



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                |              |
|--|-----------------------------|--|----------------|--------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                |              |
| <b>Title: Ensure Safe Surgery</b>  |                             | <b>JCI Code: IPSG</b>                        |                |              |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date:                 | Effective Date:                              | Revision Date: | Page 1 of 13 |

### **1. PURPOSE**

- 1.1 To ensure that any procedure performed on a patient reflects what has been consented to, and that the procedure/treatment has been performed on the patient's correct side and correct site.
- 1.2 To promote patient safety by providing guidelines for verification of correct site, correct procedure, and correct patient undergoing invasive or surgical procedures.
- 1.3 To provide standardize verification process to assist in minimizing sentinel events or avoidable risk during invasive or surgical procedures.
- 1.4 To ensure clinical privileges of the Surgeon / Physician performing surgery and/or procedure.

### **2. APPLICABILITY**

All Surgical, Anesthetic and Medical Team that performs procedure that potentially expose patient to harm, including diagnostic procedures and those procedures performed in settings other than the operating room.

### **3. RESPONSIBILITIES**

- 3.1 The Surgeon / Physician who performs the procedure carry overall responsibility.
- 3.2 All team members are responsible for ensuring that the correct treatment or procedure is performed on the correct patient and at the correct site.

### **4. POLICY**

- 4.1 To provide standardize verification process in minimizing sentinel events or avoidable risk during invasive or surgical procedures.
- 4.2 Active involvement and effective communication between the patient and all members of the surgical or medical team is required to ensure that the correct treatment or procedure is performed on the correct patient and at the correct site.
  - 4.3.1 In the pre-procedure / pre-operative, the patient must be involved whenever possible. If the patient is unable to communicate, a designated or authorized decision maker shall participate.



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

Medical City Wide  
Policy & Procedure

Dept.: Hospital Directorate

Policy No: 1-1-8062-03-027  
Version No: 07

Title: Ensure Safe Surgery

JCI Code: IPSG

Supersedes: 1-1-8062-03-027  
Ensure Safe Version No: 06;  
14 February 2021

Issue Date:  
11 July 2022

Effective Date:  
6 July 2022

Revision Date:  
5 July 2025

Page 2 of  
13

4.3 Areas within the hospital where surgical and invasive procedures outside operating theatre take place:

- 4.3.1 Interventional Radiology Department
- 4.3.2 Endoscopy / gastrointestinal lab
- 4.3.3 Intensive Care Services procedure room

4.4 To ensure clinical privileges of the Surgeon / Physician performing surgery and/or procedure.

4.5 **Preoperative Verification Process** for correct site procedure/surgery begins with scheduling.

### 4.6 Surgical Site Marking

4.6.1 All patients going for surgery or invasive procedure must have their surgical site marked.

4.6.2 Surgical and invasive procedure site marking **shall be done by the doctor performing the procedure** and must involve the patient in the marking process.

4.6.3 Surgical and invasive procedure site marking shall be done in the **Ward**.

4.6.3.1 In an event that Surgeon /Physician unable to mark the site due to performing procedure in OR and/or as an emergency case, site marking shall be done in the **Holding Area in the Operating Theatre or Procedure Area**.

### 4.7 Surgical Safety Checklist

4.7.1 All patients going for a Surgical and/or invasive procedure must have a surgical safety checklist (pre-operative and/or pre-catheterization) completed by the nurse before the procedure.

4.7.2 The pre-surgical verification must include the following:

- 4.7.2.1 All consents are completed and appropriate to the procedure.
- 4.7.2.2 Correct site, correct procedure, and correct patient are identified.
- 4.7.2.3 All relevant documents, laboratory results, radiologic results and medical technology needed are on hand, correct and functional



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                |              |
|--|-----------------------------|--|----------------|--------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                |              |
| <b>Title:</b> Ensure Safe Surgery  |                             | <b>JCI Code:</b> IPSG                        |                |              |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date:                 | Effective Date:                              | Revision Date: | Page 3 of 13 |

### 4.8 Time-out

- 4.8.1 Immediately before starting the surgery / invasive procedure, the full surgical team must conduct and document a time-out procedure in the area in which the procedure will be performed.
- 4.8.2 All clinical staff involved in the invasive procedure conducts **time-out** utilizing the Surgical Safety Checklist in the Surgical Record for Operating Room and Procedure Safety Checklist in the Invasive Procedure Record for outside Operating Room prior to performing any procedure. (Please see Appendix A and Appendix B)
- 4.8.3 Components of the time-out must include:
  - 4.8.3.1 Correct patient identification
  - 4.8.3.2 Correct side and site
    - 4.8.3.2.1 Two (2) or more members of the clinical team are required to confirm that the imaging data used for confirming the side and site of the procedure are correct and properly labelled.
  - 4.8.3.3 Agreement of the procedure to be done
    - 4.8.3.3.1 Designated staffs to ensure verification process and time out are conducted by the team prior to the proposed procedure.

