Enhancing Patient Safety through Team Work and Communication Strategies
St. Joseph Medical Center- Towson Maryland

Program/Project Description.
In July 2009, Catholic Health Initiatives, of which St Joseph Medical Center is a member of, introduced a patient safety initiative, which included the implementation of the Surgical Safety Checklist introduced by the World Health Organization in 2008. CHI determined the need to implement such an initiative based upon the following data. In 2008, CHI reported 58 adverse events. Within these 58 events, 27 involved wrong site surgery, 4 involved wrong patient procedures, and 3 involved patients having the wrong procedure. Although none of these particular cases occurred at SJMC, it should be noted that, we did experience a case of retained foreign body in 2008. SJMC also experienced two wrong site surgeries several years prior to the existence of TJC’s Universal Protocol (Circa 2004). SJMC is one of the first hospitals in the state to have implemented the entire checklist. By implementing the Surgical Safety Checklist, SJMC has been able to enhance the process of the Universal Protocol and positively impact patient care and safety by improving teamwork, communication, and standardizing the safety practices of the surgical team. This improved communication has allowed our teams to address patient specific concerns in a timely fashion by identifying and addressing issues prior to the actual time out in the OR. Although the medical center has not experienced a wrong site, wrong person, or wrong procedure error in many years, the facility has experienced near misses since with regards to potential wrong site and wrong procedure events. These issues were readily identified and addressed prior to the timeout by the team members. St. Joseph Medical Center, as a member of Catholic Health Initiatives, implemented the checklist with the idea of taking on a more proactive approach of ensuring patient safety in the operating room. Through the implementation of a checklist, SJMC was able to recognize the need for enhanced data collection and analysis in order to promote and enhance nursing practice. CHI’s program goal was to eliminate Never Events across the corporation. SJMC did meet this goal in 2009 and we continue to be on track in 2010.

Process.
The Never Events Surgical Safety Program was developed through observation of team practices, literature review, surgical team member input, and an analysis of SJMC data.

Solution.
The components of the Surgical Never Events Surgical Safety Program include the implementation of the checklist as well as a focus on surgical counts practices. The checklist was implemented in the General and Cardiovascular operating rooms as well as Labor and Delivery. During the implementation phase of the program, hospital polices were revised, the checklist was created and several educational programs were implemented to address all aspects of the program and involved all caregivers, including physicians, surgical assistants, registered nurses, and surgical technologists. The Surgical Services Unit Practice Council focused on enhancing counts practices within the operating room. This checklist was initiated in November 2009 as a pilot and the final version of the checklist and process went live in February 2010. During the pilot phase, the practices surrounding the use of the checklist were monitored through chart review and direct observation of the surgical team. The checklist also went through several revisions based upon feedback from all members of the surgical team.

The checklist contains three phases. During the sign in phase, the patient’s readiness for the surgical procedure is verified and any patient specific concerns are addressed with the anesthesia care provider including potential blood loss and risk of aspiration. The information verified includes the patient’s identity, the planned procedure and its location, patient allergies, and sterility. The time out phase occurs just prior to the start of the procedure and all team members verify the elements of the Universal Protocol and the fire risk assessment. Additionally, antibiotic prophylaxis, the identity and roles of each team member, the availability of all appropriate documentation and necessary patient information is also verified by the surgical team. The anesthesia care provider and the surgeon are asked if they have any patient specific concerns that need to be addressed which may impact patient outcomes. The team members are expected to work together to address these issues when applicable and any discrepancy noted during the sign-in and time out phases must be addressed prior to commencing with the procedure. At the end of the procedure, the sign out is performed. During the sign out, the RN circulator verifies (a) the procedure that was performed, (b) the results of surgical counts, and (c) the labeling of any surgical specimens. The surgeon and anesthesia care provider are also asked if they have any patient specific concerns which may affect the recovery of the patient. Any pertinent information is passed along to the next caregivers.
Measurable Outcomes.
SJMC has not experienced any wrong site, wrong person, or incidents involving wrong procedures, or retained foreign bodies since 2008.

Sustainability.
The Never Events Program contains several key features, which are used to ensure the continued success of the program. A random chart review is performed on a monthly basis to ensure the completeness of the checklist. Direct observation is utilized to measure the competency of the staff in utilizing the checklist. Direct observation is also utilized for measuring nursing competency in the performance of surgical counts. We also continue to monitor all near misses to gain information on how to improve patient care. Based on the information gained during the implementation of this program regarding counts, the Surgical Services Unit Practice Council continues to work further on standardizing nursing practices. We currently are working to move the checklist from a paper format to an online format in all areas.

