Wrong-Site Surgery Prevention: PPC Participating Hospital Progress

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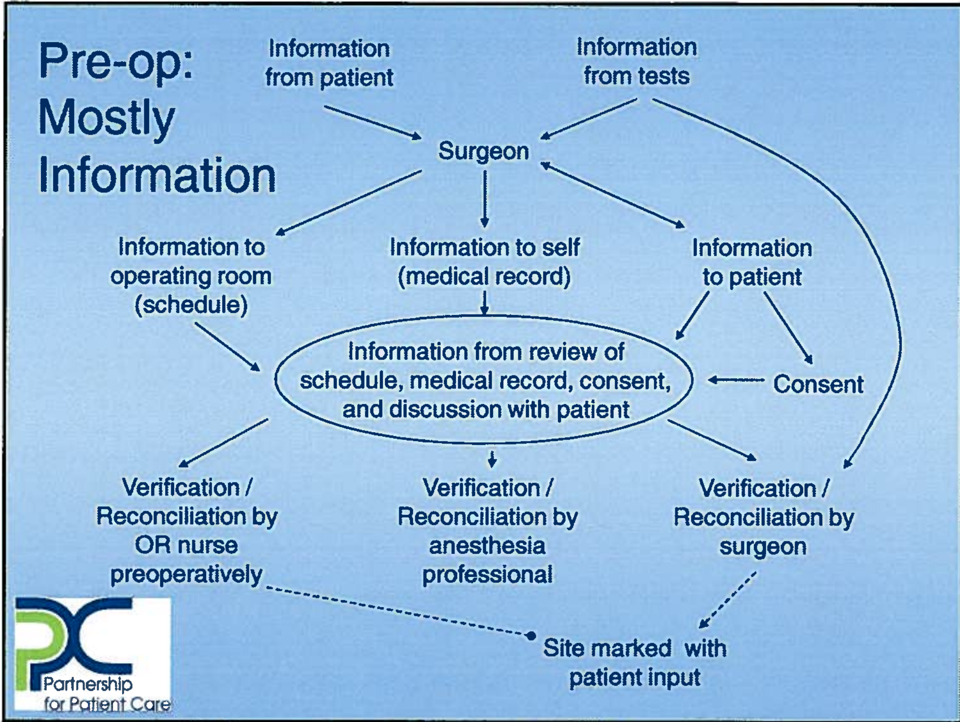
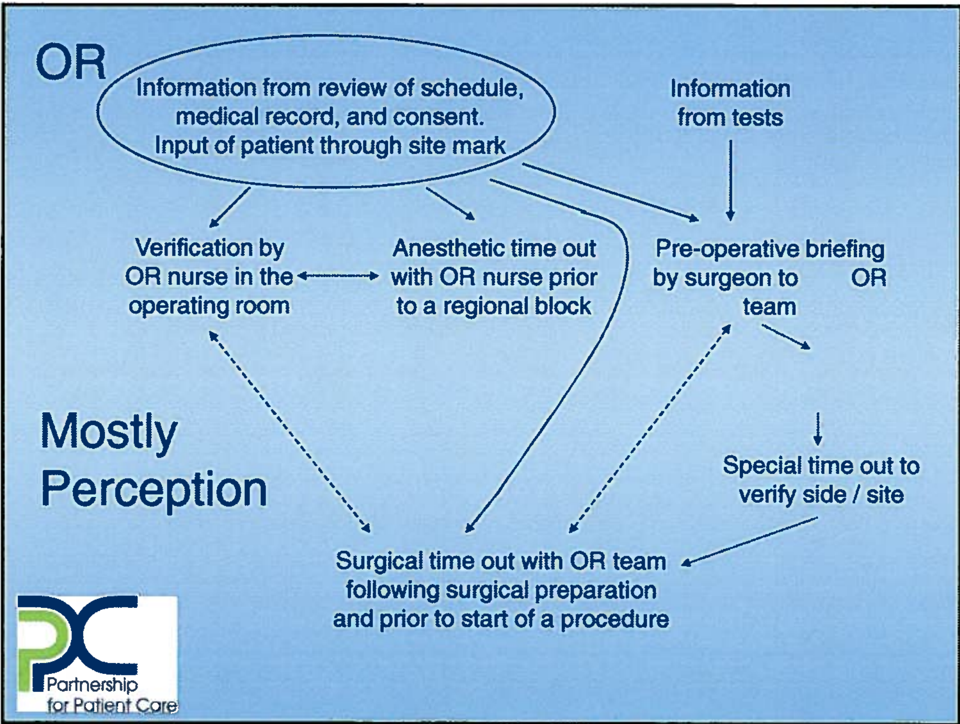
Synergy with National Initiatives

