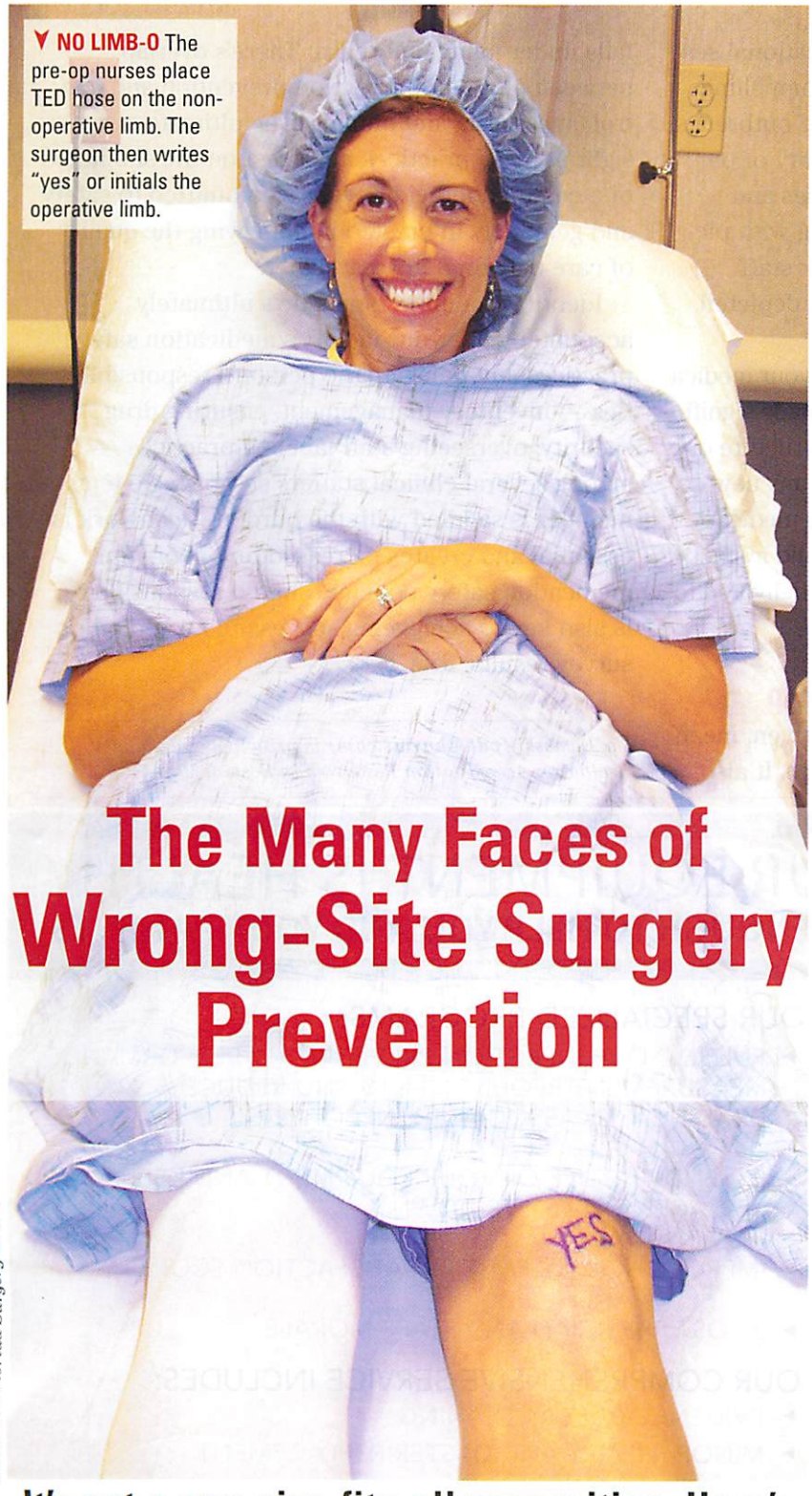


NO LIMB-O The pre-op nurses place TED hose on the non-operative limb. The surgeon then writes "yes" or initials the operative limb.

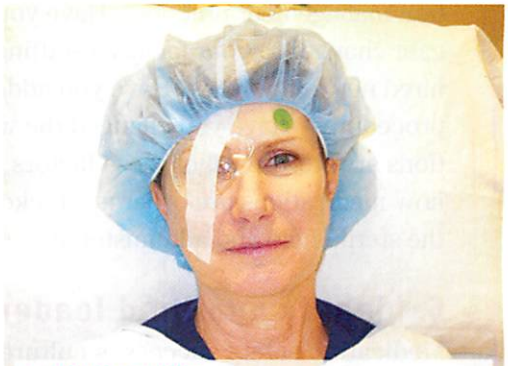
Northwest Florida Surgery Center

The Many Faces of Wrong-Site Surgery Prevention

It's not a one-size-fits-all proposition. Here's a sampling of ways your colleagues ensure they operate on the correct site.

