



# Road Map to Preventing Retained Objects in the OR



*Minnesota Hospital Association*

# Road Map to Preventing Retained Objects in the OR

SAFE ACCOUNT based on the ICSI Perioperative Protocol, Adverse Health Event Learnings and the NoThing Left Behind Program



INFRASTRUCTURE

SAFE ACCOUNT Component	Specific Action(s)	SAFE ACCOUNT Audit Questions
<b>S</b> <b>SAFE ACCOUNT Teams</b>	<ol style="list-style-type: none"> <li>1) Provide support and expectations for SAFE ACCOUNT champions.</li> <li>2) Adopt an interdisciplinary team approach to SAFE ACCOUNT with a designated coordinator to oversee implementation.</li> </ol>	<ol style="list-style-type: none"> <li>1) Senior Leadership has identified a physician champion(s) for SAFE ACCOUNT.</li> <li>2a) The facility has a designated coordinator to oversee SAFE ACCOUNT implementation (e.g. schedule team meetings, plan staff education).</li> <li>2b) Individual role(s) in the ACCOUNT process are clearly defined and documented.</li> </ol>
<b>A</b> <b>Access to information</b>	<ol style="list-style-type: none"> <li>1) Verify the completion of each step of the ACCOUNT process in "real-time."</li> <li>2) Audit the effective completion of the ACCOUNT process.</li> </ol>	<ol style="list-style-type: none"> <li>1) Completion of the ACCOUNT process is documented in real-time.</li> <li>2a) Completion of the ACCOUNT steps is audited through chart audits.</li> <li>2b) Effective completion of the ACCOUNT process is audited through observational audits.</li> </ol>
<b>F</b> <b>Facility Expectations</b>	<ol style="list-style-type: none"> <li>1) Set expectations for implementation of the ACCOUNT process for any OR procedure.</li> <li>2) Set expectations that the full surgical team is accountable for preventing retained objects.</li> </ol>	<ol style="list-style-type: none"> <li>1a) Senior Leadership has set clear expectations for effective completion of the ACCOUNT process as part of any OR procedure.</li> <li>1b) The facility's policies and procedures address the ACCOUNT process and include expectations for following the process.</li> <li>2) Senior Leadership has set clear expectations that the full surgical team is accountable for preventing the unintentional retention of objects.</li> </ol>
<b>E</b> <b>Educate Staff and Patients</b>	<ol style="list-style-type: none"> <li>1) Provide SAFE ACCOUNT education for all clinical staff involved in OR procedures.</li> <li>2) Educate patients/families, as appropriate, regarding intentionally retained objects.</li> </ol>	<ol style="list-style-type: none"> <li>1a) The individuals involved in the counting of items used in OR procedures are trained in performing the counting process.</li> <li>1b) Education on the ACCOUNT process is provided for all staff involved in OR procedures.</li> <li>1c) Staff is trained to recognize all of the components of a new device or equipment so that they can account for the intactness of the device at the beginning and end of the procedure.</li> <li>2) Patients/families are educated on expectations for removal of any items intentionally and temporarily retained.</li> </ol>