- 2009 CMS Hospital-Acquired Condition
- Joint Commission NPSG#13/Universal Protocol
- National Quality Forum Safe Practices #25
- IHI 100,000 Lives/5 Million Lives Campaigns


Pre-op:
Mostly
Information
Information
from patient
Information
from tests
Surgeon
Information to
operating room
(schedule)
Information to self
(medical record)
Information
to patient
Information from review of
schedule, medical record, consent,
and discussion with patient
Consent
Verification /
Reconciliation by
OR nurse
preoperatively
Verification /
Reconciliation by
anesthesia
professional
Verification /
Reconciliation by
surgeon
Site marked with
patient input
Partnership
for Patient Care


OR
Information from review of schedule,
medical record, and consent.
Input of patient through site mark
Information
from tests
Verification by
OR nurse in the
operating room
Anesthetic time out
with OR nurse prior
to a regional block
Pre-operative briefing
by surgeon to OR
team
Mostly
Perception
Special time out to
verify side / site
Surgical time out with OR team
following surgical preparation
and prior to start of a procedure
Partnership
for Patient Care

Universal Protocol™ 2009

1. Pre-op verification w/ Pt.
2. Mark the site
3. Time-out before incision

Universal Protocol™ 2009

1. Pre-op verification w/ Pt.
2. Mark the site
3. Time-out before incision

- When scheduling
- At PAT
- Upon pre-op admission
- Into OR
- With every transfer of care [provider]

Universal Protocol™ 2009

1. Pre-op verification w/ Pt.
2. Mark the site
3. Time-out before incision

- H & P
- Consent
- Diagnostic test results
- [Schedule]
- Special needs

Universal Protocol™ 2009

1. Pre-op verification w/ Pt.
2. Mark the site
3. Time-out before incision

- Mark incision site or target organ
- Mark pre-op with awake patient*
- Mark by someone who could do the procedure*
- Uniform method of marking
- Visible after prep and drape

Universal Protocol™ 2009

1. Pre-op verification w/ Pt.
2. Mark the site
3. Time-out before incision

- Radiographic marking of vertebra

Universal Protocol™ 2009

1. Pre-op verification w/ Pt.
2. Mark the site
3. Time-out before incision

- Time-out prior to anesthesia [we rec. separate]
- Involves all members of OR team
- Concerns can be expressed & are addressed
- Focus on *active* confirmation
- Separate time-out for multiple procedures

Universal Protocol™ 2009

1. Pre-op verification w/ Pt.
2. Mark the site
3. Time-out before incision

- Confirm patient identity
- Reference site marking [prepped & draped]
- Confirm consent document
- Confirm position
- Confirm diagnostic test results

Key Interventions

- Verify accuracy of information in the request to schedule operation (procedure, site, side)
- Conduct documented, independent verification of patient information prior to patient's arrival for surgery (schedule, consent, H&P)
- Inform patient on day of surgery that all surgical care team members will verify the same information separately and will require active responses

Key Interventions

- Establish mechanism for 2 or more surgical team members to conduct a documented, independent verification of patient information on the day of surgery (schedule, consent, H&P, patient's understanding of procedure)
- Develop and implement protocol for marking site (designation of responsibility, timing, marking standardization)

