

Invasive Procedure Policy

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Disclaimer

- **Overarching policy statements must be adhered to in practice.**
- **Clinical guidelines are for guidance only. The interpretation and application of them remains the responsibility of the individual clinician. If in doubt contact a senior colleague or expert.**
- **The Author of this clinical document has ultimate responsibility for the information within it.**
- **This clinical document is not controlled once printed. Please refer to the most up-to-date version on the intranet.**
- **Caution is advised when using clinical documents once the review date has passed.**

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1. INTRODUCTION

The concept of ‘Never Events’ was introduced in the NHS in 2009 with a list of 8 serious and largely preventable adverse patient safety events which “should not occur if the available preventative measures have been implemented” (NPSA, 2009). Amongst these original eight Never Events were two surgical Never Events: wrong site surgery and retained instrument post-operation, subsequently extended to include retained swabs and throat packs. A third surgical Never Event, wrong implant / prosthesis, was added in 2012.

The WHO Surgical Safety Checklist was introduced in the NHS in 2010 with an expectation that it would reduce the incidence of surgical Never Events (de Vries et al, 2010). Experience with its use has suggested that the benefits of a checklist approach can be extended beyond surgery towards all invasive procedures performed in hospitals. It is also evident that checklists in themselves cannot be fully effective in protecting patients from adverse incidents. The checklists must be conducted by teams of healthcare professionals who have trained together and who have received appropriate education in the human factors that underpin safe teamwork.

In September 2015 NHS England issued the National Safety Standards for Invasive Procedures (NatSSIPs), developed by a multidisciplinary group of clinical practitioners, professional leaders, human factors experts and lay representatives. The NatSSIPs set out key steps necessary to deliver safe care for patients undergoing invasive procedures and are designed to support organisations delivering NHS-funded care in standardising the processes that underpin patient safety.

Individual organisations are required to develop Local Safety Standards for Invasive Procedures (LocSSIPs) that include the key steps outlined in the NatSSIPs and to harmonise practice across the organisation so that there is a consistent approach to the care of patients undergoing invasive procedures in any location.

2. SCOPE OF DOCUMENT

The purpose of this policy is to define and standardise the approach taken by Sherwood Forest Hospitals NHS Foundation Trust to the implementation of LocSSIPs that are consistent with the principles and framework set out in the NatSSIPs.

This policy should be applied to all invasive procedures, wherever they are carried out.

An invasive procedure is defined in the NatSSIPs as a procedure that has the potential to be associated with a Never Event if safety standards are not set and followed, which includes:

- All surgical and interventional procedures performed in operating theatres, outpatient treatment areas, labour ward delivery rooms, and other procedural areas within the organisation.
- Surgical repair of episiotomy or genital tract trauma associated with vaginal delivery.
- Invasive cardiological procedures such as cardiac catheterisation, angioplasty and stent insertion.
- Endoscopic procedures such as gastroscopy and colonoscopy.
- Interventional radiological procedures.
- Thoracic interventions such as bronchoscopy and the insertion of chest drains.
- Biopsies and other invasive tissue sampling.

The process of safe care begins on the ward and this policy should be applied in conjunction with other policies and guidelines specific to the procedure being undertaken.

This clinical document applies to:

Staff group(s)

- All staff involved in either developing or approving a local variation checklist
- All staff caring for and treating patients requiring invasive procedures

Clinical area(s)

- Trustwide application across all relevant sites
- All clinical areas where invasive procedures are undertaken

Related Trust policies and guidelines and/or other Trust documents

- Policy for developing and updating clinical policies and guidelines (regarding standards for documentation to be retained in medical notes)

3. DEFINITIONS AND/OR ABBREVIATIONS

Trust	Sherwood Forest Hospitals NHS Foundation Trust
Staff	All employees of the Trust including those managed by a third party on behalf of the Trust
Invasive procedure	A procedure that has the potential to be associated with a Never Event if safety standards are not set and followed
NatSSIPs	National Safety Standards for Invasive Procedures
LocSSIPs	Local Safety Standards for Invasive Procedures
WHO	World Health Organisation
NPSA	National Patient Safety Agency

4. ROLES AND RESPONSIBILITIES

4.1 Divisional Clinical Directors

Divisional Clinical Directors will be responsible for ensuring their anaesthetists, surgeons and physicians carry out the instructions within this policy.

4.2 Senior Anaesthetist/ Operator

The most senior anaesthetist / operator present during the invasive procedure will be responsible for ensuring that sign in on the Surgical Safety Checklist (or approved variation) is read aloud and completed. The most senior anaesthetist / operator must ensure the sign in section of the checklist has been signed before induction of anaesthesia.

4.3 Senior Nurse

The most senior member of the nursing team should ensure that a briefing and debriefing take place at the start and finish of the operating list.