Dan O'Connor | Editor-in-Chief

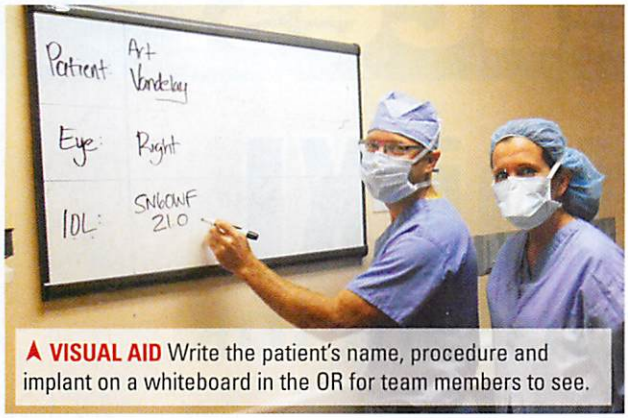
With all the guidelines and safety checklists out there, you'd think preventing wrong-site surgery would be a sure bet. Far from it (see *"The Inexact Science of Wrong-Site Surgery Prevention"* on page 26). Here are a few innovative ways your colleagues are preventing the never event that should never happen.



DOUBLE CHECK The pre-op nurses place a clear eye shield on the non-operative eye. The surgeon then initials a green sticker and places it over the operative eye.

1 Cover the non-operative site. For a lower extremity surgery at Northwest Florida Surgery Center in Panama City, pre-op nurses place TED anti-embolism hose on non-operative legs. And to be sure they don't block or dilate the wrong eye during cataract surgery, pre-op nurses place the clear eye shield that comes in procedure packs on the non-operative eye. In both instances, the surgeon verifies the correct placement at the bedside, says David Tatom, RN, CNOR, LHCRM, the center's administrator and director of nurses.

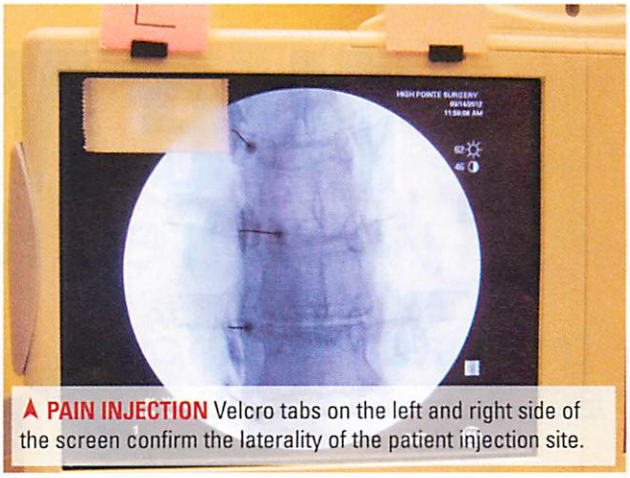
2 Write it on the whiteboard. At the Elmhurst (Ill.) Outpatient Surgery Center, the circulator or surgeon writes the patient's name, procedure and implant on a



Elmhurst Outpatient Surgery Center

VISUAL AID Write the patient's name, procedure and implant on a whiteboard in the OR for team members to see.

whiteboard in the OR before each case. "All of the participants can review the board during the time out before incision and before implantation," says Tina Mentz, the facility's executive director. "We've caught several discrepancies — such as when the patient's consent and the whiteboard differ — as a result."



High Pointe Surgery Center

PAIN INJECTION Velcro tabs on the left and right side of the screen confirm the laterality of the patient injection site.

3 Use L and R tabs for pain injections. Depending on whether patients are in the prone or supine position, the laterality of the injection site dis-

ROOT OF THE PROBLEM

The Inexact Science of Wrong-Site Surgery Prevention

With all the toolkits and checklists, with all the time outs you take and the sites you mark, how do wrong-site surgeries still occur an estimated 40 times a week? How do you mess up something as seemingly simple and straightforward as operating on the correct site/side/patient? It just might be because you have too many choices to make.

- When do you typically take the time out — before or after the patient is prepped and draped?
- Who initiates the time out at your facility — the circulator or surgeon?
- When do you mark the site — in pre-op while obtaining the consent or in the OR?
- Do you initial the site or write YES?
- Do you somehow shield the non-operative limb or eye?
- Does the patient confirm identification, procedure and laterality in pre-op?
- Does the circulator or the surgeon lead the time out?
- Does the OR team nod or voice its approval during the time out?
- Do you take a time out both before the injection or block *and* before start of the procedure?
- What if what's written on the whiteboard in the OR differs from what's written on the patient's consent?
- If the IOL changes after the eye procedure starts, does the physician confirm the type and size with the implant package?
- If a patient is undergoing multiple procedures during the same operative session, do you perform a time out for the subsequent procedure(s)?

Each choice could create a tiny crack for errors to fall though. Enough tiny cracks, and you have an easily preventable error. "Usually, when you have a near-miss, it's not because one thing went wrong but because a series of things went wrong," says David Tatom, RN, CNOR, LHCRM, administrator and director of nurses at Northwest Florida Surgery Center in Panama City, Fla. "The more checks and balances you have, the better off you are."

Failing to take a time out leaves the door wide open for a surgical error. But is taking a half-hearted, passive time out much better? If the OR team is simply going through the motions without really being engaged, the time out loses it teeth.

And is repeating the needed safety steps actually detrimental? "The circulator, anesthetist and surgeon each asks the patient his date of birth. I don't know that 3 people need to ask the same thing," says Tina Mentz, executive director of the Elmhurst (Ill.) Outpatient Surgery Center. "You start getting so much replication of the information that sometimes the fact that you're doing a right knee could get lost in all of the redundancy."