



**State of Utah**

**Jon Huntsman Jr.**  
*Governor*

**Gary Herbert**  
*Lieutenant Governor*

**Utah Department of Health**

David N. Sundwall, MD  
*Executive Director*

**Health Systems Improvement**

Marc E. Babitz, M.D.  
*Division Director*

Jan M. Buttrey  
*Deputy Division Director*

September 29, 2005

Dear Utah Provider,

In the month of October, a consortium of health providers in the State of Utah will commit to a consensus built standard for correct site surgeries. Over the past 3 years the Utah Department of Health has been collecting data on wrong site surgeries. We have discovered that in practice, there has been up to 12 different ways (X marks the site, X means not here, happy faces, stickers, surgeon initials, patient initials, etc.) to mark a site, there is the lack of specificity in terms of digits, side, front or back; and the lack of correct patient verification has led to such errors as circumcisions on the wrong babies, wrong sided testicle removal, wrong sided hip incisions, wrong finger digit incisions, and wrong sided knee arthroscopy.

As you can see, from the above list this is a real problem in the State of Utah. The Utah Department of Health, the Utah Hospital Association, the Utah Medical Association and Health Insight have joined together to implement this consensus build set of standards on behalf of Utah citizens. This initiative will be kicked off in October 2005 with a signed letter of commitment from Utah hospitals, the distribution of the consensus standard, and the provision of a patient education brochure through the Utah Department of Health patient safety web site at <http://health.utah.gov/psi/>.

We hope you will join us in this venture!

Sincerely,

Marc Babitz, M.D., Division Director  
Health Systems Improvement

Iona M. Thraen, Patient Safety Director  
Health Systems Improvement



# C<sup>3</sup>

## Correct Patient, Correct Procedure, Correct Site

### Marking and Time-Out Procedure

Utah Patient Safety Steering Committee

Sentinel Event Users Group

September 2005

## Patient Surgery Safety Procedures

### Site Markings and Explanations

- **Step 1:** The accountable person (surgeon or procedural person is preferred) performing the procedure should mark the site with the patient prior to pre-operative medication or anesthesia when feasible.
- **Step 2:** Markings should be made with the word "YES". A line or dots for pediatric, facial or cosmetic surgeries may be utilized when necessary. Procedures involving right/left distinction, multiple structures such as fingers and toes, or multiple levels as in spinal procedures should be differentiated by the markings. A surgical skin marker should be used for marking the site and the mark should be visible after the patient is prepped and draped.

### Patient Verification

- **Step 3:** Patient and/or person giving consent (if patient is unable due to cognition problems, consciousness, language, readability of the consent form, or understanding) should indicate that correct site has been marked. If patient refuses marking, documentation of the refusal must be secured. If the H&P, surgical consent, patient's view of the site and nurses view of the site do not all agree, the patient is not brought into the operating room. If x-rays are available, the surgeon shall review prior to beginning the procedure.

### Time Out

- **Step 4:** The facility will define the accountable person (surgeon or procedural person is preferred) for calling a "time out" prior to actual start of the procedure.
  1. The "time out" includes active (affirmative) participation from the procedure team, including but not limited to support staff, anesthesia, provider and nursing staff.
  2. The "time out" is to occur in the location where the procedure is being performed (operative, procedure or patient room) but **prior** to actual commencement of procedure.
- **Step 5:** The "time out" must include:
  1. **C<sup>1</sup>** - Correct patient must be verified with two patient identifiers defined by the facility.
  2. **C<sup>2</sup>** - Correct procedure (including implants) must be verified with consent form and medical documentation.
  3. **C<sup>3</sup>** - Correct site (procedures involving right/left distinction, multiple structures such as fingers and toes, or multiple levels) must be verified with consent form and medical documentation.

**Exception:** The exception to the above marking procedure would be in the case of emergency surgery where the provider is present continuously with the patient from the time the decision to perform the decision and until procedure is complete. A "time out" should still occur unless it would add more risk than benefit to the patient.

C<sup>3</sup>

**Correct Patient**

**Correct Site**

**Correct Procedure**

- After three years of sentinel event reports to the State of Utah, 14% of the events were wrong site, wrong procedure, wrong patient events
- In 2003-2004 the Patient Safety Initiative conducts a survey of hospitals and ambulatory surgical centers on the practice of identifying correct site, correct procedure, and correct patient.
  - Response rate was 91% for hospitals and 90% for ambulatory surgical centers
  - Survey results revealed a wide range of practice variability
  - “Who” marks varied across 11 different roles
  - “How” marked varied across 12 different ways including those that contradicted each other by institution
  - “Where” and “when” marked varied across 7-9 different locations and timings
  - Devices used to mark also varied across 6 different devices
- The State of Utah declared a “Time Out” day as a way of assuring correct site, correct procedure, correct patient practice in anticipation of JCAHO Universal Policy – June 23, 2004
- July 1, 2004 – JCAHO required all accredited facilities to adopt the Correct Site Universal Protocol Policy
- Variations in adoption of Universal Protocol reveal that healthcare services are at different levels of adoption and implementation. Some have adopted marking portions while others have not changed their marking practice but have adopted time out. Still others are missing steps in the time out process
- Non JCAHO facilities may not be aware or using Universal Protocols
- As a result, the State of Utah in partnership with the Patient Safety Users group and the Patient Safety Guidance Council is recommending the C<sup>3</sup> Consensus standard as the “Best Practice”

---

<sup>3</sup> **If you want to improve patient safety - Markings are not enough!!**