Policy Statement.
UNTHSC is committed to providing safe, accurate care to those patients who have invasive procedures in the UNT Health clinics by verifying the correct patient, correct procedure, correct side/site and the availability of necessary equipment and relevant diagnostic and radiology test results.

Application of Policy.
This policy applies to all providers and staff in UNT Health clinics who are performing or participating in the performance of invasive procedures.

Definitions.

1. Invasive Procedure. “Invasive Procedure” means those procedures that expose patients to more than a minimal risk of harm and include procedures that involve puncture or incision of the skin or insertion of an instrument or foreign material into the body. By way of example, biopsies and percutaneous aspirations are considered invasive procedures. Routine minor procedures such as venipuncture, peripheral IV placement, insertion of a urinary catheter, suturing of a minor laceration or nasogastric tube placement are not considered invasive procedures for purposes of this policy and are exempt.

Procedures and Responsibilities.

1. Each department shall identify and maintain a current list of those invasive procedures performed in each UNT Health clinic to which this policy applies.

   Responsible Party: Department Chairs and Executive Directors

2. Before each invasive procedure is performed, the individuals involved in the procedure and the patient (to the extent possible) shall verify and document in the EMR the following information:
   a. Correct patient using 2 identifiers (name and date of birth)
b. Correct procedure

c. Correct site

d. Availability of necessary equipment and applicable diagnostic and radiology test results

Responsible Party: Providers and Staff

3. Site marking is required prior to performing the procedure when (a) there is more than one possible location for the procedure, or (b) there is a need to distinguish between left and right, or (c) there are multiple structures (fingers/toes). Indelible ink or some other reliable method should be used for marking the site. If the patient refuses to be marked, the procedure team should verbalize the site to one another and document the patient’s refusal in the EMR.

Responsible Party: Providers and Staff

4. Immediately prior to the procedure and before making an incision, or inserting a needle, etc, the individuals involved in the procedure must call a time out and verify correct patient, site and procedure to be performed and document the time out in the EMR.

Responsible Party: Providers and staff

References and Cross-references.
None

Forms and Tools. (optional)

Approved: February 23, 2012
Effective: February 23, 2012
Revised: