

INODAYA Hospitals - Kakinada

Documentation code:

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**Adverse events like Wrong Site Wrong Patient,
Wrong Procedure**

Prepared Date: 11/11/2025

Reference: COP.07d.NABH Standards – 5th Edition

Issue date: 11/11/2025

Issue no:1

Review NO:00

Review Date: 10/11/2026

1. Policy Purpose

For the protection of patients and the avoidance of the possibility of adverse events, such as wrong-site, wrong-patient, and wrong-procedure errors, this policy provides mandatory guidelines for all clinical personnel to adhere to before, during, and after a medical procedure or surgery.

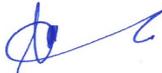
2. Scope

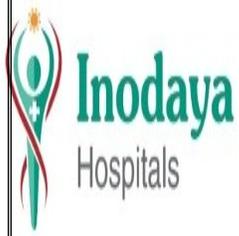
This policy is binding upon all healthcare providers and staff, such as surgeons, anesthesiologists, nurses, and administrative personnel, who are involved in any medical procedure or surgical intervention, whether in an inpatient setting, outpatient setting, or ambulatory care.

3. Policy Statement

It is the policy of Inodaya Hospital to maintain the highest level of care through the implementation of preventive practices for wrong-site, wrong-patient, and wrong-procedure incidents. All employees are required to adhere to designated protocols, including the Universal Protocol, in the verification of patient identity, the procedure, and the site for surgery prior to any intervention. Compliance with this policy is vital to prevent errors and ensure patient safety.

4. Definitions

Prepared by: 	Verified by: 	Approved by: 
Dr.Srinubabu	Mrs. Lakshmi Lavanya	Dr.G.Rammohan
General surgeon	Chief Executive officer	Managing Director



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Wrong Site: A procedure done on the incorrect anatomical site or location.

Wrong Patient: A procedure done on the wrong patient.

Wrong Procedure: An incorrect procedure done on the right patient.

Universal Protocol: A safety measure created by The Joint Commission that consists of the pre-procedure verification process, surgical site marking, and the time-out process to confirm correct patient, site, and procedure.

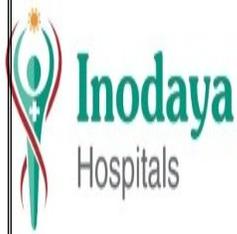
5. Responsibilities

Healthcare Providers (Surgeons, Nurses, etc.):

- a. Shall confirm the identity of the patient with at least two different identifiers (e.g., name, date of birth).
- b. Verify the procedure, the site (if a site is relevant), and other pertinent information with the patient and team members prior to the procedure.
- c. Adhere to the surgical safety checklist and hold a "time-out" prior to starting the procedure.
- d. Verify that the surgical site has been marked by the surgeon in the presence of the patient.
- a. Check personal information with the clinical team and review understanding of procedure performed.

OT Staff:

Prepared by:		Approved by: 
Dr. Devi	Dr. Gowtham Krishna	Dr. G. Rammohan
General surgeon	Medical Director	Managing Director



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a. Verify patient records, consent forms, and scheduling accurate and current prior to procedure.

Clinical Team Lead (e.g., Surgeon, Anesthesiologist):

a. Initiate "time-out" process and verify that all members of the team agree that the patient's identity, procedure, and site are correct.

6. Procedure

6.1 Pre-Procedure Verification

Prior to any procedure, staff must check the following:

Patient Identity: Confirm the patient's name and date of birth using at least two identifiers (e.g., wristband and patient chart).

Procedure: Confirm the scheduled procedure against the patient's consent form and medical chart.

Surgical Site: Where applicable, the surgical site should be marked with indelible ink in a way that can be seen by the whole surgical team. The surgeon must do the marking, and it should be done in the patient's presence.

6.2 Surgical Site Marking

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Dr. Devi	Dr. Gowtham Krishna	Dr. G. Rammohan
General surgeon	Medical Director	Managing Director



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The site on the patient has to be marked by the surgeon prior to starting the procedure, according to hospital policy. Where no marking can be done (e.g., for some internal procedures), the team will confirm the site via preoperative imaging and documentation.

6.3 Time-Out Procedure

A time-out will be held just before the procedure is started. At the time-out:

The surgical team will confirm correct patient, correct procedure, and correct surgical site.

All team members, including the surgeon, anesthesiologist, and nurses, should actively engage in this process.

Any inaccuracies found during the time-out must be addressed prior to proceeding.

6.4 Informed Consent

The healthcare practitioner must assure informed consent has been secured from the patient, including the correct procedure and surgical site.

The patient consent form should be read over for correctness by both the patient and the healthcare provider before the procedure.

7. Preventive Measures

Regular Staff Training:

- Mandatory training in safety procedures, including the Universal Protocol, patient identification, and accurate communication, should be provided to all staff.

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General surgeon	Medical Director	Managing Director



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- Checklists and Documentation: Surgical safety checklists and documentation should be used for every procedure to maintain compliance with patient identification, procedure, and site verification.

Simulation Drills: Regular mock drills must be held to rehearse the time-out process and make all team members ready to respond promptly in high-risk cases.

8. Incident Reporting and Follow-Up

Any wrong-site, wrong-patient, or wrong-procedure error-related adverse event or near miss must be reported through the Adverse Event Reporting System immediately.

A Root Cause Analysis (RCA) will be performed on every reported incident to determine any system problems and create corrective action plans.

Corrective actions, such as policy **updates and further staff training, will be taken as necessary to prevent recurrence.**

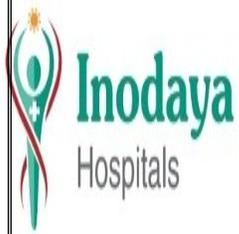
9. Enforcement

All employees must comply with this policy. Any breach of this policy can lead to corrective action, such as retraining, suspension, or other disciplinary action.

Non-compliance with the time-out process or other safety procedures will be reviewed by the Patient Safety Committee.

10. References

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The Joint Commission: Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery.

11. FORMATS: World Health Organization (WHO) Surgical Safety Checklist

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