### 4.9 Sign-out

- 4.9.1 Immediately after the surgery / invasive procedure, the full surgical team must conduct and document a sign-out procedure in the area in which the procedure will be performed.
- 4.9.2 All clinical staff involved in the invasive procedure conducts **sign-out** utilizing the Surgical Safety Checklist in the Surgical Record for Operating Room and Procedure Safety Checklist in the Invasive Procedure Record for outside Operating Room prior to performing any procedure. (Please see Appendix A and Appendix B)
- 4.9.3 Components of the sign-out must include:
  - 4.9.3.1 Name of the surgical/invasive procedure that was recorded/written.



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                            |              |
|--|-----------------------------|--|----------------------------|--------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                            |              |
| <b>Title:</b> Ensure Safe Surgery  |                             | <b>JCI Code:</b> IPSG                        |                            |              |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date: 11 July 2022    | Effective Date: 6 July 2022                  | Revision Date: 5 July 2025 | Page 4 of 13 |

4.9.3.2 Completion of the instrument, sponge, and needle counts (as applicable).

4.9.3.3 Labelling of specimens (when specimens are present during the sign out process, labels are read aloud, including patient name and MRN).

4.9.3.4 Any equipment problems to be addressed (as applicable)

4.10 Staffs have the right to stop the proposed procedure if the team does not conduct the verification and time out.

## **5. DEFINITION OF TERMS**

5.1 **Surgical and invasive procedures** include all procedures involving an incision or puncture, including, but not limited to, open surgical procedures, percutaneous aspiration, selected injections, biopsy, percutaneous cardiac and vascular diagnostic or interventional procedures, laparoscopies, and endoscopies.

5.2 **Sentinel Events** – any unanticipated occurrence involving death or serious injury.

5.3 **Time Out** – the pause in the patient care activity conducted by the medical team immediately before starting the procedure to confirm the correct patient, site, and procedure that will be performed.

5.4 **Pre-op / Pre Procedure Verification** - an on-going process of information gathering and confirmation. The purpose of the pre-procedure verification process is to make sure that all relevant documents and related information or equipment are:

- 5.4.1 Available prior to the start of the procedure
- 5.4.2 Correctly identified, labelled, and matched to the patient's identifiers
- 5.4.3 Reviewed and are consistent with the patient's expectations and with the team's understanding of the intended patient, procedure, and site.

## **6. PROCEDURES**

### **6.1 Preoperative Verification**

#### **6.1.1 Scheduling**

6.1.1.1 The following information is required when scheduling an invasive/surgical procedure:



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                |              |
|--|-----------------------------|--|----------------|--------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                |              |
| <b>Title: Ensure Safe Surgery</b>  |                             | <b>JCI Code: IPSG</b>                        |                |              |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date:                 | Effective Date:                              | Revision Date: | Page 5 of 13 |

- 6.1.1.1.1 The correct patient's complete name
- 6.1.1.1.2 Medical Record Number (additional identifier is used if required, i.e., national ID or Iqama)
- 6.1.1.1.3 Procedure to be performed

6.1.1.2 Schedule procedure that involve anatomical sites that have laterality, the word(s) right, left, or bilateral will be written out fully on the procedure/operating room schedule and all relevant documentation (e.g. consents)

6.1.1.3 Any discrepancies in data should be clarified with the physician

6.1.2 Staff completes pre-operative and/or pre-catheterization checklist prior to sending patient to theatre or Cath. Lab. (Please see Departmental Forms on Pre-Operative and Pre-catheterization)

### 6.2 Site Marking

6.2.1 The physician in charge of the patient retains overall responsibility for ensuring that the site of the surgery/invasive procedure has been correctly identified and marked, and that the surgery/procedure is performed on the correct side and at the correct site.

6.2.2 The site of the surgery or invasive procedure shall be marked with an **arrow** (↑) pointing and near to the incision site by the person performing the surgical or interventional procedure.

6.2.2.1 For Hospitals with Dental services and has implemented Dental R4 system, the **WATCH** (⌚) icon symbol shall be used as site marking.

6.2.3 Marking should take place with the patient involved, awake and aware, if possible.

6.2.4 If the patient refuses marking, this must be documented in the patient's medical records and alternative strategies must be employed to prevent the procedure being performed on the wrong site.

6.2.5 If at any time, a health care practitioner is concerned that the incorrect side/site is being prepared for surgery or invasive procedure, or feel uncomfortable or inexperienced to undertake the verification process, staff should immediately voice their concerns.



