Surgical Checklist: Debriefing and Tracking

Madigan Army Medical Center

LTC Andrew Foster
Staff Anesthesiologist
Agenda

- Review the evolution of our Debrief Process
- Introduce Madigan’s TeamSTEPPS Briefing Tool and Surgical Time-Out Checklist
- Review how data generated by the Debrief is then communicated and tracked electronically
Command Directive

• Safety is top priority
• Compliance with new regulations is non-negotiable
• OR Personnel will attend and implement a pre-surgical briefing (TeamSTEPPS) in addition to following all components of MEDCOM Reg 40-54 (Universal Protocol
**MEDCOM Universal Protocol**

**Regulation 40-54**

*MEDCOM Reg 40-54*

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road  Fort Sam Houston, Texas 78234-6010

MEDCOM Regulation No. 40-54  23 February 2006

Medical Services

**UNIVERSAL PROTOCOL: PROCEDURE VERIFICATION POLICY**

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM. ATTN: MCHQ-CL-Q

1. **History.** This issue, formerly MEDCOM Circular 40-17 (Surgical/Procedural Site Verification), publishes a revision. Because the publication has been extensively revised, the changed portions have not been highlighted.

2. **Purpose**

   a. **Function.** This regulation provides a standard process and procedure for surgical and procedural site verification of patients undergoing operative or other invasive procedures.

   b. **Scope.** This regulation addresses all operative and other invasive procedures that expose patients to more than minimal risk of harm inclusive of settings beyond the operating room in medical and dental treatment facilities.

      (1) This policy addresses all operative procedures and other invasive procedures involving incisions or percutaneous puncture or insertion. These procedures include biopsies, cardiac and vascular catheterizations, and endoscopies.

      (2) Routine minor procedures such as veni-puncture, peripheral IV line placement, insertion of nasogastric tube, or Foley catheter insertion are not within the scope of the policy.

   c. **Objective.** The intent of this regulation is to provide healthcare team members a standardized approach for preventing harm to patients undergoing operative or other invasive procedures through effective communication and handoff of information. The Joint Commission’s (TJC) Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery has been incorporated into this regulation.

*This regulation supersedes MEDCOM Circular 40-17, 29 May 2008.*
# Briefing/Debriefing Tool

## Briefing prior to surgery

*Team members introduce themselves by name and role*

**Surgeon Reviews**
- Reviews each case of the day
- Expected duration of each procedure
- Need for instruments/supplies beyond those normally used for each procedure
- Risk of blood loss > 500 mL
- Anticipated complications or difficulties
- Antibiotics/DVT prophylaxis/Allergies
- Special requests

**Anesthesia Reviews**
- Patient-specific concerns
- Planned anesthetic and monitors/lines

**Nursing Team Review**
- Equipment issues (e.g., gas tanks full, all instruments ready) or other patient concerns
- Consignments/instruments/patient-specific items
- Contact precautions
- Positioning

**OR Tech Review**
- Equipment/instrument issues/questions

## Debriefing at Completion of Case (to be filled out by circulator)

Surgeon and Nurse Confirm with Team (after counts are done) prior to most senior surgeon leaving the room

- Name of procedure/infection classification/ORMA Procedure Name (and any other completed procedures)/CPT code/who is dictating case
- Specimen handling and labeling
- Equipment issues to be addressed: □ No □ Yes, and response plan formulated □ (Who/What/When)
- Instrument issues to be addressed: □ No □ Yes, and response plan formulated □
- What could have been done better? □ Nothing □ Something, and □ response plan formulated (Who/What/When)
- Any anesthesia specific concerns?
- What are the key concerns for recovery and management of the patient?
PROCEDURAL AREA TIME-OUT

The operating provider led the operating team using interactive verbal communication and confirmed the following:

a) Patient identification confirmed with the ID band; consent is consistent with planned procedure.
b) Provider’s initials are visible and the correct side/site is marked (or Alternate Marking Method is used).
c) Patient’s position is appropriate for the planned procedure.
d) Required items are available (images, equipment, implants, blood products, etc.).
e) The need to administer antibiotics or fluids for irrigation purposes has been addressed.
f) Safety precautions based on patient history or medication use have been identified.
g) Team agrees on procedure to be done.

Licensed Staff Signature:

Date:
Time:

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

Notes:

MEDCOM FORM 741, JAN 2009

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005
PREVIOUS EDITIONS ARE OBSOLETE

MCPE v6.00
# The Debrief

## Debriefing at Completion of Case (to be filled out by circulator)

<table>
<thead>
<tr>
<th>Surgeon and Nurse Confirm with Team (after counts are done) prior to most senior surgeon leaving the room</th>
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</thead>
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<td>- What are the key concerns for recovery and management of the patient?</td>
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</table>

Oct 23, 2009
The Dilemma

• How do you capture all of the data included in the Debrief?
• How do you communicate issues or problems identified?
• How do you track your issues over time so that problem areas can be identified in a data driven manner?
Electronic Debrief Form

• Desktop icon on all workstations in the OR
• All relevant facts gathered during the debrief is captured on this form
• Forms are stored on a server, so that the data is all in one central place and accessible at all times
• Thus far we have generated over 12000 Debrief Forms
Survey Name: Debriefing Form
Survey Description: 
Time Created: 3/2/2010 2:11 PM
Number of Responses: 12174

- Show a graphical summary of responses
- Show all responses
So, we get the data...how do we track it?

