

Periprocedural Verification for Imaging Invasive Procedures

Purpose

Describes the standard process for correctly verifying necessary components surrounding invasive procedures performed within Imaging Services.

Scope

Intermountain Healthcare Hospitals, Intermountain Medical Group

Definitions

Imaging invasive procedure: Procedures performed for diagnosis or therapy (in any modality of the imaging suite) involving puncture or incision of the skin, or entrance into a body cavity, by insertion of a needle, wire, procedural catheter, or other surgical instruments. Routine low-risk and/or high-frequency tasks associated with imaging procedures excluded from this procedure are routine venipuncture, peripheral IV insertion, Foley bladder catheterization, enema tip insertion, and nasogastric (NG) feeding tube placements.

Procedure

1. Documentation Requirements
 - 1.1. A valid order must be present for every invasive procedure.
 - 1.2. The timeout will be documented using one of two methods:
 - 1.2.1. The iCentra “Imaging Procedural Time-Out” checklist, or when iCentra is unavailable
 - 1.2.2. The Intermountain “Final Time-Out Team Verification Checklist” paper form
 - 1.3. A procedural checklist will be completed as documentation for the procedure sign-in, and sign-out (where applicable) for each procedure defined by this document. Procedural checklists are standardized throughout the enterprise for Imaging Services and are documented electronically in iCentra.
 - 1.4. Nursing assessments and associated documentation are to be performed appropriately and according to standard nursing clinical guidelines
2. General Verification Activities
 - 2.1. Imaging staff will complete pre-procedure verification activities that happen prior to, and up to the time the patient is brought back to the pre-procedure area.
 - 2.1.1. When the patient presents to the imaging department for the procedure, the imaging staff will verify the patient has been appropriately identified according to Intermountain *Patient Identification Policy*, banded, and associated with the right billing encounter (FIN#).
 - 2.1.2. Necessary prior imaging, reports, and relevant patient history will be available for review by the performing licensed independent practitioner [LIP] and clinical team.
 - 2.1.3. The original source order, including order comments and special instructions, will be verified by appropriate clinical staff, in collaboration with the performing LIP, found to be complete, clear, appropriate to the clinical situation, and correlates with the planned procedure.
 - 2.1.3.1. Any discrepancies or need for clarification will be resolved by calling the referring physician directly and obtaining a new order when appropriate.
 - 2.1.3.2. In the event the ordering LIP is unavailable for order clarification, the radiologist may provide an order for the correct procedure in accordance with the *Imaging Physician Order Requirements Guideline*.
 - 2.1.3.2.1. Appropriate transition of care back to the referring physician consisting of clear documentation in the radiologist’s report as to why deviation from the ordered procedure was necessary
 - 2.1.3.2.2. Documentation of any attempt to contact the ordering provider
 - 2.1.3.2.3. The receipt of the complete and signed radiologist report by the referring provider
 - 2.1.4. Patient pre-procedure items, such as pertinent lab values, patient assessments, patient preparation, are checked by appropriate staff for verification of completion and identification of any contraindications to the procedure.
 - 2.1.5. For aspiration, drainage, and biopsy procedures, orders for specimen collection and associated laboratory testing will be identified and initiated (in iCentra) as appropriate.
 - 2.1.6. The appropriate team members will be notified and present for involvement in the procedure, including situations requiring the calling in of staff.