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                |                 |
|--|-----------------------------|--|----------------|-----------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                |                 |
| <b>Title:</b> Ensure Safe Surgery  |                             | <b>JCI Code:</b> IPSG                        |                |                 |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date:                 | Effective Date:                              | Revision Date: | Page 6 of<br>13 |

6.2.6 The intended site of incision or site of insertion must be unambiguously marked. Multiple operation/procedure sites must be individually marked (do not mark non-procedure sites).

6.2.7 All cases involving laterality, multiple structures (e.g. fingers, toes or lesion) or multiple levels (e.g. spine) must be clearly marked.

6.2.8 Simultaneous bilateral Surgery shall mark both sites (e.g. both knees, both shoulder).

6.2.9 The mark must be visible and sufficiently permanent to remain visible following skin preparation and draping. Site marking should be done with an indelible ink marker.

6.2.10 "Left" or "Right" should be written in full on all documentation.

6.2.11 If imaging data is used during the marking process, members of the clinical team must confirm that the images are properly labelled and are for the correct patient.

6.2.12 Site Marking for the Non-Operating Room as follows;

6.2.12.1 Chest Tube Insertion

6.2.12.2 Thoracentesis

6.2.12.3 Joint Aspiration/Joint Injection

6.2.12.4 Bone Marrow Biopsy

6.2.12.5 Breast Biopsy

6.2.12.6 Needle localization

6.2.12.7 Any invasive procedure where physician orders involve right/left distinction.

6.2.13 Exemptions:

6.2.13.1 Single organ cases (e.g., Caesarean Section, Cardiac Surgery).

6.2.13.2 In case of an emergency or obvious signs of trauma, injury, gross deformity, or lesion that corresponds to the planned procedure.

6.2.13.3 Interventional cases for which catheter/instrument insertion site is not predetermined (e.g., Cardiac Catheterization).



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                |                 |
|--|-----------------------------|--|----------------|-----------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                |                 |
| <b>Title:</b> Ensure Safe Surgery  |                             | <b>JCI Code:</b> IPSG                        |                |                 |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date:                 | Effective Date:                              | Revision Date: | Page 7 of<br>13 |

### 6.2.13.4 In oral procedures:

6.2.13.4.1 Teeth-But, indicate operative tooth name(s) on documentation OR mark the operative tooth (teeth) on the dental radiographs or dental diagram.

6.2.13.4.2 For Hospitals with Dental services and has implemented Dental R4 system, the WATCH (⌚) icon symbol shall be used as site marking

6.2.13.5 For Neonates, Premature infants and geriatric patients, an easily removable soft sticky adhesive tape with a marked **arrow** (↑) shall be applied at the site of surgery and removed prior to antiseptic skin preparation by the person performing the surgical or interventional procedure.

6.3 Staff performs complete handover to relevant area ensuring verification procedure is done using the checklist, i.e. correct patient number, etc.

6.3.1 Ward staff and receiving nurse ensures all information on the checklist has been clarified and verified.

### 6.4 Patient going for surgery in the Operating Room

#### 6.4.1 Pre Procedure / Pre-Operative (Ward)

6.4.1.1 Prior to the patient receiving any medications that could affect his/her cognitive function, a member of the clinical team will perform verification to confirm the following details with the patient:

6.4.1.1.1 Patient's complete name and medical record number (MRN)

6.4.1.1.2 Type of treatment/procedure being performed

6.4.1.1.3 The reason for the treatment/procedure

6.4.1.1.4 The side and site of the treatment/procedure

6.4.1.2 Ensure that valid informed consents have been obtained.

6.4.1.3 Staff must check the patient's response against the patient's identification band, consent form and other information provided in the patient's medical record.



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                |                 |
|--|-----------------------------|--|----------------|-----------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                |                 |
| <b>Title: Ensure Safe Surgery</b>  |                             | <b>JCI Code: IPSG</b>                        |                |                 |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date:                 | Effective Date:                              | Revision Date: | Page 8 of<br>13 |

6.4.1.4 If the patient is incapable of personally participating in the verification process and has no authorized representative present, a member of staff must act as the patient's representative during the verification process.

6.4.1.5 If a patient is unable to participate in the verification step due to lack of mental competence or due to language barriers, another appropriate adult, approved interpreter, i.e., guardian or family member will be asked to assist in the communication process. Details of the discussion and the names of the participants must be recorded in the patient's medical record.

### 6.4.2 Verification in Holding Area (inside OR)

6.4.2.1 Prior to sending patient inside the OR suite, the nurse with anesthesiologist will perform verification with another nurse member to confirm the following details:

- 6.4.2.1.1 Confirm patient's identity.
- 6.4.2.1.2 Type of treatment/procedure being performed
- 6.4.2.1.3 The side and site of the treatment/procedure
- 6.4.2.1.4 Ensure that valid consent has been obtained
- 6.4.2.1.5 Site marked by person performing the procedure
- 6.4.2.1.6 Presence of History and Physical Assessment
- 6.4.2.1.7 Pre-Anesthesia assessment
- 6.4.2.1.8 Any special equipment, devices or implants needed

6.4.2.2 Nursing staff to review all information provided and confirms that relevant documents/images, i.e. CXR, ECHO and results are properly labelled and correct.

