

# Wondering about the “Surgical Pause” or “Time-out?”

## Universal Protocol For Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery

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**T**aking a “time-out” before operative and other invasive procedures (including at the patient bedside) is a requirement of the JCAHO 2003 National Patient Safety Goals and a component of the new JCAHO Universal Protocol to prevent wrong site, wrong procedure, wrong person surgery.<sup>1</sup> This Universal Protocol was approved July 18, 2003, by the JCAHO, and it will be implemented July 1, 2004, for all JCAHO accredited organizations that perform surgical or other types of invasive procedures.

The Universal Protocol involves the following steps:

1. Pre-operative verification process
  - Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.
2. Mark the operative site
  - Implement a process to mark the surgical site, and involve the patient in the marking process.
3. “Time out” immediately before starting the procedure
  - Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a “time out,” to confirm the correct patient, procedure and site, using active—not passive—communication techniques.

These three steps are already included in the 2003 JCAHO National Patient Safety Goals, effective January 1, 2003.<sup>2</sup> Detailed requirements for these steps may be found on the JCAHO website.<sup>3</sup> Organizations that fail to implement these goals risk a special Type 1 recommendation when surveyed by the JCAHO. A Type 1 recommendation is a citation requiring corrective

## Wondering about the “Surgical Pause”?—Cont’d

action within a specified time if an organization is to maintain its accreditation.

Fortunately, the JCAHO no longer requires that the “surgical” site be marked for cesarean sections and labor epidurals. While organizations will still be required to mark the surgical site in

cases involving right/left distinction, multiple structures (such as fingers or toes) or levels (such as the spine), the JCAHO is no longer requiring that the site be marked for other types of procedures, including mid-line sternotomies for

open-heart surgery, Cesarean sections, laparotomy and laparoscopy (i.e., single organ cases), and interventional procedures for which the site of insertion is not predetermined, such as cardiac catheterization procedures.

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The requirement to verify the site of surgery is nothing new for California anesthesiologists. Since 1978, the person responsible for administering anesthesia has been required to verify the patient’s identity as well as surgical site and side. The hospital licensing and certification provisions of Title 22, California Code of Regulations, under “Surgical Service General Requirements,” Section 70223 (d)<sup>4</sup> reads as follows:

“Prior to commencing surgery the person responsible for administering anesthesia, or the surgeon if a general anesthetic is not to be administered, shall verify the patient’s identity, the site and side of the body to be operated on, and ascertain that a record of the following appears in the patient’s medical record:

- (1) An interval medical history and physical examination performed and recorded within the previous 24 hours.
- (2) Appropriate screening tests, based on the needs of the patient, accomplished and recorded within 72 hours prior to surgery.
- (3) An informed consent, in writing for the contemplated surgical procedure.

## **Wondering about the “Surgical Pause”?—Cont’d**

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Immediately following is subsection (e) “The requirements of (d), above, do not preclude rendering emergency medical or surgical care to a patient in dire circumstances.”

Many years ago, your CSA leadership requested the Department of Health Services (DHS) to discontinue imposing this requirement on the person administering the anesthetic. DHS refused, contending that only verification was being required, which did not relieve others, including the surgeon, of responsibility as well. This regulation has remained unchanged since its initial adoption in July 1978.

So now we have the JCAHO Universal Protocol for Preventing Wrong Site Surgery, not to be confused with the Centers for Disease Control and Prevention (CDC) Universal Precautions for Prevention of Transmission of HIV and Other Bloodborne Infections.

<sup>1</sup> [www.jcaho.com/accredited+ organizations/patient+ safety/universal+ protocol.pdf](http://www.jcaho.com/accredited+organizations/patient+safety/universal+protocol.pdf)

<sup>2</sup> [www.jcaho.com/accredited+ organizations/patient+ safety/nlsg/npsg\\_03.htm](http://www.jcaho.com/accredited+organizations/patient+safety/nlsg/npsg_03.htm)

<sup>3</sup> [www.jcaho.com/accredited+ organizations/patient+ safety/universal\\_protocol\\_appendix.pdf](http://www.jcaho.com/accredited+organizations/patient+safety/universal_protocol_appendix.pdf)

<sup>4</sup> Title 22, California Code of Regulations, Division 5, Chapter 1, Article 3, Section 70223 (d)