## Insight into Preventing Wrong-Site Surgery (Continued) — Appendix: Hospital A

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| Scheduling | Surgeon office personnel fax requests using a standard form that includes the procedure and diagnosis. If the site, side, or digit is missing, the scheduler in the operating room (OR) calls the office for the information. Preadmission testing (PAT) requests that the consent be sent when scheduling the case, but this happens 50% of the time. Compliance is compromised by staff turnover in surgeons' offices. PAT educates office staff on scheduling procedure. |
| Consent | Consents are obtained "before the day of surgery if possible." About half are sent with the request to schedule surgery. Surgical subordinates usually obtain delinquent consents. |
| Verification and Reconciliation | If both are present, the scheduler in the OR reconciles the scheduled procedure and the consent. In the admission area, the preoperative nurse verifies the patient's name, date of birth, and allergies with active queries of the patient and a check of the armband. The patient's understanding is also verified against the consent, the OR schedule, and the history and physical examination. Discrepancies are resolved by the surgeon.<br>For inpatients, an OR checklist is completed on the inpatient unit and verified by the preoperative nurse. If it is incomplete, the preoperative nurse completes it. The rare discrepancy about the procedure or consent is resolved by the preoperative nurse. |
| Site Marking | The admitting preoperative nurse marks the site with a "YES" with verification by the patient. For inpatients, site markings are done by the patients if possible. Otherwise, they are done by the preoperative holding area nurses. A permanent marker is used. |
| Anesthetic Induction Area | Not applicable. |
| OR and Time Out | There are two time outs. The time outs are led by the circulating nurse. The first time out is supposedly, but not always, done before anesthesia is given. All members of the operating team are supposed to participate, but usually just the circulating nurse and anesthesia providers take part. The second time out is just before the incision. If there is a second procedure, a third time out is done before that procedure. |
| Verification of Spinal Level | Not observed. |
| Specimen Management | Not observed. |
| Other Observations | None. |
| Impression | OR team members did their jobs, but did not communicate much with each other. There were examples of a lack of situational awareness (e.g., ordering antibiotics that the patient was allergic to). Except for the leader, team members were usually not engaged in the time outs. Observed comments include the following:<br>Anesthesiologist asked the preoperative nurse, "What's the holdup?" The patient said, "She's dotting the i's and crossing the t's." The preoperative nurse said, "Thank goodness someone is in my corner."<br>As the scrub technician was setting up the equipment after the first time out, he said, "What side are we doing?" The circulating nurse said, "Right." The scrub technician later said to an equipment representative, "I think we are doing the right here; I'm not sure."<br>After the nurse completed the time out, no one acknowledged it. Between 30 and 60 seconds later, the attending surgeon asked, "Are we going to do a time out?" The nurse said, "We did the time out. We already did it." The surgeon then started the operation. |

  