Limit entry points for primary documentation (eg, consent, history and physical, physician orders, booking/scheduling form) to a single fax number.[1,2]
26. Provide
    a. ongoing education and just-in-time coaching.[1,2]
    b. rationale for process changes important to implement even if a wrong site surgery event has not occurred.[1,2]
27. Reinforce quality and measurement.[1,2]

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