Key Interventions

- Develop a time out protocol (prior to anesthesia, prior to start of procedure, prior to secondary procedure, require active participation of surgical team, verifying patient info against documentation)
- Develop/implement mechanism for immediate radiographic confirmation of site (for ribs or vertebrae, by number)
- Establish policy for staff responsible for cleaning ORs to identify, remove, and dispense left-over patient information/material to designated staff

Wrong-Site Surgery Prevention Activities

Leadership Meeting 1/22

Kick-off Conference Call 2/13

Baseline Survey 3/5

First Workshop 3/12

Baseline Observations 4/1

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Conf. Call #1: Schedule & Verify 4/8

Conf. Call #2: Site Marking 4/9'

Conf. Call #3: Time Out 4/10

Second Workshop 5/7

Follow-up Survey 6/3
&
Follow-up Observations 6/3

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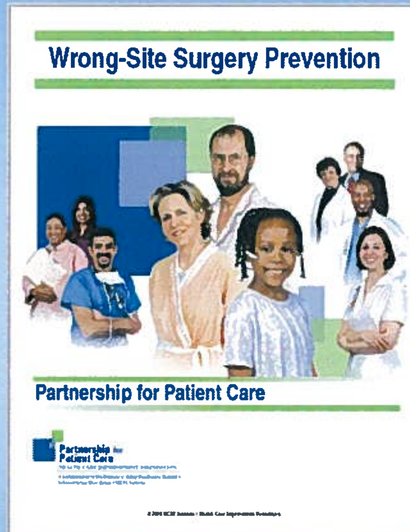
Wrong-Site Surgery Prevention Results



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Self-Assessment Survey- Assessing our Success

Baseline Self-Assessment Survey
Demonstrates the extent to which hospitals/ASCs have implemented interventions for preventing wrong-site surgery at the onset of the program

Follow-up Self-Assessment Survey
Demonstrates the extent to which hospitals/ASCs have implemented interventions for preventing wrong-site surgery at the culmination of the program

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Follow-up to Baseline Survey Results % Improvement

- The facility uses a standardized mechanism for verifying the accuracy of information when a request to schedule an operation is received (38.3%)
- Staff individual responsible for verifying accuracy of information when request to schedule an operation is received is clearly delineated (26.2%)
- In the event of discrepancies between independent verifications of essential information, the surgical care team member responsible for resolving discrepancies is clearly delineated (12.3%)

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Follow-up to Baseline Survey Results % Improvement

- The facility has a protocol specifying that 2 or more surgical team members perform an independent verification of essential information on the day of surgery (12%)
- The surgical site is always marked so that it will be visible after the patient is prepped, positioned, and draped (7.2%)
- When multiple procedures are performed on a patient, a separate time out is performed before the initiation of each procedure (18.5%)

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Follow-up to Baseline Survey Results
% Improvement

- The facility has established a policy for staff responsible for cleaning ORs, which outlines procedures for identifying, removing, and appropriately dispensing found patient information/material left from previous surgeries to a designated staff member (52.5%)
- The facility has provided education and training to pertinent non-clinical staff on their role in preventing wrong-site surgery within the last year (21.4%)
- The facility has implement process measures to monitor the effectiveness of wrong-site surgery prevention strategies (10.7%)

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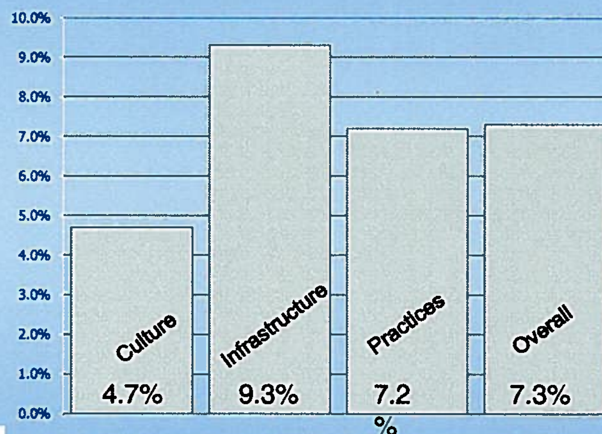
Follow-up to Baseline Survey Results
% Improvement