- Our Utilization Management Nurse reviews all Debrief Forms from the previous day and identifies those that have issues.
- Issues are then placed into a Debrief Tracker, which is the tool that allows us to follow trends and communicate with those responsible for ensuring loop closure.
Debrief Tracker Jan-Dec 2011: Preference Card Issue: Peds GS

The content of this item will be sent as an e-mail message to the person or group assigned to the item.

<table>
<thead>
<tr>
<th>Title</th>
<th>Preference Card Issue: Peds GS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Preference Cards</td>
</tr>
<tr>
<td>Date of Procedure</td>
<td>2/9/2011</td>
</tr>
<tr>
<td>Issue Status</td>
<td>Closed</td>
</tr>
<tr>
<td>Assigned To</td>
<td>UM Nurse Peds</td>
</tr>
<tr>
<td>Description</td>
<td>For Dr Newton's umbilical hernia repair, changes noted on pref card and placed in case cart room rack.</td>
</tr>
<tr>
<td>Due Date</td>
<td>2/15/2011</td>
</tr>
</tbody>
</table>
| Comments           | Ozbirn, Roger W Mr CIV USA MEDCOM MANC  
(4/15/2011 1:25 PM): sent  
4/15  
Jarosz, Sue K Ms CIV USA MEDCOM MAMC  
(4/5/2011 10:33 PM): changes made by Ms Jarosz  
Jarosz, Sue K Ms CIV USA MEDCOM MAMC  
(2/15/2011 9:47 PM): I (Ms Jarosz) updated card on 15 Feb. Thanks, Sue  
Cordier, Patricia L Ms CIV USA MEDCOM MAMC  
| Room Number        | C4                             |
| Case Number        | 2                              |
| Debriefing Form ID | 8350-S028                     |

Created at 2/10/2011 8:06 AM by Cordier, Patricia L Ms CIV USA MEDCOM MAMC
Last modified at 4/15/2011 1:25 PM by Ozbirn, Roger W Mr CIV USA MEDCOM MAMC
Assigned Personnel Receive an Instant Outlook Message

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**From:** Utilization Management (VAdcP0R1ON5ONFL0P1@5m0nd.army.mil)

**To:** Foster, Andrew JLTC MIL USA MEDCOM MAR

**Cc:**

**Sent:** Thu 6/9/2011 11:40 AM

**Message:**

Utilization Management (https://portal.urmc.amedd.army.mil/mamc/doaos/um)

Preference card issue: Peds GS has been changed


**Title:** Preference card issue: Peds GS

**Category:** Preference Cards

**Date of Procedure:** 4/29/2011

**Issue Status:** Active Resolved Edited

**Assigned To:** UM Nurse Peds; UM CMS Group

**Description:** Dr. Newton does NOT like neonatal drapes. Please change preference card so that neonatal drapes are not pulled for his cases regardless of pt age.

**Due Date:** 5/11/2011

**Comments:** no neonatal drapes on his pref cards now edited

**Room Number:** A1

**Case Number:** 2

**Debriefing Form ID:** 11033/5008

**Last Modified:** 6/9/2011 11:38 AM by Fewell, Dennis J SSG MIL USA
What did our data show?

- We were scheduling cases better over time as made that a priority
- We made a concerted effort to address our equipment problems, and saw a drop in those issues
- Compliance with inputting debrief forms improved over time
- Reduction in delays
Cases Scheduled Appropriately

Increased from 94.3% to 98.6%
Issue Tracking - 2010

The graph shows the tracking of issues over the months of 2010, categorized into different sections:

- CMS
- Equipment
- Instrumentation
- Preference card
- Scheduling

The x-axis represents the months from April to December, while the y-axis indicates the number of issues. The graph reflects the trend and distribution of issues across the specified months.
<table>
<thead>
<tr>
<th>Month (2010)</th>
<th># OR Cases</th>
<th># Debriefs Received</th>
<th>% Debriefs Completed</th>
<th># Trackers Generated</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>889</td>
<td>695</td>
<td>78</td>
<td>222</td>
</tr>
<tr>
<td>May</td>
<td>787</td>
<td>592</td>
<td>75</td>
<td>172</td>
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<tr>
<td>June</td>
<td>839</td>
<td>622</td>
<td>74</td>
<td>174</td>
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<tr>
<td>Jul</td>
<td>767</td>
<td>545</td>
<td>71</td>
<td>138</td>
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<tr>
<td>Aug</td>
<td>861</td>
<td>624</td>
<td>72</td>
<td>166</td>
</tr>
<tr>
<td>Sep</td>
<td>821</td>
<td>624</td>
<td>76</td>
<td>200</td>
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<tr>
<td>Oct</td>
<td>788</td>
<td>717</td>
<td>91</td>
<td>168</td>
</tr>
<tr>
<td>Nov</td>
<td>817</td>
<td>730</td>
<td>89</td>
<td>134</td>
</tr>
<tr>
<td>Dec</td>
<td>740</td>
<td>688</td>
<td>93</td>
<td>102</td>
</tr>
</tbody>
</table>
Delay Reduction 2010

OR Utilization due to Delays

Overall Delay Time (minutes)

Month

Month
Questions?