



Hospitals - Kakinada

Documentation code:

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Surgical care is taken to prevent adverse events like the wrong site, wrong patient and wrong surgery

Prepared Date: 11/11/2025

Reference: COP.14d.NABH Standards – 6th Edition

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1. Purpose

To ensure patient safety by preventing **wrong site, wrong patient, and wrong surgery** events through standardized verification processes, effective communication, and strict adherence to safety protocols within Inodaya Hospital.

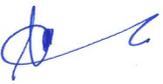
2. Scope

This policy applies to all surgeons, anesthesiologists, CRNAs, nurses, technicians, and support staff involved in surgical, procedural, and invasive interventions performed at Inodaya Hospital.

3. Definitions

- **Wrong Site Surgery:** Operating on the incorrect anatomical site or laterality.
- **Wrong Patient Surgery:** Performing a procedure on the wrong patient.
- **Wrong Procedure Surgery:** Performing a procedure different from the planned or consented one.
- **Time-Out:** Mandatory final safety verification conducted immediately before incision or procedure start.
- **Pre-Procedure Verification:** A structured process confirming patient identity, procedure, site, consent, imaging, and equipment.

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General Surgeon	Chief Executive officer	Managing Director



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4. Responsibilities

4.1 Surgeons / Proceduralists

- Verify procedure, patient, and surgical site.
- Mark the site according to policy.
- Lead the surgical time-out.

4.2 Anesthesia Team

- Verify patient identity, procedure, and consent.
- Participate actively in the time-out.

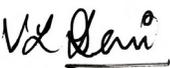
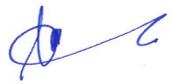
4.3 Nursing Staff

- Ensure documentation completeness.
- Coordinate pre-procedure verification.
- Confirm site marking and consent prior to transfer to OT.

4.4 Operating Theatre (OT) Team

- Participate fully in the time-out.
- Immediately report any discrepancy.

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5. Policy Statements

5.1 Pre-Procedure Verification Process

Inodaya Hospital requires the following steps **before every procedure**:

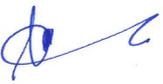
1. Verification of
 - **Patient identity** using two identifiers (Name + UHID).
 - **Correct procedure** as documented.
 - **Correct site and laterality**.
 - **Valid, signed consent** reflecting the exact planned procedure.
 - **Relevant investigations** (imaging, labs, H&P).
 - **Availability of required equipment**, implants, blood products, and instruments.

- 5.1.1 Any discrepancy must be immediately escalated to the surgeon and the OT Incharge and resolved before proceeding.

Surgical care shall be planned for the patient taking into account the following assessment information.

- Pre operative diagnosis including co-morbid conditions

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- Aim of treatment.
- Other options of treatment.
- Previous surgeries and anesthesia.

5.1.2 The pre-operative diagnosis and surgical care planned shall be documented in the patient's case record prior to surgery.

5.1.3 The surgeon/assignee shall explain to the patient, family member/guardian about the need, benefits, potential complications, other options to surgery, the risks involved, need to use blood or blood products, outcome, etc.

5.1.4 Patient /family member/ legal guardian shall authorize for the surgery with a written informed consent.

5.1.5 Pre-operative checklist is completed by the duty nurse in all Inpatients cases and by the appropriate preparing Nurse / Staff for Day Care Surgeries. This checklist is completed before the patient is taken for surgery to ensure that all essentials are completed and none are missed during the course of preparation.

5.1.6 Pre-anesthetic check shall be completed – usually a day before the surgery in IP Patients and on the day of the Surgery in Daycare Cases. All such examinations are carried out by the anesthetist and the anaesthesia assessment form is filled up to ensure all the required needs prior to

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surgery are met. As a routine all vitals are rechecked prior to the commencement of the surgery.

5.2 Surgical Site Marking

- Site must be marked by the **operating surgeon only**.
- Marking must:
 - Be done **prior to bringing the patient into the OT**.
 - Be visible after prepping and draping.
 - Using a **permanent skin marker** with the surgeon's initials or "YES."/-----x----- arrow)
- Marking is required for all procedures involving:
 - Laterality (left/right)
 - Multiple structures (digits, limbs)
 - Spinal levels (with radiographic confirmation)

Exceptions:

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- Midline procedures, endoscopies, mucosal procedures, and procedures where site marking is not feasible.

5.3 Time-Out (Mandatory Final Verification)

A **formal time-out** must occur **immediately before skin incision** or the beginning of the procedure.

