

Insight into Preventing Wrong-Site Surgery (Continued)

Appendix: Hospital B

Scheduling	Surgeon office personnel schedule operations using a form on the hospital's intranet that includes demographic information and the procedure. There is a separate field for side and body part. If the side is not filled in, the scheduler in the operating room (OR) calls the surgeon's office for the information. After scheduling a case and prior to the day of surgery, the surgeon's office faxes a list of the patients and procedures, including sides, in the order in which the surgeon wants to do them. This list is entered into a computer to create an electronic version of the daily OR schedule. The patient side must be known to enter a procedure. If the information on the list does not match the information on the original scheduling forms, the surgeon's office is called for clarification. If the order of cases is changed the day of surgery, the changes are noted on the electronic OR schedule, which is displayed throughout the OR. However, some changes have occurred without being reflected in the electronic OR schedule.
Consent	The consents are usually obtained in the surgeons' offices; if not, they are obtained the day of surgery. Many attending surgeons forward their consents to the hospital, but some carry them to the hospital the day of surgery.
Verification and Reconciliation	The preoperative nurse verifies the patient's name, date of birth, medical record number, procedure, and allergies with the identification armband. Four pieces of information are used for verification: the schedule, consent, history and physical examination (H&P), and the patient. The anesthesia provider and the attending surgeon also separately see the patient in the preoperative holding area. Surgeons who run two rooms see two patients before doing the first operation, and then see the third patient before doing the second operation, and so forth.
Site Marking	After meeting the requirements for verification, the nurse marks the site with a "Yes." If all four pieces of information used for verification are not available, such as when the surgeon is in the process of delivering the consent and H&P, the site can be marked on the basis of two of the four. If the minimum of two pieces of information is not available, the surgeon marks the site in the OR. Surgeons in some specialties mark the sites themselves for specific reasons. Operative sites for structures without sides, digits, or levels are not marked. Breasts are marked over the clavicle to avoid misleading surgeons about the exact location of a biopsy. Marks should be visible after the patient is prepped and draped.
Anesthetic Induction Area	The anesthesiologist does a time out before doing a regional block.
OR and Time Out	The anesthesiologist leads the time out after the patient is draped. The time out includes checking the patient's wristband and reading the procedure from the consent. It includes the patient's name, procedure, allergies, antibiotic status, and equipment availability. Information is verified with the medical record.
Verification of Spinal Level	Not observed.
Specimen Management	The specimen is labeled and a duplicate label is placed in the specimen book along with the name of the person delivering the specimen, the date, and the time. The person transporting the specimen for pathology is supposed to check the specimen label against the entry in the book and sign the book. The name of the patient's attending physician on the label may not be the name of the operating surgeon, so the results may initially go to someone other than the surgeon. The facility is considering a specimen time out, too. Currently, there is little input by the operating surgeon into the identification of the specimen. Supervisors have also witnessed situations in which plates or labels that were left over from a previous operation were used to label the specimen during another operation. This situation is related to the extensive computerized checklist that the circulating nurse must complete. The time needed sometimes extends beyond the patient's departure, leading to mixing of information with the incoming patient.
Other Observations	The schedulers in the OR meet with the office schedulers once or twice a year to discuss problems. The OR director checks 10 verifications and observes 10 time outs per week to monitor compliance with the Joint Commission Universal Protocol.
Impression	The occasional last minute addition of the consent and H&P to the medical record had the potential to compromise the verification process. Observed comments include the following: "As things get more ingrained, they also become treated more as a routine." "The more that's done in the doctor's office, the less chance for error."