Implementing Whiteboard Use to Eliminate Unintended Retained Foreign Objects

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Structured Abstract

LOCAL PROBLEM

Across America in 2018, unintended retained foreign objects (URFOs) was the number one sentinel event reported to The Joint Commission, making prevention of retained objects a patient safety priority. The identified clinical problem at the ambulatory surgical center was inadvertently discharging two patients with URFOs out of 6,548 surgery cases in 2017. Research suggests that this number is quadruple the national average of 1 in every 14,000 cases. Surgical counting errors possibly occurred due to a breakdown in communication. The root cause analysis for both URFO incidences showed the count to be recorded as “correct” and identified the problem as inaccurate surgical count.

PROJECT PURPOSE

The aim of this project was to implement whiteboard use at the ambulatory surgical center to increase the accuracy of the manual surgical count process and eliminate the incidence of URFOs, thus increasing patient safety and improving patient outcomes.

METHODOLOGY

Lewin’s Change Management Theory was selected as the guiding theoretical framework. Lewin’s unfreezing, change/moving, and refreezing stages were used to decrease resisting forces and increase driving forces to overcome resistance to change. The setting included 5 operating room suites at a for-profit ambulatory surgical center located in the Rocky Mountains. A task force was formed that included the director of nursing, operating room coordinator, quality improvement/infection control director, circulating room nurses, scrub technicians, and surgeons. The task force assessed the need for a practice change, located the best evidence, critically analyzed the evidence, and conducted a gap analysis comparing surgical count processes at other Healthcare Corporation of America (HCA) facilities and the local hospital.

RESULTS

The gap analysis revealed the following: (a) a double standard between the local hospital’s and the ambulatory surgical center’s surgical count processes, (b) both the local hospital and the ambulatory surgical center facilities are owned by HCA, (c) the local hospital uses whiteboards to augment the surgical count but the ambulatory surgical center does not, (d) surgical staff, surgeons, and scrub technicians often work at both facilities, (e) there is no congruent surgical count process between both facilities, which leads to confusion and mistakes.

IMPLICATIONS FOR PRACTICE

The gap analysis findings were presented to the medical executive committee, administration, and quality improvement director at the ambulatory surgical center. An

evidence-based plan using whiteboards to augment the surgical count process was approved. A project management team was formed to direct the implementation of the project. A new surgical count policy and operating room record for the patient's chart was developed and approved; the new policy involves recording the surgical counts as correct or incorrect. Circulating nurses and scrub technician champions were identified and trained in order to decrease resistance to change and to improve compliance among operating room staff. Education materials, learning packets, a PowerPoint presentation, and a standardized template tool for using the whiteboard were created and presented to the perioperative staff prior to the start date. Implementing the use of whiteboards increases the culture of safety by promoting interdisciplinary team members to participate and speak up if a problem or discrepancy is noted during the surgical count, providing an added layer of safety. Applying this practice change fulfilled the HCA Division mandated Risk Reduction Plan for URFOs and qualified for a lowered insurance premium. The ambulatory surgical center's top safety priority of eliminating URFOs was addressed by the implementation of the whiteboards, standardizing the surgical count process at both local HCA facilities and meeting the HCA Division Risk Reduction mandate.

Keywords: retained foreign objects, patient safety, risk management, surgical count

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