

Insight into Preventing Wrong-Site Surgery (Continued)

Appendix: Hospital E

Scheduling	Surgeon office personnel communicate requests by phone, fax, or e-mail. One person in the scheduling office enters the reservation onto the computerized operating room (OR) schedule. The reservation should include the patient's name, date of birth, surgeon, procedure and site, but does not have to be complete for the operation to be scheduled. The side and site is entered in a comment field. If the side/site is not provided, a notation is made for the side/site to be verified later. The surgeon's office must also call the hospital registration office to have the patient entered in the hospital system.
Consent	The surgeons must obtain the consents. They usually obtain consent in their offices. The preadmission testing (PAT) nurse checks the consents.
Verification and Reconciliation	<p>The PAT nurse coordinates the patient preadmission testing and generates a medical record. The PAT nurse ideally sees the patient at least one week prior to surgery. The PAT nurse reviews the OR schedules one week in advance of the scheduled surgery and contacts any patients who have not gone through the preadmission testing process. The PAT nurse also will call to obtain information from any off-site preadmission tests. The PAT visit starts with a visit to the registration office, where the patient's identity is verified with a picture ID, if possible. The registration staff also verifies the procedure and side/site and the surgeon with the OR schedule. During the PAT visit, the PAT nurse verifies the patient's name, surgeon, procedure and side/site on the OR schedule with the patient. If there are any discrepancies, the surgeon's office is notified. The PAT nurse also gives the patient an overview of the process/procedure. Two days before surgery, all of the patient's information goes to the anesthesia office for review. Generally, a certified registered nurse anesthetist (CRNA) reviews the information and checks for any pending or missing information. The information is sent back to the PAT office. The day before surgery, the registration office prints the OR schedule generated by the scheduling office and verifies the registration information with the OR. The secretary in the PAT office checks the list of patients for surgery the following day, sent by the registration office. She notes any missing information on a stamped form on the front of each patient's medical record and enters the notations of missing information on a log. The medical records are then sent to the admitting/holding area. The PAT secretary reviews the log with the registration office in preparation for the next days' OR schedule. The registration office will again call the surgeon's office if there is a discrepancy in the admission/registration paperwork and the OR schedule.</p> <p>On the day of outpatient surgery, the hospital registration staff verify the patient's identification, with the date of birth and a picture if possible, and attach the armband. The preoperative nurses verify the patient's name, date of birth, consent, history and physical examination, and schedule against the patient's responses. Discrepancies are resolved by the surgeon. An anesthesia provider sees the patient and reviews the medical record. The surgeons or their surgical assistants must see the patient in the preoperative holding area and mark the operative site. If the consent is not acceptable, the surgeon must get the consent before marking the site. The circulating nurse and/or CRNA from the operating team verifies the patient immediately prior to transporting him or her to the OR.</p>
Site Marking	The surgeons or their surgical assistants must initial the operative site in the preoperative holding area. This can only be done if the consent has been signed. The patient cannot be sedated or taken to the OR unless the site is marked. The CRNA is the monitor for the site markings. The OR nursing supervisor feels strongly that marking the site is the responsibility of the surgeons, not the nurses. Most, but not all, of the site markings were visible after the patients were prepped and draped.
Anesthetic Induction Area	Not applicable.
OR and Time Out	The verification checklist is signed by the circulating nurse and the surgeon preoperatively, although the surgeon sometimes signs it post-operatively. Some time outs were led by circulating nurse, some by surgeons, and some by CRNAs. The time out includes the patient's name, the procedure, antibiotic status, and implants.
Verification of Spinal Level	Not observed.
Specimen Management	They have had problems with labels leftover from previous cases being available during the next cases. They have also had problems with breast biopsies of areas identified by needle localization being sent directly to pathology rather than to radiology to confirm the presence of the calcium. They feel they could do better about asking the surgeons the exact locations of the specimens removed.
Other Observations	The chief of surgery appeared to believe that the hospital's procedures to prevent wrong-site surgery were unnecessary and slowed the OR schedule. Other surgeons complained of too much paperwork. Some surgeons run two rooms, but they must mark the operative site and be in the OR before anesthesia is given. The orthopedic and anesthesia programs are very supportive of the procedures to prevent wrong-site surgery. The OR and preoperative staff are very experienced and have had lots of education. The nurses are not afraid to question the surgeons. The hospital's preoperative patient education program includes information on preventing wrong-site surgery. OR supervisors do informal site verification monitoring monthly.
Impression	<p>The surgeons were no more interested in procedures to prevent wrong-site surgery than surgeons elsewhere. They were knowledgeable about their patients and familiar with their records. Most marked the sites perfunctorily. The anesthesia personnel were more involved than elsewhere. Overall, the team had situational awareness (e.g., everyone was aware of an elevated PTT). The hospital had numerous (about seven) checks in the verification and reconciliation process, so that it was rare that a patient came to the holding area with a deficiency or discrepancy in any documents. Observed comments include the following:</p> <p>"If there is an issue, we want everyone aware."</p>