Insight into Preventing Wrong-Site Surgery (Continued)

Appendix: Hospital C

Scheduling	Surgeon office personnel send requests for cases to be scheduled by telephone, fax, or e-mail. The diagnosis and procedure must match. The request must be specific about the site. If there are any inconsistencies or deficiencies, the operating room (OR) scheduler will call to clarify. Later, the office sends the consent, history and physical examination, and orders to a central hospital department for verification and reconciliation with the schedule. If any information is missing or inconsistent, the surgeon's office is called. The department begins to double check three days before surgery, following up daily if needed. The department documents the information on a checklist. "Almost 100%" of scheduled operations have full documentation verified the day before surgery or earlier.
Consent	The consent for elective surgery must be sent by the surgeon's office no later than the day before surgery.
Verification and Reconciliation	The preoperative nurse checks the medical record prior to speaking with the patient. The nurse verifies the patient's name and date of birth when applying the identification armband. The procedure and site are verified with the patient, the consent, and the medical record using a standard preoperative verification form. All questions to the patient require an active response, not a passive acknowledgement. If there are any discrepancies, the surgeon verifies the correct information before the patient goes to the OR. The anesthesia provider sees the patient and independently verifies the information.
Site Marking	Site markings are reserved for procedures with laterality. The nurse marks near the operative site with a "YES" using a permanent marker after verification and with the involvement of the patient.
Anesthetic Induction Area	Not applicable.
OR and Time Out	In the OR, the circulating nurse verifies the information using the preoperative checklist. The images are accessed only within the OR rooms, almost always in the PACS and almost always by the nurses. The nurses are educated in how to access the images, but without specific reference to double-checking patient ID, side, or date. The images were present for all operations observed. The person who leads the time out immediately before the incision may either be the surgeon or the circulating nurse.
Verification of Spinal Level	Surgeons routinely identify spinal levels by imaging, rather than by counting from a landmark. Some surgeons use a percutaneous needle to mark the vertebra before making the incision. Others put a marker on an exposed vertebra. The confirmations are done by the surgeons, but not verified by radiologists.
Specimen Management	All specimens are listed on a form. There are also separate forms for each specimen. The labels are checked by the circulating nurse. The surgeon identifies the original sites of the specimens. The scrub technician repeats the information about the specimen's origin when handing off each specimen to the circulating nurse. The circulating nurse verifies each specimen cup label with the scrub technician. Each specimen is placed in a bag with its form. Usually, an OR aide takes the specimens to pathology and reports their origin. The pathology technician verifies the specimen labels with the OR aide, then enters the information about the specimens into the department computer to generate a unique identifier for each specimen. The pathology tech writes the identification numbers on the specimen forms. Both the OR aide and the pathology tech sign the forms, and the OR aide takes a copy of each back to the OR.
Other Observations	Surgeons did not run two rooms in this hospital. There was a level of tolerance for variation in physician practices. The OR supervisors will do root cause analyses on wrong-site surgery near misses and discuss them during OR staff meetings. They also do 15 to 20 random observations each month to monitor compliance.
Impression	The members of the OR team talked to the patient, talked to each other, engaged in time outs, and were attentive in general. Observed comments includes the following: The OR did a case a few weeks earlier during which a nurse appropriately questioned a surgeon "whose personality would make him the least likely to be challenged" and succeeded in preventing a wrong-site surgery. "You think it would never happen, but it almost did." The circulating nurse said, "I never trust the consent. I look for confirming information." The surgeon entered the room and began viewing the computed tomography (CT) scans. One of the nurses performed a time out. The surgeon did not look up from viewing the CTs. The nurse performing the time out asked the surgeon if he agreed, and he said, "Agree to what?" When the nurse replied that a time out had been done, the surgeon said, "I'm canceling the time out. I decide when the time out happens." The time out was planned to be done by the surgeon immediately prior to the incision.

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