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PATIENT CARE BUNDLE

SAFE ACCOUNT Component	Specific Action(s)	SAFE ACCOUNT Audit Questions
<b>A</b> Team Accountability — Communication	<ol style="list-style-type: none"> <li>1) Communicate using standardized process.</li> <li>2) Communicate using standard nomenclature for objects.</li> <li>3) Visual communication.</li> </ol>	<ol style="list-style-type: none"> <li>1a) A standardized communication process is in place for structured hand-offs during OR procedures that includes an update on the count information.</li> <li>1b) A standardized communication process is in place between team members to account for items prior to final closure.</li> <li>2a) A standard nomenclature is used across the OR department for all items that will be counted and accounted for by OR staff (e.g. naming of different sponges, needles and clamps). A preformatted whiteboard or other standardized, preformatted count record is in place to track:               <ol style="list-style-type: none"> <li>3a) Number and type of sponges/soft goods, sharps, and miscellaneous items.</li> <li>3b) Presence and location of any tucked items.</li> <li>3c) Completion of the baseline room inspection.</li> </ol> </li> </ol>
<b>C</b> Account for items — pre-procedure	<ol style="list-style-type: none"> <li>1) Account for any items left behind from previous case.</li> <li>2) Account for using radiopaque soft goods.</li> <li>3) Account for items being intact.</li> </ol>	<ol style="list-style-type: none"> <li>1a) A surgical suite inspection is conducted prior to beginning baseline counts.</li> <li>1b) A designated person (role) is in charge of ensuring a suite inspection is completed.</li> <li>2) The facility requires that sponges/soft goods with radiopaque markers are the only soft goods present in the surgical field (if an existing radiopaque product is available on the market).</li> <li>3a) A process is in place to visually verify that the radiographic-detectible indicator is present on sponges/soft goods.</li> <li>3b) Responsibility is assigned for ensuring equipment/devices used <i>in any invasive procedure</i> are intact prior to the procedure (e.g. catheter tips, plastic sheaths and extenders).</li> </ol>
<b>C</b> Account for items — the count process	<ol style="list-style-type: none"> <li>1) Perform specific steps of the counting process following best practices.</li> <li>2) Maintain an optimal environment for accurate counting.</li> </ol>	<p>The facility has a standardized and systemized counting process in place that includes:</p> <ol style="list-style-type: none"> <li>1a) Two people perform the count – at least one is an RN.</li> <li>1b) Both individuals directly view and verbally count each item.</li> <li>1c) The count is performed:           <ul style="list-style-type: none"> <li>• Before patient is brought into the surgical suite (baseline) or before incision if parallel processing is used with two circulators</li> <li>• Before closure of a cavity within a cavity</li> <li>• Before wound closure</li> <li>• At the end of the procedure</li> <li>• If any concerns about the accuracy of the count process</li> <li>• If permanent change of circulator or scrub staff</li> </ul> </li> <li>1d) Counting, at a minimum:           <ul style="list-style-type: none"> <li>• Sponges/soft good (e.g. cottonoids, laparotomy sponges)</li> <li>• Sharps (e.g. needles, blades)</li> <li>• Miscellaneous items (e.g. vessel clips, catheter sheaths)</li> <li>• Instruments when the possibility exists that the instrument could be unintentionally retained for that type of procedure (as defined by the organization)</li> </ul> </li> <li>1e) Items are counted in the same order for each count.</li> <li>1f) Sponges/soft goods are separated and counted individually.</li> <li>1g) Countable items are counted and listed on a preformatted whiteboard or standardized count sheet.</li> <li>1h) Completion of counts is documented in the patient medical record.</li> <li>2a) Distractions and interruptions are minimized during the counting process.</li> <li>2b) The category of items being counted at the time of any distraction needs to be recounted.</li> </ol>
<b>O</b> Account for items — during the procedure	<ol style="list-style-type: none"> <li>1) Account for placement of “tucked” items.</li> <li>2) Account for placement of “packed” items.</li> <li>3) Account for countable items added after baseline count.</li> <li>4) Account for items being intact.</li> </ol>	<p>The facility has a standardized and systemized process in place that includes:</p> <ol style="list-style-type: none"> <li>1a) Verbal communication by surgeon of the placement, and location, of any item(s) during the procedure intended to be removed before wound closure.</li> <li>1b) Placement, and location, of tucked item(s) is listed on whiteboard or count sheet.</li> <li>2) Communication of the placement, and location, of any item(s) during the procedure intended to be removed after wound closure.</li> <li>3) Items added during the procedure are counted and listed prior to being added to the surgical field.</li> <li>4a) Responsibility is assigned for ensuring equipment/devices used <i>in any invasive procedure</i> remain intact during the procedure (e.g. catheter tips, plastic sheaths and extenders).</li> <li>4b) The facility recommends that sponges are not cut in pieces.</li> </ol>
<b>U</b> Account for items — end of procedure	<ol style="list-style-type: none"> <li>1) All counted items are accounted for by surgical team.</li> <li>2) Safely manage equipment and miscellaneous items.</li> <li>3) Ensure removal of any items intentionally retained during the procedure designated for removal before the end of the procedure or following the procedure.</li> <li>4) Perform methodical wound exploration.</li> <li>5) Account for any remaining items at the end of the procedure.</li> </ol>	<p>The facility has a standardized and systemized process in place to account for all items at the end of procedure that includes:</p> <ol style="list-style-type: none"> <li>1a) Used sponges/soft goods are unballied and pulled apart prior to being counted.</li> <li>1b) All counted items are accounted for through a standardized and systemized counting process.</li> <li>2a) Responsibility is assigned for ensuring equipment/devices used in the procedure are intact following the completion of a case.</li> <li>3a) Responsibility is assigned to ensure the removal of any items intentionally placed during a procedure that are intended to be removed prior to wound closure, e.g. tucked sponge.</li> <li>3b) Responsibility, and a process, is clearly defined for ensuring that any item intentionally retained for removal after wound closure is removed and removal documented, e.g. vaginal packing.</li> <li>4a) A methodical wound exploration is performed prior to the closure of the wound and/or any body cavity, if patient's condition permits.</li> <li>4b) The facility has set expectations that each surgical service line outline a standard wound exploration process for their staff.</li> <li>5a) The facility has a process in place to conduct a surgical suite inspection at the end of the case.</li> </ol>
<b>T</b> Account for items — reconcile discrepancies	<ol style="list-style-type: none"> <li>1) Reconcile incorrect counts.</li> </ol>	<ol style="list-style-type: none"> <li>1a) A standardized and systemized process is in place to attempt to reconcile any discrepancies in the counts or the accounting of items.</li> <li>1b) If counts are not reconciled, intraoperative images are obtained with review by the surgeon and radiologist (if available) before wound closure, if patient's condition permits.</li> </ol>

