# Safe Surgery Process Steps (including the Minnesota Time Out) to Prevent Wrong Surgery

Kathleen A. Harder, PhD Center for Design in Health University of Minnesota The Safe Surgery Process including the Minnesota Time Out are Endorsed and Recommended by the Minnesota Department of Health and the Minnesota Hospital Association.

### Safe Surgery Process Elements

### ✓ Caregivers identify patient ✓ Surgeon marks surgical site ✓ Hard Stop: Surgical site marking verified before patient transported to OR (if site marking is required for procedure) ✓ Team Briefing ✓ Patient entry to OR: (1) Patient introduced to scrub and (2) patient documents matched to patient ID ✓ Surgical site marking located during patient prep (if site marking required) ✓ Hard Stop: Surgical Time Out just prior to incision √ Team Debriefing

## Safe Surgery Process Steps in Pre-Op

- All caregivers dentify patient in Pre-Op—patient name and date of birth
- Before marking the site, the surgeon:
  - Checks the physician's order.
  - Checks patient's informed consent form for the procedure, site, and/or levels (as appropriate).
  - Asks the patient or patient's representative to verify the procedure, site, and levels (as appropriate).
  - Checks the image or radiologist's report to confirm the procedure, site, and levels (as appropriate).
  - Resolves any site discrepancies before marking site

## Safe Surgery Process Steps in Pre-Op

- The surgeon marks the surgical site in Pre-Op with an indelible marker.
  - Not possible to mark the surgical site (for example, teeth) or the surgical site will not be visible after prepping and draping?
    - Surgeon marks the site on an anatomical diagram.
    - Diagram accompanies the patient to the OR.

## Safe Surgery Process Steps in Pre-Op

- Prior to moving patient to OR, person (circulating nurse or anesthesia care provider) moving patient to OR:
  - verifies that site is correctly marked by checking informed consent form.
    - If site not marked on body, then verifies that site is correctly marked on anatomical diagram. The anatomical diagram accompanies the patient to the OR.

# Safe Surgery Process Steps in the Operating Room

Conduct team briefing

## Safe Surgery Process Steps in the Operating Room: Patient Entry to OR Element 1

- Introduce patient: anesthesia care provider and/ or circulating nurse who transport patient to the OR introduce patient to scrub (and any other OR personnel in OR).
- Helps to ensure patient is in correct OR.
- AND helps patient feel welcome and more comfortable in OR.

## Safe Surgery Process Steps in the Operating Room: Patient Entry to OR Element 2

- Match patient's ID band against patient documents:
  - The anesthesia care provider identifies patient by audibly reading patient's name and date of birth (prefer medical record number) from patient's ID band—circulating nurse silently reads same information from patient's informed consent and anesthesia record.
  - Circulating nurse verifies that information on informed consent matches patient's electronic record or paper record in OR.
- Helps to ensure that correct documents arrived with patient in OR

# Safe Surgery Process Steps in the Operating Room

• When prepping the patient for surgery locate site marking—either on patient's body or on anatomical diagram.

# Safe Surgery Process Steps in the Operating Room: Cognitively Engaging Surgical Time Out (also known as Minnesota Time Out)

- Occurs after surgeon has scrubbed and gowned
   —just prior to incision
- Specific steps of Cognitively Engaging Surgical
   Time Out follow in next two slides

## Cognitively Engaging Team Time Out

- · Surgeon initiates—"Let's do the Time Out."
- Team ceases all other activity
- Circulating Nurse:
  - a. Reads the following from the patient's informed consent:
    - i. Patient Name
    - ii. Procedure
    - iii. Laterality of procedure (and level) as appropriate
  - b. Notes position of patient

### Anesthesia Care Provider:

- a. Reads patient's name from the anesthesia record and states shorthand version of procedure.
- b. States antibiotic name, dose, and minutes from administration time

# Cognitively Engaging Team Time Out continued

#### • Scrub:

- a. States shorthand version of procedure for which he/she has set up
- b. Verbally confirms he/she sees the surgical site marking (if there is a site marking)
- c. If anatomical diagram is used in lieu of physical site marking, circulating nurse and team use diagram to verbally acknowledge the surgical site

### Surgeon:

- a. States patient's name, complete procedure, and site—from memory
- Discrepancies are resolved before procedure start.

# Safe Surgery Process Steps in the Operating Room

 Conduct team debriefing following surgical procedure before surgeon leaves the room.

### Questions?

#### Contact:

- Kathleen A. Harder, Ph.D.
   University of Minnesota
   kharder@umn.edu
- Diane Rydrych
   Minnesota Department of Health
   diane.rydrych@state.mn.us
- Julie Apold
   Minnesota Hospital Association

   japold@mnhospitals.org