- 2.1.7. A current History and Physical [H&P] will be maintained in the patient's medical record in accordance with the *Intermountain Patient History Physical Exam Policy*. A current H&P is required for any procedure using conscious (moderate) sedation or general anesthesia. Oral diazepam and/or local anesthetic administration do not require an H&P.
 - 2.1.7.1. The initial H&P might be provided by the referring provider if it was completed within 30 days of the procedure. The performing LIP must review the initial H&P and must note whether there is
 - 2.1.7.1.1. No change to the H&P, or
 - 2.1.7.1.2. Provide an updated H&P in accordance with iCentra Interventional Radiologist workflows
3. Informed Consent
 - 3.1. Informed consent will be obtained in accordance with the *Intermountain Informed Consent Policy*.
 - 3.2. The LIP performing the procedure will obtain Informed Consent from the patient.
 - 3.3. When the performing provider is unavailable to obtain the informed consent, another LIP may obtain informed consent only if
 - 3.3.1. They are able to perform the procedure under their scope of licensure, and
 - 3.3.2. They routinely perform the procedure and are knowledgeable about the intricacies of the procedure.
4. Site Marking
 - 4.1. Marking of the site will happen when there is the specification of laterality, multiple single-sided sites, or relevant history of situs inversus viscerum. The site will be marked in accordance with the *Intermountain Universal Protocol Procedure*.
 - 4.1.1. The intent of pre-procedural site marking is to remove ambiguity where there is potential confusion on the gross anatomic site of the procedure. It is not necessary to attempt to mark specific access points for procedures requiring the use of image guidance (CT, fluoroscopy, etc.) beyond the requirements specified above.
 - 4.1.2. When multiple spinal levels are to be performed, the levels will be indicated in writing and visible during the procedure for reference by the performing provider. The levels may be written on the skin, on the drape near the site, or written on a whiteboard in the procedure room.
 - 4.1.2.1. The accuracy of the written levels will be verified against the original source order during the procedural timeout.
5. Procedural Checklists
 - 5.1. A procedural checklist will be used to guide specific pre and post-procedure verification tasks. Each care team role (Physician/LIP, RN, and Technologist) will have assigned tasks to acknowledge by signing off on their section(s) of the checklist.
 - 5.1.1. Pre-procedure tasks may be completed at any time prior to their acknowledgment on the checklist. Pre-procedure tasks will be signed-off prior to, or in conjunction with, the initiation of the procedural sign-in activity.
 - 5.1.2. Post-procedure tasks will be completed during the procedural sign-out and immediately after the procedure conclusion. Post-procedure tasks will be signed-off and documented in iCentra.
6. Procedure Sign-In
 - 6.1. The performing LIP will initiate a sign-in to the procedure once he/she enters the procedural area and is nearly ready to start the procedure. The purpose of the sign-in is to verify pre-procedural tasks have been completed by the members of the care team and to identify potential gaps or barriers before moving on to the formal timeout and the beginning of the invasive activity.
 - 6.2. The sign-in will be initiated by calling for a team huddle, safety check, or sign-in and indicating the procedure is about to begin. The items to verify during the procedure sign-in are:
 - 6.2.1. Confirm that care team members have completed their portions of the procedural checklists, including the performing LIP section, and verify with the team there are no outstanding issues to resolve.
 - 6.2.2. Disclose/discuss any patient allergies, lab values, special patient conditions, or other items relevant to the procedure to be performed.
 - 6.2.3. Acknowledge/discuss any anticipated specimen collection and/or specialized equipment needs.
 - 6.2.3.1. Specimens acquired during imaging procedures will be handled in accordance with laboratory standards and be labeled in accordance with the *Intermountain Specimen Labeling Policy*, the *Specimen Labeling PCH Procedure* (when applicable), and associated iCentra workflows. All specimens will be labeled at the bedside at the time of collection.
 - 6.2.4. The sign-in may alternatively be performed in conjunction with the timeout if all items in both the sign-in and timeout are specifically addressed.
7. Procedural Time-Out
 - 7.1. A formal **"TIME-OUT"** will be conducted in accordance with *Intermountain Universal Protocol Procedure*. The time-out will happen after the patient enters the procedural area, has been placed in position for the procedure, and prior to the beginning of the invasive activity.