6.4.2.3 Confirms whether the patient has a known allergy or not. If patient has allergy, the information must be communicated to the anesthetist.

### 6.4.3 Verification inside the OR suite

6.4.3.1 Confirms with the Anesthetist and Anesthesia Care Practitioner (ACP) that the anesthesia machine and medication check is completed.

6.4.3.2 Confirms that the cardio respiratory monitoring equipment has been placed on the patient and functioning.



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                            |              |
|--|-----------------------------|--|----------------------------|--------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                            |              |
| <b>Title: Ensure Safe Surgery</b>  |                             | <b>JCI Code:</b> IPSG                        |                            |              |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date: 11 July 2022    | Effective Date: 6 July 2022                  | Revision Date: 5 July 2025 | Page 9 of 13 |

6.4.3.3 Confirms with the anesthetist team whether the patient has been assessed for difficult airway or aspiration risk.

6.4.3.4 Confirms with the surgeon whether the surgeon has assessed the patient if he/she is high risk for blood loss (greater than 50 ml). If so, the surgeon must communicate with anesthesia to take necessary precautions.

### 6.4.4 “Team Time Out” - Before Skin Incision / Puncture

6.4.4.1 Confirms all team members are present and attentive.

6.4.4.2 Team members to address the following standard information:

- 6.4.4.2.1 Correct patient identity
- 6.4.4.2.2 Correct type of procedure to be performed
- 6.4.4.2.3 Correct procedure site has been marked
- 6.4.4.2.4 Position of the patient
- 6.4.4.2.5 Antibiotic Prophylaxis
- 6.4.4.2.6 Availability of the correct prostheses and/or any specialize equipment

6.4.4.3 Ensure the correct and appropriate documents and diagnostic images are available.

- 6.4.4.3.1 Essential imaging is displayed

6.4.4.4 Surgeon identifies anticipated critical events:

- 6.4.4.4.1 Non-routine steps, blood loss and how long it takes the case.

6.4.4.5 Anesthetist identifies anticipated critical events:

- 6.4.4.5.1 If there is any patient specific concern, to communicate with team.

6.4.4.6 Nursing staff anticipates critical events:

- 6.4.4.6.1 Confirms sterility including indicator result have been successful if there is any discrepancy it should be reported to the entire team member.

### 6.4.5 Sign Out (Post Procedure / Post-Operative) - Before patient leaves operating room.

6.4.5.1 All surgical / invasive procedure team confirms the name of the procedure done.



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                       |               |
|--|-----------------------------|--|-----------------------|---------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                       |               |
| <b>Title: Ensure Safe Surgery</b>  |                             |  | <b>JCI Code: IPSG</b> |               |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date:                 | Effective Date:                              | Revision Date:        | Page 10 of 13 |

- 6.4.5.2 Nursing staff confirms all instruments; sponge count, sharps and needle count are complete.
- 6.4.5.3 Nursing staff confirms specimen(s) and ensures correct labelling done.
- 6.4.5.4 Any equipment problems to be addressed (as applicable)

### 6.5 Non-Operating Room (Clinical Area)

- 6.5.1 Complete the Safety Checklist Form for Non-Operating Room for the following procedures:

- 6.5.1.1 Invasive Lines, i.e. Central Line, PICC, Umbilical, Balloon Pump, etc.
- 6.5.1.2 Lumbar Puncture
- 6.5.1.3 Percutaneous Interventional Pain Management Procedure
- 6.5.1.4 Thoracentesis
- 6.5.1.5 Chest Tube Insertion
- 6.5.1.6 Joint Aspiration / Joint Injection
- 6.5.1.7 Bone Marrow Biopsy
- 6.5.1.8 Bronchoscopy
- 6.5.1.9 Trans Esophageal Echocardiogram (TEE)
- 6.5.1.10 Myelograms
- 6.5.1.11 Incision and Drainage
- 6.5.1.12 CT guided biopsy and aspiration
- 6.5.1.13 Pericardiocentesis
- 6.5.1.14 Paracentesis
- 6.5.1.15 Epidural catheter placement
- 6.5.1.16 MRI guided biopsy
- 6.5.1.17 Stereotactic or needle localization breast biopsy
- 6.5.1.18 Dental Extraction / Dental Surgery

### 6.5.2 Verification in Holding Area (inside Procedure Room)

- 6.5.2.1 Confirm patient's identity.
- 6.5.2.2 Type of treatment/procedure being performed
- 6.5.2.3 The side and site of the treatment/procedure
- 6.5.2.4 Ensure that valid consent has been obtained
- 6.5.2.5 Site marked by person performing the procedure
- 6.5.2.6 Presence of History and Physical Assessment
- 6.5.2.7 Pre-Anesthesia / Pre-Sedation Assessment
- 6.5.2.8 Any special equipment, devices or implants needed



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                |               |
|--|-----------------------------|--|----------------|---------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                |               |
| <b>Title: Ensure Safe Surgery</b>  |                             | <b>JCI Code: IPSG</b>                        |                |               |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date:                 | Effective Date:                              | Revision Date: | Page 11 of 13 |

### 6.5.3 “Team Time Out” – Just Before Starting the Procedure

- 6.5.3.1 Confirms all team members are present and attentive.
- 6.5.3.2 Team members to address the following standard information:
  - 6.5.3.2.1 Correct patient identity
  - 6.5.3.2.2 Correct type of procedure to be performed
  - 6.5.3.2.3 Correct procedure site has been marked
  - 6.5.3.2.4 Availability of the correct prostheses and/or any specialize equipment.

### 6.5.4 Sign Out (Post Procedure / Post-Operative) - Before patient leaves operating room.

- 6.5.4.1 All medical team confirms the name of the procedure done.
- 6.5.4.2 All nursing staff completes instruments, sponge and needle count.
- 6.5.4.3 Send specimens with correct labelling if applicable.
- 6.5.4.4 Any equipment problems to be addressed (as applicable)

6.6 All medical staff performs complete handover to receiving unit ensuring all information is correct, i.e. patient response, management, concerns, etc.

6.7 Performs post-operative care is done (Please refer to Nursing Departmental Policy and Procedure).

### 6.8 Managing Discrepancies

- 6.8.1 In the event that there is discrepancy identified at any stage in the verification process, or there is disagreement regarding planned treatment/intervention, the commencement of the procedure / intervention must be delayed until verification is confirmed.
- 6.8.2 All team members and patient (if possible) must agree on the resolution(s) to the identified discrepancy.
- 6.8.3 The physician, registered nurse, radiology technician, must document the discrepancy and resolution or other appropriate healthcare professional involved in the case.



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                            |               |
|--|-----------------------------|--|----------------------------|---------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                            |               |
| <b>Title:</b> Ensure Safe Surgery  |                             | <b>JCI Code:</b> IPSG                        |                            |               |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date: 11 July 2022    | Effective Date: 6 July 2022                  | Revision Date: 5 July 2025 | Page 12 of 13 |

## 7. REFERENCES

- 7.1 Medical Services General Directorate Central Policy, Policy No. MSD-H-1-IPSG-004
- 7.2 Joint Commission International Accreditation Standards for Hospitals 7<sup>th</sup> edition (2021) - International Patient Safety Goal #4
- 7.3 World Health Organization (WHO) Surgical Safety Checklist and Implementation Manual, 1<sup>st</sup> Edition. [http://www.who.int/patientsafety/safesurgery/ss\\_checklist/en/](http://www.who.int/patientsafety/safesurgery/ss_checklist/en/)
- 7.4 Government of Western Australia Department of Health. Correct Patient, Correct Procedure and Correct Site Policy and Guidelines for Western Australian Health Services (2006)
- 7.5 World Alliance For patient Safety, Implementation Manual Surgical Safety Checklist First Edition, WHO (2008)
- 7.6 American Academy of Orthopedic Surgeons" and "American Association of Orthopedic Surgeons (AAOS) "Joint Commission Guidelines" Retrieved on 2<sup>nd</sup> December 2013, <http://www3.aaos.org/member/safety/guidelines.cfm>

## 8. APPENDICES

- 8.1 Surgical Record (4-2-1007-01-056)
- 8.2 Invasive Procedure Record (4-2-1007-01-061)



# Prince Sultan Military Medical City

## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

|  |                             |  |                |               |
|--|-----------------------------|--|----------------|---------------|
| Medical City Wide Policy & Procedure   | Dept.: Hospital Directorate | Policy No: 1-1-8062-03-027<br>Version No: 07 |                |               |
| Title: Ensure Safe Surgery   |                             | JCI Code: IPSG                               |                |               |
| Supersedes: 1-1-8062-03-027<br>Ensure Safe Version No: 06;<br>14 February 2021 | Issue Date:                 | Effective Date:                              | Revision Date: | Page 13 of 13 |
| 11 July 2022   | 6 July 2022                 | 5 July 2025                                  |                |               |