Role of Collaboration and Leadership.
Teamwork was essential to the success of this program. The members of the team included the surgical staff, anesthesia staff, and nursing staff. The implementation of this program involved extensive collaboration between all members of the surgical team during the 3 month development and implementation of the checklist and policy revision. Supporters for this program included The Vice President of Operations, The Director of Surgical Services, Director of Performance Improvement, OR Operations Committee, Patient Safety Committee, Executive Council, Clinical Practice Specialist for Surgical Services, and the Nursing Leadership Team of the General OR, Cardiac OR, and Labor and Delivery. The Head of the Division of Surgery played an integral role in communicating the process changes to the members of the Department of Surgery. The members of the OR Operations committee, which includes medical staff, reviewed the practice changes as they were being finalized. The Clinical Practice Specialist served as the project leader and collaborated with both the nursing leadership teams and Physician Leadership throughout the revision of the policy, creation of the checklist, and education of the team members.

Contact Person  Tanelle R. Yenkevich  RN, BS, MEd
Title  Clinical Practice Specialist
Email  tanelleyenkevich@catholichealth.net
Phone  410-337-1864
# Surgical Safety Checklist

## SIGN IN (BEFORE INDUCTION)

1. Patient identification, site, site marking, and procedure are confirmed. All relevant documents are completed and available.  
   - Verified □

2. Confirm the surgical site is correctly marked. (To Anesthesia)  
   - Verified □  not applicable □

3. Confirm if the patient has any allergies. (To Anesthesia)  
   - Verified □  not applicable □

4. Do you have any patient specific concerns with regards to the patient’s airway or an increased risk for aspiration and have appropriate measures been taken? (To Anesthesia)  
   - Yes □  not applicable □

5. Have appropriate measures been taken to address potential blood loss? (To Anesthesia)  
   - Yes □  not applicable □

6. Have appropriate measures been taken to address hypothermia? (To Anesthesia)  
   - Yes □

7. Anesthesia and Medication Checks completed? (To Anesthesia)  
   - Yes □

8. Is DVT prophylaxis needed and if yes, has it been applied?  
   - Yes □  not applicable □

9. Has sterility been verified (including indicators)? (To Nursing Team)  
   - Completed □

**Signature of RN:**

**Date/Time:**

## TIME OUT (BEFORE INCISION OR THE START OF THE PROCEDURE)

1. All team members are identified.  
   - Completed □

The surgeon, anesthesia provider, assistant, scrub person, RN circulator verbally confirm the following:

2. The patient's identity is confirmed using two patient identifiers.  
   - Completed □

3. The planned procedure, the intended surgical site, and surgical position are confirmed and consents are verified.  
   - Completed □

4. Has the patient received a beta blocker if appropriate?  
   - Yes □  not applicable □

5. Is the surgical site marked appropriately?  
   - Yes □  not applicable □

6. Has antibiotic prophylaxis been given appropriately?  
   - Yes □  not applicable □

7. Are there any special equipment, radiation badge, implant, or instrumentation needs?  
   - Yes □  not applicable □

8. Are all essential images labeled and displayed appropriately?  
   - Completed □  not applicable □

9. Fire Risk Assessment Score  
   - Score:

10. Are there any critical patient specific issues that need to be discussed before we start? (To Surgeon)  
    - Completed □

11. Do we need to plan for blood loss greater than 500 ml (7ml/kg in children)? (To Surgeon)  
    - Completed □

12. Are there any patient specific concerns? (To Anesthesia)  
    - Completed □

**Signature of RN:**

**Date/Time:**

## SIGN OUT (BEFORE PATIENT LEAVES ROOM)

RN verbally confirms with the team the following:

1. Procedure is verified with Surgeon.  
   - Completed □

2. Surgical counts are completed and results reported to team. (RN reports to Surgical Team)  
   - Completed □

3. Are there any equipment issues to be addressed?  
   - Yes □  not applicable □

4. Specimen label(s) is/are verified with the Surgeon.  
   - Verified □  not applicable □

5. Are there any key concerns in the recovery of this patient? (To all team members)  
   - Completed □

6. Patient ID band intact on patient prior to transport from OR.  
   - Completed □

7. Are all three phases of the checklist complete? Reason:  
   - Yes □  No □

**Signature of RN:**

**Date/Time:**

<table>
<thead>
<tr>
<th>Circle Appropriate Option</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Site above the xiphoid</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Open oxygen Source (patient receiving supplemental oxygen via any variety of face mask or nasal cannula)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Available Ignition Source (ie. ESU, Laser, or Fiber Optic Light Source)</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Score:
3 = High Risk
2 = Low Risk with Potential to convert to high risk
1 = Low Risk
Reference List