The circulating nurse initiates the time-out, and **all team members must stop what they are doing.**

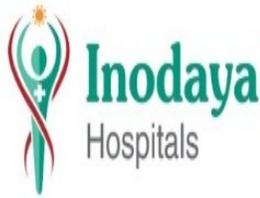
The following must be verbally confirmed:

1. **Patient identity** (Name + UHID).
2. **Procedure** to be performed.
3. **Correct site and laterality.**
4. **Consent** availability and accuracy.
5. **Patient allergies.**
6. **Availability of imaging**, instruments, implants.
7. **Antibiotic prophylaxis**, if applicable.
8. **Special risks** or safety considerations.

The procedure **will not begin** until all members agree that verification is complete and correct.

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5.4 Intraoperative Safeguards

- Any staff member may **STOP the surgery** if they identify a potential error.
- Imaging used to confirm the site must be:
 - Correctly labeled
 - Displayed in the correct orientation
 - Visible in the OT before the time-out

5.4.1 Intra Operative Care:

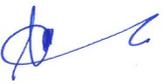
5.4.2 The patient undergoing surgery shall be monitored by a qualified anesthetist continuously during the surgery.

5.4.3 Scrub nurse, Floor nurses, Technicians ensure that they carry out their respective roles towards patient safety in totality.

5.5 Post-Procedure Verification

- Confirm correct labeling of specimens, including site and patient identifiers.
- Documentation must include:
 - Completion of pre-procedure verification
 - Site marking

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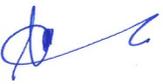
- Time-out completion
- Any deviation or corrective action taken

5.5.1 The Surgical care team shall be responsible for the completion of the following documents:

- Operation notes shall be completed by the surgeon/assignee, anesthetist, scrub and the floor nurse.
- The surgeon and the anesthetist shall write orders related to immediate post op care.
- The post-op patient shall be continuously monitored for physiological status by the team.
- The recovery nurse shall continuously monitor the patients' overall status post-operatively – checking and recording vital signs, administering oxygen, attending to the hygienic needs of the patients and monitoring the patients recovery from the effects of anesthesia.
- Post surgical care shall be planned and documented in the case record.
-

6.0 Prevention of wrong patient, wrong surgery & wrong site:

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6.1 Purpose:

6.2 To provide and define guidelines for the verification of the patients' identity and the surgical side and site pre-operatively, to minimize the risk of, wrong patient/wrong side and site and wrong surgery being performed.

6.2 To ensure patient safety and to respect and consider patient right at all levels of care in the organization.

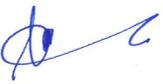
6.2.1 This process is a coordinated effort between the patient and/or family members, consultant surgeon, assistant surgeon, the resident doctors, anesthetist, technicians and nurses of OT and the ward.

6.2.2 The primary responsibility lies with the surgeon responsible for the case. It is also the responsibility of all the care providers to ensure that the right patient, right surgery and the right side and site are operated.

6.2.3 Marking of surgical side and site is applicable in all cases where paired organs are involved, extensive surgical procedures as in malignant cases, and in cases of cosmetic surgeries.

6.2.4 All pre-op patients shall undergo personal identity and side and site check at various levels of care – such as - surgeon, assistant, anesthetist, nurses in the ward & OT to ensure safety and accuracy.

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6.3 Preventive Measures

6.2.1 The surgeon obtaining consent shall identify the right operative site, the right location and the right patient and he /she ensures that the right information is given to the staff concerned for scheduling surgery.

6.2.2. The assigned nurse makes a note in the pre-op checklist mentioning the correct site.

6.2.3. The scrub nurse, floor nurse, surgeon, and the anesthetist verify the patient identity, correct surgical site, and surgical procedure to be performed.

6.2.4 The surgical team ensures that written consent is obtained before induction of anesthesia.

6.2.5 In case the surgery / procedure concerns operating on a paired organ/site, the side is clearly marked and adequately and accurately mentioned in the consent form.

6.2.6 The OT team shall ensure that all relevant documents are available prior to induction.

6.2.7 Before the induction of anesthesia the OT team conducts a final verification (Time Out) to confirm the correct patient, procedure and surgical site.

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- 6.2.8 If any step in the verification process fails to identify the correct patient, side / site, all activities shall be halted until verification is accurately confirmed.
- 6.2.9 If such an event occurs, a detailed explanation (incident report) outlining the lead-up to the error and its identification is furnished and submitted to the Hospital Administrator (refer to sentinel events for further details).
- 6.2.10 WHO surgical safety checklist is used for preventing wrong patient, wrong surgery & wrong site

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