Patient Safety GPS
Goals and Proven Strategies

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Problem

- 15 patients at UWMC from mid 2007 to 2010 had retained foreign bodies (RFBs) after surgery.
15 patients at UWMC from mid 2007 to 2010 had retained foreign bodies (RFBs) after surgery.

- UWMC was #1 in RFBs in Washington
- Nationwide, at a busy tertiary care center, there is on average one RFB case per year
GPS (Goals & Proven Strategies)

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Stephen Covey  Julwel Kenney  Dr. John Gray  Les Brown
Objectives of RFB Task Force

- To identify risk factors for RFB
- To identify ways to prevent RFB
- Action Plan
  - Immediate Steps
  - Ongoing Process
Review

- Literature
- Best Practices Nationwide
- Best Practices in UW Network
- Critical review of policies and procedures
Review of Literature

Risk factors for RFBs are:

- Emergent surgeries
- Unexpected changes in the planned procedure
- Increased BMI
- Cases where sponge counts were not performed at the time of operation
- Multiple hand-offs

In a significant number of cases, the counts were “correct”.

Gawande, et al. NEJM 2003
RFB cases are:
- Communication problems between perioperative care personnel / Operating Room culture
- Problems in perioperative practices
Effective Strategies Found in Review

- Building awareness of the problem
- Recognizing role of all OR Team Members in avoiding RFBs

- **Universal Checklisting**
  - Standardized Count Technique
  - Creating a Pause that allows the count to occur
  - Getting all team members involved in the Count
  - Assume it is Wrong
  - Preliminary and Final Count
A CALL TO ACTION

HUMAN FALLIBILITY

&

SURGICAL PATIENT SAFETY
Step 1: Briefing—Prior to Skin Incision (All Team Members)

Step 2: Process Control—Prior to Skin Incision (Surgeon Leads)

Step 3: Completion and Debriefing—Start Prior to Closure (All Team Members)
Step 3: Completion and Debriefing—Start Prior to Closure (All Team Members)

After critical portion of operation complete:

- (Surgeon) Perform a visual and physical sweep of the wound
- (Surgeon and Nurse/Tech) Perform preliminary quiet needle/sponge/instrument count

After skin closure:

- (Surgeon and Nurse/Tech) Confirm final needle/sponge/instrument count correct
- (Surgeon and Nurse) If specimen, confirm label & instructions (e.g. orientation, 12-lymph nodes for colon CA)
- (All) Confirm name of procedure
- (All) Equipment issues to be addressed?  □ No  □ Yes, and response plan formulated (Who/When)
- (All) What could have been better?  □ Nothing  □ Something, with plan to address (Who/When)
- (All) Concerns for recovery (e.g. plan for pain management, plan to prevent nausea/vomiting)
Solidify a Culture of Accountability

(James Reinertsen)

Establish Red Rules

Make it easy to follow the rules

Establish consequences for violations

Maintain a just culture

Hold one another accountable
What Is a Red Rule?

An act that has the highest level of risk or consequence to safety if not performed exactly, each and every time.

“Red” designates the highest priority for exact compliance.

Stop action if you can’t comply.
UWMC Red Rule

As of 4/28/10 it is unacceptable to violate the principles of our Surgical Checklist
SCOAP Checklist Audits

<table>
<thead>
<tr>
<th>Month</th>
<th>SCOAP 1</th>
<th>SCOAP 2</th>
<th>SCOAP 3</th>
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</thead>
<tbody>
<tr>
<td>Jan 10</td>
<td>86%</td>
<td>93.40%</td>
<td>90.80%</td>
</tr>
<tr>
<td>Feb 10</td>
<td>93.40%</td>
<td>94.27%</td>
<td>98.50%</td>
</tr>
<tr>
<td>Mar 10</td>
<td></td>
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<td></td>
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<tr>
<td>Apr 10</td>
<td></td>
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<tr>
<td>May 10</td>
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# cases
- Jan 10: 1346
- Feb 10: 1305
- Mar 10: 1565
- Apr 10: 1496
- May 10: 1399
Prior to Skin Incision:  
**Briefing**

**All Team Members** *(Attending Surgeon Leads)*:
- Each person introduces self by name and role
- Surgeon, Anesthesia team and Nurse confirm patient (at least 2 identifiers), site, procedure
- Personnel exchanges: timing, plan for announcing changes
- Description of procedure and anticipated difficulties
- Expected duration of procedure
- Expected blood loss & blood availability
- Need for instruments/supplies/IV access beyond those normally used for the procedure
- Questions/issues from any team member

**Nursing/Tech** reviews:
- Equipment issues (instruments ready, trained on, requested implants available, gas tanks full)
- Sharps management plan
- Other patient concerns

**Anesthesia** reviews:
- Airway or other concerns
- Special meds (beta blockers, etc.)
- Allergies
- Conditions affecting recovery
**Prior to Skin Incision:**

*Process Control*

- **Surgeon** reviews (as applicable):
  - Essential imaging displayed; right and left confirmed
  - Antibiotic prophylaxis given in last 60 minutes
  - Active warming in place
  - Special instruments and/or implants

*If case expected to be $\geq 1$ hour, add:*

- **Surgeon** reviews:
  - Glucose checked for diabetics
  - Insulin protocol initiated if needed
  - DVT/PE chemoprophylaxis and/or mechanical prophylaxis plan in place
  - If patient on beta blocker, post-op plan formulated
  - Re-dosing plan for antibiotics
  - Specialty-specific checklist
Just Before Closure of Operative Field

No Retained Objects

Attending Surgeon:
- Perform methodical visual and physical sweep of the wound

Nursing/Tech:
- All music, conversation, and distractions halted
- Perform preliminary count of needles/sponges/instruments
- Show Surgeon and Anesthesia all sponges and laps in holders ("Show Me Ten")
50 lap pads accounted for

drgibbs@nothingleftbehind.org
After Skin Closure Complete:
No Retained Objects, Debriefing, Care Transition

**All Team Members:**
- Confirm final needles/sponges/instruments count correct
- Nursing/Tech show Surgeon and Anesthesia all sponges and laps in holders (“Show Me Ten”)
- Confirm name of procedure
- If specimen, confirm label and instructions (e.g., orientation of specimen, 12 lymph nodes for colon CA)
- Equipment issues to be addressed?
- Response planned (who/when)
- What could have been better?
- Improvement planned (who/when)

**Surgeon and Anesthesia:**
- Key concerns for patient recovery
- What is the plan for pain mgmt?
- What is the plan for prevention of PONV?
- Does patient need special monitoring (time in RR, ICU, tele?)
- If patient has elevated blood glucose, plan for insulin drip formulated
- If patient on beta blocker, post-op continuation plan formulated
UWMC Red Rule 10/1/10

No patient will leave the OR until SCOAP 3 is completed
Panel Discussion

- Barriers
  - Awareness
  - Traditional Roles

- Tricks of the Trade

- Future Directions