



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
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Ser M3/15UM30206
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MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST

Subj: SURGICAL PAUSE STANDARD OPERATING PROCEDURE

- Ref: (a) BUMED Memorandum 6300 Ser M3/14UM30087 Product Line Implementation of 30 June 2014
(b) BUMED Memorandum 6700 Ser M3/AT-0286242 Standardization of Medical Equipment and Services across Navy Medicine of 7 October 2013
(c) World Health Organization Surgical Safety Checklist

Encl: (1) Surgical Pause Standard Operating Procedure

1. Per references (a) and (b), this Memorandum and its enclosure (1) outline standard operating procedures for the implementation of a "Surgical Pause... 60 Seconds for Safety." This Memorandum should be utilized at Navy Medical Treatment Facilities (MTFs) and Mission Specific Commands under the control of the Chief Bureau of Medicine and Surgery (BUMED). Following the dissemination of this Memorandum, a BUMED Instruction will be published providing additional guidance.
2. The purpose of this Memorandum is to provide guidance to perioperative personnel involved in surgical care including Labor and Delivery in conducting and documenting a Surgical Pause during invasive procedures.
3. My point of contact for any questions or concerns is CAPT Christine GruschkusWright, NC, USN, Surgical Services Program Manager, who can be reached at (703) 681-9133 or via email at Christine.B.GruschkusWright.mil@mail.mil.

A handwritten signature in cursive script, reading "S. A. Hartzell", is positioned above the printed name.

S. A. HARTZELL
Deputy Director, Healthcare Delivery

SURGICAL PAUSE STANDARD OPERATING PROCEDURE

1. To further promote a “Culture of Safety”, the Deputy Director of Health Care Operations recommends that Navy surgical arenas, including Labor and Delivery, during C-sections and other surgical procedures, implement the “Surgical Pause”, similar to the “Sign Out”/“Post-procedure verification” mentioned in reference (c).

2. The “Surgical Pause” would be conducted similarly to a “Time Out”. It includes the participation of all surgical team members in the room, be conducted near the end of the procedure, at a time that is conducive to bringing the team’s attention as a group together. It includes, at a minimum, the following elements:
 - (a) Verbalization of all procedures performed; re-reading of the surgical consent;
 - (b) Status of counts (may still be in progress, but final counts need to be verbalized to the team);
 - (c) Labeling and status of all specimens obtained from the procedure;
 - (d) Equipment concerns (separation of broken items or needing repair);
 - (e) Any recovery concerns, post-op requirements (ABX, X-rays, EBL, IV fluids, lines, drains, rescue blocks); and
 - (f) Any other team concerns.

The “Surgical Pause” should not last more than 60 seconds, and be of minimal disruption to room flow. The bottom line focus points are safety and team communication. Items of concern that would prolong the “Surgical Pause” beyond 60 seconds should be listed on the room whiteboard, tabled, and discussed at a more opportune time. If the “Surgical Pause” cannot be performed due to patient condition or deterioration, then documentation in the electronic health record should be made with a note of what interventions were performed. Every effort should be made to complete the “Surgical Pause.”

3. The Surgical Pause policy will take effect immediately. Quality Management teams will assist the Surgical Services and Perioperative Leadership at each Command in the auditing and documentation of compliance