4.4 All Operating Theatre/Procedure Room Staff

- The Five Steps to Safer Surgery process is a team function and all team members should contribute and feel empowered to speak out if they have a concern.
- Where it has been identified that a patient has been put at risk by failure to follow the Five Steps (a near miss has occurred) staff should complete a Datix incident form.
- Where an incident has occurred due to failure to follow the policy staff must alert the theatre manager / senior manager of production area and relevant Head of Service, in addition to completing a Datix incident form.
- Any concerns regarding the practice of individuals in relation to implementation of this policy should be escalated appropriately to an individual's line manager and/or professional lead.

5. NARRATIVE

5.1 The Process

5.1.1 The Five Steps to Safer Surgery

The key elements to the "Five Steps to Safer Surgery" are the Brief, Sign-in, Time-out, Sign-out and Debrief. The original WHO Checklist did not mandate Brief and Debrief, but the evidence base supports the importance of these steps from a safety point of view and the time spent ensuring everyone is briefed at the start of a list will often save time later.

5.1.2 Safety briefing

A safety briefing must be performed at the start of all elective procedure sessions wherever the procedures are taking place. A briefing should also be performed before all unscheduled or emergency procedure sessions. The briefing may need to be conducted on a case-by-case basis if there is a change in key team members during a procedure session.

The safety briefing should take place in a discreet location in which patient confidentiality can be maintained, while enabling inclusivity and contribution from all team members. As many members of the procedural team as possible should attend

the briefing, but as a minimum it must include the operator and anaesthetist who have seen and consented the patient(s) shortly before the procedural session and the theatre nursing staff / procedural area support staff.

The safety briefing should consider each patient on the procedural list from an operator, anaesthetic and practitioner perspective and the list order should be confirmed.

For each patient, the discussion should include:

- Diagnosis and planned procedure.
- Availability of prosthesis when relevant.
- Site and side of procedure.
- Infection risk, e.g. MRSA status.
- Allergies.
- Relevant comorbidities or complications.
- Need for antibiotic prophylaxis.
- Likely need for blood or blood products.
- Patient positioning.
- Equipment requirements and availability, including special equipment or 'extras'.
- Post-procedure destination for the patient, e.g. ward or critical care unit.

5.1.3 Sign in

All patients undergoing invasive procedures under general, regional or local anaesthesia, or under sedation, must undergo safety checks on arrival at the procedure area: the sign in. Participation of the patient (and/or parent, guardian, carer or birth partner) in the sign in should be encouraged when possible.

The sign in should not be performed until any omissions, discrepancies or uncertainties identified in the handover from the ward or admission area to the receiving practitioner in the procedure area or anaesthetic room have been full resolved except in extreme emergencies. The necessary checks as part of the sign in process are detailed in the relevant procedural checklist.

The sign in must be performed by at least two people involved in the procedure. For procedures performed under general or regional anaesthesia, these should include the anaesthetist and anaesthetic assistant. For procedures not involving an anaesthetist, the operator and an assistant should perform the sign in. The sign in section of the procedural checklist must be signed and dated.

Immediately before the insertion of a regional anaesthetic, the anaesthetist and anaesthetic assistant must simultaneously check the surgical site marking and the site and side of the block (Stop Before You Block).

5.1.4 Time out

All patients undergoing invasive procedures under general, regional or local anaesthesia, or under sedation, must undergo safety checks immediately before the start of the procedure: the time out. A time out must be conducted immediately before the start of the procedure and the relevant checks are listed in the procedural checklist. When different operator teams are performing separate, sequential procedures on the same patient, a time out should be performed before each new procedure is started. This may be a modified version of the initial time out.

Any member of the procedure team may lead the time out. All team members involved in the procedure should be present at the time out and, except in extreme emergencies, all team members must stop what they are doing and participate. Asking all team members to introduce themselves is an effective way of doing this and is the first step of the time out process.

It is mandated that the primary operator is present at time out; in the exceptional event that he/she is not present (perhaps due to an emergency in another theatre / procedural area) he/she must confirm the identity of the patient, planned procedure and site before scrubbing in.

Any omissions, discrepancies or uncertainties identified during the time out should be resolved before the procedure starts. Consideration should also be given to other safety guidelines that may apply to the specific procedure being carried out.

5.1.5 Sign out

All patients undergoing invasive procedures under general, regional or local anaesthesia, or under sedation, must undergo safety checks at the end of the procedure before handover to the post-procedure care team: the sign out. For general anaesthetic cases the sign out checks should be conducted before the patient is awoken. The necessary checks are detailed in the relevant checklist.

Any member of the procedure team may lead the sign out. All team members involved in the procedure should be present at the sign out. The team member leading the sign out should verify that all team members are participating. This will usually require that they stop all other tasks and face the sign out lead.

