**Person completing: Date Completed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recommendation/Best Practice** | **What is departments/ organizations current state** | **Is there a gap between recommendation and current state? (Y/N)** | **If there is a gap, what course of action will you take to remediate the gap?** | **Who will own/ sponsor the oversight of the remediation?** | **By what date will the remediation take place?** |
| **Scheduling Surgeries/Procedures** |
| Have standardize process to confirm the accuracy of the operating room schedule* Use of computer automated system
 |  |  |  |  |  |
| Have standardize process to confirm the presence and accuracy of primary documents critical to the verification process **prior to the day of surgery** (signed surgical consent, history and physical, and physician orders)* Obtain correct patient name and spelling, date of birth; correct procedure; physician’s name and implants required when applicable.
* Laterality is spelled out on the surgery schedule, order and/or operative consent (when applicable)
* All documentation and orders are routed through 1 means of communication (1 online portal, 1 fax machine, etc.)
 |  |  |  |  |  |
| Process to verify consent provided to patient:* Document the planned procedure in the patient’s own words in the medical record
* Document consent was provided in language patient understands
 |  |  |  |  |  |
| **Pre-Procedure/Surgical Area Workflow** |
| Have a standardized process to mark the site in the pre-op/pre-procedural area/office/or holding area performed by the surgeon/proceduralist using a single-use surgical skin marker with a consistent mark type (e.g., surgeon’s initials) placed as close as anatomically possible to the incision site* Do not move patient to the operating room before surgeon has marked the site
* Mark the site for every procedure (including regional blocks); if not possible, document why a site mark was not performed
* Engage the patient in the site marking process, when possible
 |  |  |  |  |  |
| Have process to ensure implant and blood product availability is confirmed prior to moving to surgical/ procedural area |  |  |  |  |  |
| If regional blocks performed in this area, have standardized process to perform timeout with verification of correct patient, type of block, laterality and consent.  |  |  |  |  |  |
| Preoperative checklist should be completed which includes surgical site marking and time-out  |  |  |  |  |  |
| Standardized handoff process from pre-procedure staff to surgical or procedural staff |  |  |  |  |  |
| **In the Surgical Suite/Procedural Area/Office Space** |
|  Review documents for accuracy and consistency; history and physical, consent and procedural/surgical order  |  |  |  |  |  |
| Perform a pre-operative briefing in the operating room with patient involvement, if possible, to verify patient identity, procedure site and side, along with other critical elements that need to be verified and addressed but are not part of the Time Out process.These include: * Verify correct implant availability
* Verify blood product availability
* Verify presence of operative films, including the correct orientation
* Identify any special considerations (i.e. allergies, antibiotics)
* Procedure does not proceed until all concerns / discrepancies are addressed and resolved
* Ensure site marking is visible after draping
 |  |  |  |  |  |
|  Perform a standardized Time Out process, which occurs after the prep and drape, and includes the following elements:* Clear on who will lead the timeout
* Perform role-based Time Out in which every team member has an active role to play in the process
* Verification of correct patient (using two patient identifiers), correct procedure, correct side and site
* Engage the patient in the timeout procedure when appropriate
* Point and touch verification of the surgical site mark by the surgeon and scrub technician
* Address any concerns by the team before proceeding
* Reduce noise and cease all other activity in operating room
* Radiologic images are displayed in surgical suite during procedure.
 |  |  |  |  |  |
| Perform a pause between each procedure that occurs within a single case to ensure that each procedure is performed accurately and according to the procedure, site and laterality contained within the signed surgical consent |  |  |  |  |  |
| Have standardized process to conduct a separate Time Out for procedures that have a change in surgeon |  |  |  |  |  |
| Have a standardized procedure for labeling of specimens and medications* Medications on the sterile field labeled with the following: medication name and strength, diluent (if used), date and time placed on the sterile field (AORN)
* Solutions on the sterile field should be labeled with name of solution, strength, date and time placed on sterile field
* All specimens are labeled with correct patient label and tissue/specimen name and placed in correct container (formalin, saline, frozen section or in empty sterile container). Specimen is verbalized and verified when being handed off of the sterile field and placed in appropriate container
 |  |  |  |  |  |

*This document intent is to serve as an aid in procedural/surgical gap analysis. It does not represent legal or clinical advice. Please comply with all appropriate policies, procedures, standards and regulations related to surgery and procedures within your organization.*