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Facility Improvements PPC Program vs. Pennsylvania Survey Results

- In the event of discrepancies between pre-op verifications, surgical care team member responsible for resolving is clearly delineated
  (81%->92% vs PA 33% w/ WSS & 86% w/o WSS*)
- Two or more surgical team members perform independent pre-op verification
  (83%->93% vs PA 67% w/ WSS & 94% w/o WSS*)
- Marking the site is done only after pre-op verification
  (85%->91% vs PA 62% w/ WSS & 89% w/o WSS*)

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Observational Assessments Assessing our Success

Baseline Observational Assessment
Demonstrates the extent of compliance with wrong-site surgery prevention interventions early in the program

Follow-up Observational Assessment
Demonstrates the extent of compliance with wrong-site surgery prevention interventions at the culmination of the program

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Follow-up to Baseline Observational Assessment Results % Improvement

- Pre-operative verification included OR schedule (19%)
- Preoperative verification included H & P (12%)
- Site marking occurred after reconciling all documents (16%)
- Site marking occurred prior to the administration of sedation and/or anesthesia (5%)

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Follow-up to Baseline Observational Assessment Results % Improvement

- Site mark was visible when patient was positioned, prepped, and draped (6% improvement)
- A time out was conducted prior to regional or local anesthesia, if applicable (16%)
- Verification of all documents during a time out (8%)
- Surgeon encouraged surgical team to speak out if any concerns during time out (8%)

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Facility Improvements PPC Program vs. Pennsylvania Survey Results

- Pre-operative verification included OR schedule (72%->92% vs PA 63% w/ WSS & 83% w/o WSS*)
- Site marking occurred after reconciliation of all documents (80%->96% vs PA 62% w/ WSS & 89% w/o WSS*)
- Verification included consent (95%->99% vs PA 92% w/ WSS & 100% w/o WSS*)
- With time out, surgeon encouraged speaking up if concerns (55%->63% vs PA 40% w/ WSS & 76% w/o WSS*)
  This measure still has greatest room for improvement!

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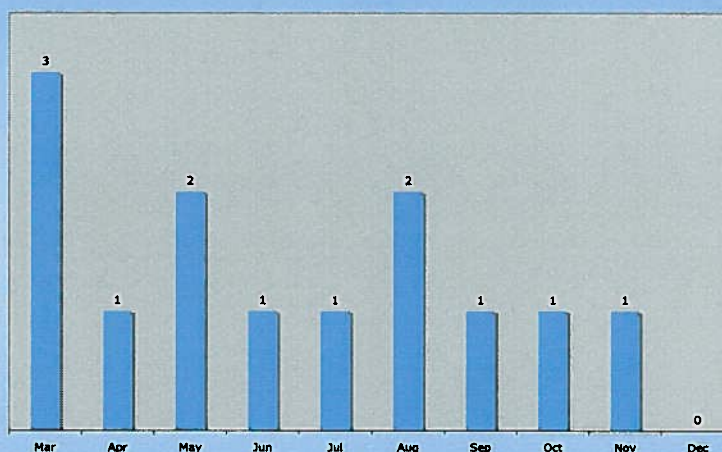
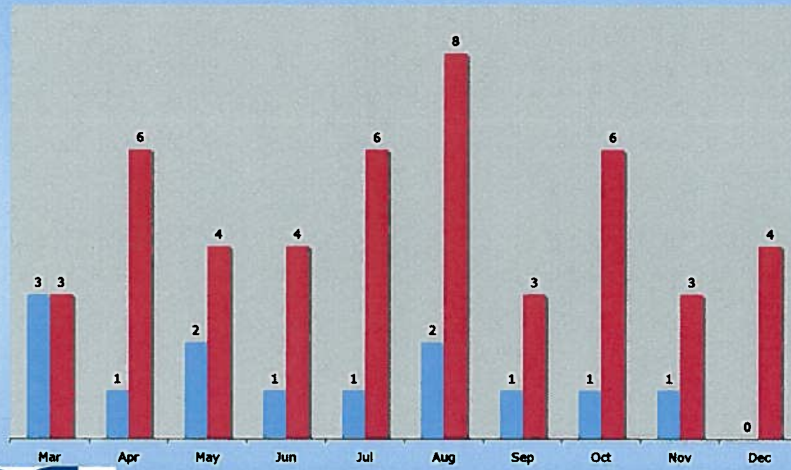
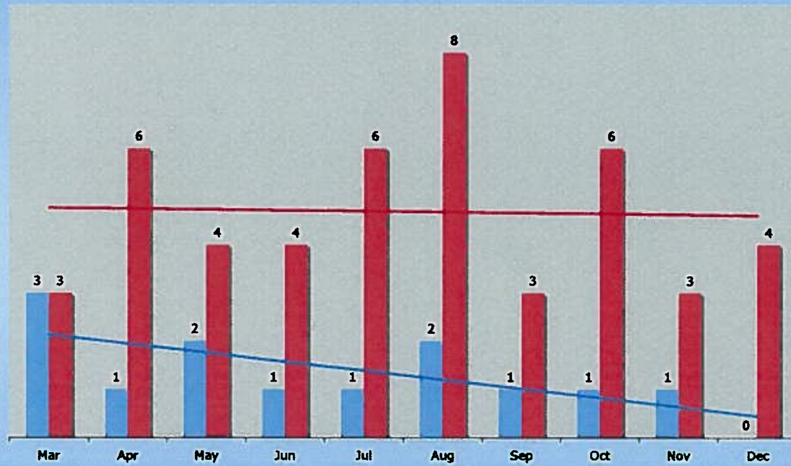
PPC Wrong-site Surgery Long-term Follow-up