### 9. CONTRIBUTING DEPARTMENT/S

Anesthesia Department  
Dental Center  
Executive Nursing Affairs  
Surgery Department

|  |            |                   |
|--|------------|-------------------|
| Compiled by:<br>International Patient Safety Goal (IPSG) Team  | Signature: | Date: 31.05.2022  |
| Reviewed by:<br>• Brig. Gen. Dr. Muteb Ghazi Al Otaibi<br>Director, Department of Anesthesia                                   | Signature: | Date: 2.6.2022    |
| • Dr. Abdulmohsen Al Mashaan<br>Director of Dental Center  | Signature: | Date: 15.6.2022   |
| • Dr. Saad Thabet Al Qahtani<br>Director of Surgery Department   | Signature: | Date: 16.6.2022   |
| • Dr. Turki Al Mutairi<br>Executive Director of Nursing Affairs  | Signature: | Date: 21 JUN 2022 |
| Reviewed by:<br>Dr. Samir Mohammed Bawazir<br>Director, Continuous Quality Improvement & Patient Safety (CQI&PS)               | Signature: | Date: 24/6/2022   |
| Authorized by:<br>Dr. Amr Momtaz Jad<br>Director of Medical Administration   | Signature: | Date: 30.6.2022   |
| Authorized by:<br>Dr. Hisham Ayoub<br>Executive Director for Health Affairs<br>Chairman, Senior Medical Management Team (SMMT) | Signature: | Date: 4.7.2022    |
| Approved by:<br>Maj. Gen. Dr. Saud Othman Al Shlash<br>General Executive Director of Prince Sultan Military Medical City       | Signature: | Date: 6.7.2022    |



# Prince Sultan Military Medical City

## SURGICAL RECORD

Department/Ward: .....

Code: ..... Date: .....

Consultant Name: .....

Number:     Bleep:    

### A. Pre-Operative Checklist

(TO BE COMPLETED BY SURGEON BEFORE PROCEDURE TAKES PLACE)

Pre-operative diagnosis:

Type of procedure:  Elective  Emergency

#### 1. Laboratory Investigation

|                             |                             |                              |                               |                               |                                  |
|-----------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|----------------------------------|
| CBC :                       | Hb ( )                      | Platelet ( )                 | WBC ( )                       | Ht ( )                        | <input type="checkbox"/> No need |
|                             | Urea ( )                    | Creatinine ( )               | Sickle cell test ( )          | Hepatitis ( )                 |                                  |
|                             | PT/PPT ( )                  | INR ( )                      | Blood glucose level ( )       |                               |                                  |
| Electrolytes:               | Na                          | K                            | Ca                            |                               | <input type="checkbox"/> No need |
| Liver function test:        | Alb                         | Bilirubin                    | Alk.ph                        | ALT                           | <input type="checkbox"/> No need |
| Amylase:                    |                             |                              |                               |                               | <input type="checkbox"/> No need |
| Tumour / Other Markers:     |                             |                              |                               |                               | <input type="checkbox"/> No need |
| Hormones/Metabolites:       |                             |                              |                               |                               | <input type="checkbox"/> No need |
| ABG:                        | <input type="checkbox"/> PH | <input type="checkbox"/> PO2 | <input type="checkbox"/> PCO2 | <input type="checkbox"/> HCO3 | <input type="checkbox"/> No need |
| Other blood investigations: |                             |                              |                               |                               | <input type="checkbox"/> No need |

#### 2. Radiological Studies

|                            |                                  |
|----------------------------|----------------------------------|
| Chest X ray                | <input type="checkbox"/> No need |
| Ultrasound                 | <input type="checkbox"/> No need |
| CT scans                   | <input type="checkbox"/> No need |
| MRI                        | <input type="checkbox"/> No need |
| GI Contrast Studies        | <input type="checkbox"/> No need |
| Other Radiological Studies | <input type="checkbox"/> No need |

#### 3. Cardiac studies

|  |                                  |
|--|----------------------------------|
| ECHO Findings: EF..... % EDD.....mm ESD.....mm | <input type="checkbox"/> No need |
| Coronary angio:                                | <input type="checkbox"/> No need |
| (EUROSCORE II .....)                           | <input type="checkbox"/> No need |

#### 4. Other Investigations / Studies

##### • Planned Procedure Name

|                                    |                                 |   |
|------------------------------------|---------------------------------|---|
| Surgeon's Name: .....<br>Date: / / | Signature: .....<br>Time: ..... | Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Bleep: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|------------------------------------|---------------------------------|---|

