

SURGICAL SIDE VALIDATION

**Selecting a high-risk process for a Proactive Risk Assessment:**

A surgical wrong can be a devastating experience for the patient and have a negative impact on the surgical team. State licensure boards impose penalties on surgeons for a wrong side surgery and some insurers have decided to no longer pay providers for wrong site or person surgery. Some estimates put the national incidence rate as high as 40 times per week. It is also the most frequent sentinel event reported through The Joint Commission. Since the Centers for Medicare and Medicaid Services began requiring quality reporting on wrong site, side, patient, procedure, or implant on Medicare claim forms from ambulatory surgery centers (ASCs), center ABC decided to conduct a proactive risk assessment on their process for conducting a surgical side validation.

**Current Process:**

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| The physician office calls the scheduler at the ABC center to schedule patients for procedures. The surgical procedure, site/side is verbally provided at the time of the call and typed into the schedule. |
| For preregistration, center ABC conducts calls to patients at least 24-48 hours in advance of their scheduled procedure. During this call, the surgical procedure, site/side is confirmed with the patient and documented on the PREOP call checklist. |
| Prior to the surgery, the H&P is retrieved from the physician’s office and placed on the patient’s medical record. |
| Upon arrival on the day of surgery, the patient initially checks in with the receptionist who summons the PREOP nurse when the check-in process is complete. |
| The PREOP nurse verifies the operative consent with the patient, including the procedure, site/side and has the patient sign. |
| In PREOP, the surgical site is again verified during any required clipper prep. The site of the clipper prep is documented on the medical record. |
| The circulator visits the patient in PREOP and verifies the surgical procedure and site/side with the patient and against the schedule and H&P. |
| The anesthesia provider verifies the surgical procedure and site/side with the patient during the pre-anesthesia assessment conducted in PREOP. |
| The majority of the time, the surgeons will visit the patients in the PREOP area prior to the patient going back to the OR. The surgical site/side is verified between the surgeon and the patient and the surgical site is marked by the surgeon. If the surgeon does not visit the patient or mark the site in PREOP, the expectation is for the surgeon to mark the site in the OR. |
| After the patient is in the OR, the patient receives anesthesia and has the surgical site prepped as applicable while the surgeon scrubs. Once the surgeon enters the OR, the circulator begins the Time Out by using a safe surgical checklist, calling out the patient’s name, the surgical procedure and the correct side of the procedure. The circulator asks if everyone agrees and all will either nod or state a verbal agreement. |
| After the Time Out, the surgeon drapes the site as applicable and begins the procedure. |

**EXERCISE:**

Step 1: Diagram the process and sub-processes

Step 2: Brainstorm potential failure modes and determine their effects

Step 3: Prioritize the failure modes

Step 4: Identify the causes of the failure modes

Step 5: Redesign the process

**SURGICAL SITE VALIDATION PROCESS**

**Diagram Basic Steps and their sub-processes**

**1 2 3 4 5**

Time Out

Site Marking

PREOP

Preregistration

Schedule

 

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**Worksheet:**  **Rate columns 4, 5, and 6, using scale of 1-3, 1 being least, 3 being the greatest (4)Severity of effect (what impact will it have on the pt) 1=low (may effect system, not pt) 2=medium (may effect pt) 3=high (will effect pt) (5)Probability of effect (how likely is the event to occur) 1=not likely 2=occasionally (possible) 3=often (6)Detectability of effect (how likely can the event be detected in time to do something about it) 1=very easy 2=mod likelihood 3=difficult to discover RPN – Risk Priority Number (multiply column 4x5x6) List failure modes on next page, in order from highest risk score to lowest. These are the processes prioritized to correct first.**

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| **(1) Process Step or Sub Process** | **(2) All Potential Failure Modes** | **(3)**  **Possible Effects (Outcomes)** | **(4) Severity of Effect** | **(5) Probability of Effect** | **(6) Detectability of Effect** | **(7) RPN**  **(4x5x6)** | **(8) Rank order** |
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ROOT CAUSE ANALYSIS OF FAILURE MODES AND PROCESS RE-DESIGN – List order from highest risk score to lowest

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| **FAILURE MODE** |  |
| Root Causes |  |
| Solutions (Redesign) |  |
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| Root Causes |  |
| Solutions  (Redesign) |  |
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