- 7.1.1. The timeout will be led by the performing LIP. The performing LIP will call attention and use the words “TIME-OUT” in their narrative. All non-required activity in the room will stop. All persons involved in the procedure will focus on the LIP leading the timeout and participate in the discussion and verification.
 - 7.1.2. The timeout will be appropriately documented at the same time it is being performed.
 - 7.1.2.1. The team member completing the electronic iCentra time-out checklist is not required to face the provider during the timeout if computer placement does not allow it, but will be actively involved in the verification discussion and is responsible for speaking up to indicate any steps missed in the time-out verification.
- 7.2. The time-out will follow all the steps associated with the iCentra Imaging Preprocedure Time-Out checklist tool with the following additional clarifications.
 - 7.2.1. Verification of the correct patient will occur using two patient identifiers in accordance with Intermountain *Patient Identification Policy*.
 - 7.2.2. During order verification, the LIP will **read aloud the original source order**, along with any special instructions, to the team.
 - 7.2.3. Verification of the correct procedural site will be confirmed with particular attention to laterality, multiple site procedures, multiple spinal levels, or relevant history of situs inversus.
- 7.3. When multiple sites are to be performed during the same procedure (e.g., multiple spinal levels), without a need to change draping of the patient, a single timeout can be performed to verify all intended targets during the procedure.
 - 7.3.1. All intended sites will be verified for accuracy and checked for correct site marking.
 - 7.3.2. During the procedure, the performing provider will call out the completion of each injection/aspiration site, and state the next site to be performed, as he/she progresses through the procedure to allow confirmation with the procedure team.
- 7.4. Repeat time-out with additional documentation will be required when:
 - 7.4.1. Change in the patient position during the procedure requires a change in the approach to the procedure (re-verification of site marking and intended targets).
 - 7.4.2. Changing of performing LIP providers during a procedure (re-verification of the complete Time-Out).
 - 7.4.3. If the performing provider leaves the procedure area after the formal Time-Out has occurred, the time-out must be repeated upon the LIP return to the procedural area and prior to the beginning of the invasive procedure.
- 8. Procedure Sign-Out
 - 8.1. The performing LIP will initiate a sign-out of the procedure once he/she completes the procedure and prior to leaving the procedural area. The purpose of the sign-out is to verify critical procedural tasks are completed and identify special circumstances which may have arisen which may impact patient outcomes.
 - 8.2. The sign-out will be initiated by calling for a final team huddle, safety check, or sign-out and indicating the procedure is complete. The items to verify during the procedure sign-out are:
 - 8.2.1. Confirm any specimens collected are present, in the correct containers, labeled correctly, and any necessary lab requisition paperwork is completed.
 - 8.2.1.1. The technologist or RN will verify the patient ID on the labeled specimens matches the patient’s armband ID and the ID label on the laboratory paperwork.
 - 8.2.1.2. Specimens collected will be delivered to the appropriate laboratory drop-off location immediately after the procedure and will not be held unnecessarily in the department.
 - 8.2.2. Discuss any special instructions for the care team or patient which are outside of the routine care or discharge instructions indicated for the procedure.
- 9. Post-Procedure Activities
 - 9.1. Imaging staff will complete several general post-procedure activities. These activities will happen after the conclusion of the procedure and prior to discharge of the patient.
 - 9.2. Any required post-procedure nursing assessments will be documented according to standard nursing workflows.
 - 9.3. Patient education and post-procedure instructions will be given to the patient and documented according to standard workflows.
 - 9.4. In the case of inpatients or emergency room patients, a hand-off will be performed between the imaging nurse or imaging technologist and the patient’s unit nurse detailing the patient’s condition, tolerance of the procedure, related specimen acquisition and handling, or other relevant post-procedure information.

Exceptions

Routine low-risk and/or high-frequency tasks associated with imaging procedures excluded from this procedure are routine venipuncture, peripheral IV insertion, Foley bladder catheterization, enema tip insertion, and nasogastric (NG) feeding tube placements.

Primary Sources

None

Secondary Materials

[Imaging Charge Practice Team Physician Order Requirements Guideline](#)

[Informed Consent Policy](#)

[Patient History Physical Exam Policy](#)

[Patient Identification Policy](#)

[Universal Protocol Procedure](#)

[Specimen Labeling Procedure](#)

Applies to Alta View, American Fork, Bear River, Cassia, Cedar City, Delta, Fillmore, Garfield, Heber, IMED, Layton, LDS, Logan, McKay, Orem, Park City, Primary Children's Hospital, Riverton, Sanpete, Sevier, Spanish Fork, St. George, TOSH, Utah Valley

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