**B. OPERATING ROOM**  
(SURGICAL SAFETY CHECKLIST)

| <b>TIME IN PRE- PROCEDURE CHECK-IN (Ward)</b>   |   |   |   | <b>Signature over Printed Name</b> |         |
|---|---|---|---|------------------------------------|---------|
| Patient/Relatives/Care giver confirms with Registered Nurse (RN)                                  | Patient Identification  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Procedure and procedure site  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Consent(s)  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Site marked by person performing the procedure  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
| RN confirms presence of:  | History and physical assessment   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   | Nurse                              |         |
|   | Pre-anaesthesia assessment  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Diagnostic and radiological test results  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Blood products  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Any special equipment, devices, implants  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   |   |   |   |                                    |         |
| <b>SIGN IN (VERIFICATION IN HOLDING AREA - inside O.R.)</b>                                       |   |   |   | <b>Signature over Printed Name</b> |         |
| Anaesthetist with Registered Nurse (RN):  | Patient Identification  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Procedure and procedure site  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Consent(s)  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Site marked by person performing the procedure  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
| RN confirms presence of   | History and physical assessment   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   | Anaesthetist                       |         |
|   | Pre-anaesthesia assessment  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Diagnostic and radiological test results  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Blood products  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Any special equipment, devices, implants  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   |   |   |   |                                    |         |
| Antibiotics <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | DVT prophylaxis <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A |   |   |                                    |         |
| <b>TIME OUT, (BEFORE SKIN INCISION / PUNCTURE)</b>  |   |   | <b>TIME ( )</b>   | <b>Signature over Printed Name</b> |         |
| Confirm Patient's Identification  |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |                                    |         |
| Confirm Procedure   |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |                                    |         |
| Confirm Site  |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |                                    |         |
| Confirm Site marked and visible   |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A |                                    | Surgeon |
| Confirm Patient's Position  |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |                                    |         |
| All Team Members present and attentive  |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |                                    |         |
| Antibiotics prophylaxis done within 60 min/before incision  |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A |                                    |         |
| Confirm Implants (if needed) are present  |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A |                                    |         |
| Anticipated Critical Events:  |   |   |   |                                    |         |
| Surgeon   | What are the critical or unexpected steps, operative duration, anticipated blood loss?                | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Equipment available   | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A |   |                                    |         |
|   | Implants available  | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A |   |                                    |         |
| Anaesthetist  | Are there any patient-specific concerns?  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Has the sterility (including indicator results) been confirmed?                                       | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Are there equipment issues or any concerns?   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
| Nursing Team  | Is essential imaging displayed?   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   |   |   |   |                                    |         |
|   |   |   |   |                                    |         |
| <b>SIGN OUT (BEFORE PATIENT LEAVES OPERATING ROOM)</b>  |   |   | <b>TIME ( )</b>   | <b>Signature over Printed Name</b> |         |
| Nurse verbally confirms   | Name of the procedure   | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
|   | Completion of instrument, sponge and needle counts  | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A |   |                                    |         |
|   | Specimen labelling (read specimen labels aloud, including patient name)                               | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A |   |                                    |         |
|   | Whether there are any equipment problems to be addressed  | <input type="checkbox"/> No <input type="checkbox"/> Yes                              |   |                                    |         |
| To Surgeon, Anaesthetist and Nurse:   | What are the key concerns for recovery and management of this patient? (if so indicate).....          |   |   |                                    |         |
|   |   |   |   |                                    |         |

### C. Operative Report

(TO BE COMPLETED BY SURGEON BEFORE PATIENT LEAVES RECOVERY AREA)

|          |
|----------|
| Time In  |
| Time Out |

Surgeon : .....  
 Assistant (1) : .....  
 Assistant (2) : .....

Anaesthetists : .....  
 Assistant : .....  
 Perfusionist : ..... (Cardiac cases)

Category of the procedure: 1.  Minor  
 2.  Elective  
 3.  Clean

Intermediate  Major  
 Emergency  Clean contaminated  Contaminated  Dirty

Type of Anaesthesia

General

Spinal

Regional

Local

|                    |  |
|--------------------|--|
| Pre op. Diagnosis  |  |
| Post op. Diagnosis |  |
| Procedure name     |  |

#### Listing of Procedure steps

Registry number of  all implantable devices

#### Specific Cardiac surgery Timing

CBP : X-Clamp : Plegia : TCA :

- Specimen sent for investigation:  No  Yes  N/A
- Biopsy sent for investigation:  No  Yes  N/A

If specimen or biopsy taken, specify.....

- Perioperative Complications  No  Yes

If yes specify:

- Blood loss  No  Yes (Estimated amount of blood loss .....)
- Blood /Blood Products Transfused  No  Yes (Estimated amount of blood/Blood Products Transfused .....)

Surgeon's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: / /

Code: 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

  
 Bleep: 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

## D. Post Operative care plan

(TO BE COMPLETED BY SURGEON BEFORE PATIENT LEAVES RECOVERY AREA)

All postoperative orders must be documented in the doctor's orders

- Transfer Plan to :  ICU  Ward  Other, Specify.....
- DVT prevention Plan: (VTE) Prophylaxis Protocol (4-2-1007-01-038/01)
- Maintain vital signs
- Control Patient's pain :( WHO Ladder guidelines for surgical patients)
- Patient adequate Intake and Output Plan
- Surgical wound care plan
- Mobilization plan
- Others, Specify

### IMPLANTABLE DEVICE

- Staff trained to use the device.

#### Infection Control Precautions,

- Implementation of Surgical Site infection Policy ( )
- Antibiotic coverage .....

#### Discharge instruction and education :

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Name & Registration  
no of Implantable

\*In case of Implantable device infection ,recall or malfunction report to the CQI &PS department and concerned departments .

Surgeon's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: / / Time: \_\_\_\_\_

Code:      
Bleep:



# Prince Sultan Military Medical City

## INVASIVE PROCEDURE RECORD (FOR ANY INVASIVE PROCEDURE DONE OUTSIDE OR)

Department/Ward: ..... Code: ..... Date: .....

Consultant Name: ..... Number:      Bleep:     

### A. Pre- Procedure Checklist

(TO BE COMPLETED BY PHYSICIAN BEFORE PROCEDURE TAKES PLACE)

Pre-Procedure diagnosis: ..... Type of procedure:  Elective  Emergency

| Laboratory / Radiological Investigation | Planned Procedure |
|---|-------------------|
|   |                   |

Physician's Name: ..... Signature: ..... Code:     

Date: / / Time: ..... Bleep:     

### B. PROCEDURE AREA

(PROCEDURE SAFETY CHECKLIST)

| VERIFICATION IN HOLDING AREA OR PROCEDURE ROOM   | Responsible Team Member   | Signature of staff member confirming completion of process |
|--|---|--|
| 1. Confirm the patient's identity <input type="checkbox"/> No <input type="checkbox"/> Yes<br>2. Confirm completion of the Informed Consent<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>3. Confirm procedure and procedure site <input type="checkbox"/> No <input type="checkbox"/> Yes<br>4. Site Marked <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A<br>5. History and Physical assessment <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A<br>6. Pre-anaesthesia / sedation assessment <input type="checkbox"/> No <input type="checkbox"/> Yes<br>7. Diagnostic and radiological test results<br><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A | <input type="checkbox"/> Registered Nurse<br><input type="checkbox"/> Technician<br><input type="checkbox"/> Dental Surgical Assistant  | Print name:<br><br>Signature:                              |
| TIME-OUT (JUST BEFORE STARTING THE PROCEDURE)  |   | Time ( )   |
| 1. Presence of the correct patient. <input type="checkbox"/> No <input type="checkbox"/> Yes<br>2. Correct site <input type="checkbox"/> Yes <input type="checkbox"/> N/A<br>3. Site marked and visible <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A<br>4. Correct position <input type="checkbox"/> No <input type="checkbox"/> Yes<br>5. Correct procedure to be performed <input type="checkbox"/> No <input type="checkbox"/> Yes<br>6. Availability of the correct implant/equipments/devices<br>(if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> N/A   | <input type="checkbox"/> Surgeon<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Dentist<br><input type="checkbox"/> Designated member of the treating/surgical team. | Print name:<br><br>Signature:                              |
| SIGN-OUT (BEFORE PATIENT LEAVES THE PROCEDURE ROOM)  |   | Time ( )   |
| 1. Completion of Instrument, sponge and needle counts.<br><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A<br>2. Specimen labelling <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A<br>3. What are the key concerns for recovery and management of this patient?  | <input type="checkbox"/> Registered Nurse<br><input type="checkbox"/> Technician<br><input type="checkbox"/> Dental Surgical Assistant  | Print name:<br><br>Signature:                              |

**C. Procedure Report**  
 (TO BE COMPLETED BEFORE PATIENT LEAVES PROCEDURE AREA)

Time In

Time Out

Main Responsible Physician: .....  
 Assistant (1) : .....

Anaesthetists : .....  
 Assistant : .....

Category of the procedure: 1.  Minor  Intermediate  Major  
 2.  Elective  Emergency  Clean contaminated  
 3.  Clean  Contaminated  Contaminated  Dirty

Type of Anaesthesia  General  Spinal  Sedation  Regional  Local

|  |  |
|--|--|
| Post Procedure Diagnosis   |  |
| Procedure name   |  |
| Listing of Procedure steps   |  |
| <input type="checkbox"/> Registry number of<br>all implantable devices |  |

- Specimen sent for investigation:  No  Yes  N/A
- Biopsy sent for investigation:  No  Yes  N/A

If specimen or biopsy taken, specify.....

- Intra-Procedure Complications  No  Yes

If yes specify:

- Blood loss  No  Yes (Estimated amount of blood loss .....
- Blood /Blood Products Transfused  No  Yes (Estimated amount of blood/Blood Products Transfused .....

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Code:     
 Date: / / Time: \_\_\_\_\_ Bleep:

**D. Post Procedure care plan**

(TO BE COMPLETED BEFORE PATIENT LEAVES PROCEDURE AREA)

Orders must be documented in doctors' orders sheet

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Code:     
 Date: / / Time: \_\_\_\_\_ Bleep: