

COMPONENTS OF PROCEDURAL SAFETY CHECKLIST

BRIEFING:

The **briefing** occurs at the time the patient arrives in the surgical / procedural area, before induction of anesthesia. It allows the circulating nurse and all other members of the team present to engage the patient. The patient participates in confirming his identity, the correct procedure (including site and side), and the correct proceduralist or surgeon. The team also confirms the patient's allergies and anesthesia plan / safety. This is one step of many in avoiding wrong procedures and/or surgeries.

TIME-OUT:

Once the patient is anesthetized and the entire team is present in the room, the physician / provider leads the team in a **Time-Out** immediately before the procedure begins. The Time-Out is the final opportunity to confirm right patient, procedure, and site and side prior to initiating the procedure – like a final safety check before a plane takes off.

Components of the Time-Out:

- **Full attention:** All team members' attention must be fully turned to the time-out, without distraction; music should be off, and equipment / electronic devices should be put down.
- **Introduction:** Each team member should introduce themselves by name and role – this may seem redundant when all members of the team are familiar, but is an important opportunity to be absolutely certain everyone knows name and role, and that all members of the team are present.
- **Verification:** After introductions, the emphasis turns to verifying correct patient, procedure, and site and side. Radiologic images are displayed for physician confirmation, the circulator reads the consent aloud, and the site and side markings are visually reconfirmed within the draped field.
- **Additional concerns:** Additional safety concerns are reviewed for the patient, including fire risk.
- **Critical information:** Each team member carries the responsibility to verbally respond to each component of the Time-Out and is expected and empowered to speak up if they identify any suspected discrepancy. *Any questions or concerns (including radiologic image availability) must be resolved prior to initiating the procedure.*

DEBRIEFING:

Before the physician or patient leave the room, the circulator initiates a **debriefing**. The debriefing ensures proper documentation of the actual procedure, specimens collected, verified, and documented; and a final opportunity to review the surgical counts and any concerns for post procedure care.