WSS Reports During Project Period




PPC Wrong-site Surgery Long-term Follow-up
WSS Reports During Project Period
PPC
Other
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec

Partnership
for Patient Care


PPC Wrong-site Surgery Long-term Follow-up
WSS Reports During Project Period
PPC
Other
Linear (PPC)
Linear (Other)
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec

Partnership
for Patient Care

PPC Wrong-site Surgery Results

- Strengthened weaknesses in processes to meet or exceed baselines for Pennsylvania facilities without wrong-site surgery
- Identified unappreciated gaps in compliance
- Shared solutions to implementation barriers
- Notable absence of anesthetic events
- Still some opportunities for further improvement in compliance across the board

PPC Benefits

- Provides interactive forum for hospitals to openly share ideas and experiences
- Harnesses the strength of regional collaboration in optimizing patient safety and improving patient care
- Provides core resources to help hospitals improve care, implement proven interventions, and share best practices
- Promotes adoption of evidence-based practices across the region by all providers

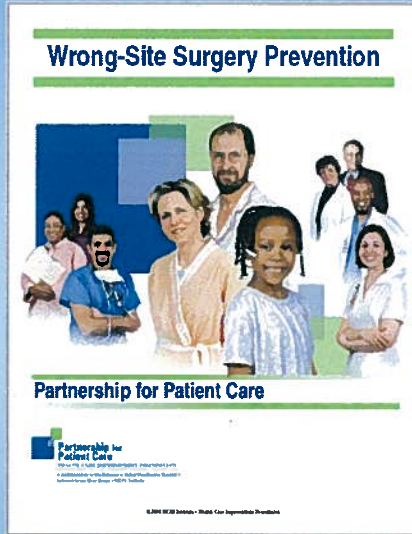
PPC Benefits

- Provides a vehicle to coordinate patient safety activities to simultaneously meet multiple requirements of government, accrediting organizations, and payers:
  - CMS Hospital-Acquired Conditions
  - Joint Commission National Patient Safety Goals
  - IHI 100,000 Lives/5 Million Lives Campaigns
  - National Quality Forum's Safe Practices
  - Pennsylvania Act 13

PPC Benefits

- Provides visible demonstration of commitment to patient safety to the public, policymakers, and regulators
- Enhances region's national recognition as a patient safety model
- Strengthens patient safety in individual hospitals and in the region

Thank You!



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