The senior operator must sign the sign out section of the checklist.

5.1.6 Debriefing

A debriefing should be performed at the end of all elective procedure sessions. A debriefing should also be performed after all unscheduled or emergency procedure sessions. The debriefing should occur in a manner and location that ensures patient confidentiality, while enabling inclusivity and contribution from all team members.

Every member of the procedural team should take part in the debriefing. Any team member may lead the debriefing, but the operator and anaesthetist must be present.

If any team member, and especially the senior operator, scrub practitioner or anaesthetist, has to leave before the debriefing is conducted, they should record any positive feedback and raise any issues they would like discussed during the debriefing.

The content of the team debriefing can be modified locally and must be relevant to the patient and procedure.

For each patient, the discussion should include, but is not limited to:

- Things that went well.
- Any problems with equipment or other issues that occurred.
- Any areas for improvement.

Any problems identified or issues that need to be corrected should be communicated to theatre managers / managers of procedural area.

5.2 Local Variation

There are a number of checklists currently approved for use, as listed in Appendix B.

There should be no other checklists in use other than those listed in [Appendix B](#), and as a default; the Surgical Safety Checklist should be used, see [Appendix A](#). If a member of staff feels that none of the approved forms relate to their area of practice yet invasive procedures are taking place, they should seek clarification from their line manager. If he/she feels that there is a good reason why a particular clinical area should adopt a different checklist, this would require appropriate consultation and subsequent approval at the Patient Safety & Quality Board (PSQB).

6. EVIDENCE BASE / REFERENCES

- De Vries EN, PrinsHA, Crolla RMPH, et al. (2010) "Effect of a comprehensive surgical safety system on patient outcomes". N Engl J Med; 363:1928-37.
- NHS England (2015) Revised Never Events Policy & Framework
- NHS England (2015) National Safety Standards for Invasive Procedures (NatSSIPs).

7. EDUCATION AND TRAINING

This policy will be distributed to relevant ward / department managers who have the responsibility to ensure that that it is followed by staff working in their area. It will also be available to all staff via the Trust intranet.

This policy will be underpinned by a full implementation and educational programme.

8. MONITORING COMPLIANCE

WHO is going to monitor this element (job title of person/ group responsible)	WHAT element of compliance or effectiveness within the procedural document will be monitored	HOW will this element be monitored (method used)	WHEN will this element be monitored (frequency/ how often)	REPORTING Which committee/ group will the resultant report and action plan be reported to and monitored by (report should include any areas of good practice/ organisational learning)
Heads of Service	Patient safety incidents associated with checklist compliance	Review of patient safety Datix incident reports	Monthly	Divisional Governance Forum / escalation to Patient Safety & Quality Board

9. CONSULTATION

The following individuals, groups of staff and Trust group(s)/ committee(s) have been consulted in the development of this policy:

Contributors:	Communication Channel: e.g. • Email • 1:1 meeting/ phone • Group/ committee meeting	Date:
Members of the NatSSIPs working group representing Surgery; Anaesthetics; Endoscopy; Radiology; Cardiology; Maternity; Emergency & Urgent Care division	Group meetings & correspondence	April – July 2016
All heads of clinical services, divisional management & divisional clinical governance leads	Email	July 2016
Members of the Patient Safety & Quality Board – for approval	Meeting	August 2016

10. EQUALITY IMPACT ASSESSMENT (EIA)

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status. An EIA of this policy has been conducted by the author using the EIA tool developed by the Diversity and Inclusivity Committee.

11. KEYWORDS

Words which are not in the title of the document which may be used in the intranet search engine to help find it:

- WHO checklist
- Never events
- NatSSIPs
- LocSSIPs
- Surgical safety checklist

12. APPENDICES

12.1 Appendix A – [Surgical Safety Checklist](#) (hyperlinked to intranet)

12.2 Appendix B – List of approved variations of invasive procedure checklists

Appendix B – List of approved variations of invasive procedure checklists
(last updated: 01 September 2016)

Title of checklist (hyperlinked to document on intranet):	Owning Specialty:	Intranet Location:
Dermatological Surgery Safety Checklist (adapted from WHO/NPSA checklist)	Dermatology	<ul style="list-style-type: none"> ➤ Policies, Procedures & Guidelines ➤ Specialty/ Department clinical documents ➤ Dermatology
Referral for Bronchoscopy & Endobronchial Ultrasound	Gastroenterology/ Endoscopy	<ul style="list-style-type: none"> ➤ Policies, Procedures & Guidelines ➤ Specialty/ Department clinical documents ➤ Endoscopy
Pleural Procedure Checklist	Respiratory	<ul style="list-style-type: none"> ➤ Policies, Procedures & Guidelines ➤ Specialty/ Department clinical documents ➤ Respiratory

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