Ballad Health Culture and Safety Rounding Initiative

Facility: _____	Date: _____	Auditor Name: _____
Procedure Observed: _____		Patient MRN: _____

Surgical / Invasive Procedure Counts Procedure

Audit Component	Yes	No	Not Observed	Comments
Use x-ray detectable sponges and towels during a surgical/invasive procedure.				
During the procedure, keep counted items within the operating room. Do not remove linen or waste containers from the operating room until all counts are completed and resolved.				
Count towels, sponges, sharps, miscellaneous and instruments prior to the start of procedures. Counts should be performed whenever possible prior to the patient entering the room.				
Count items audibly and view concurrently as they are completely separated and counted by the scrub and Registered Nurse.				
Completely separate all banded sponges, by breaking the band and discarding the band before counting, making sure to also identify radiopaque markers on every sponge.				
Visually verify that the correct number of sponges, needles or towels is in the pack.				
Isolate entire package of sponges, needles or towels if defect or incorrect number is found off the sterile field as well as the Operating Room (OR).				
Save the original packaging for sharps (blades and sutures). Do not discard till final count is complete at end of case.				
Scrub will inspect the integrity of needles. Remove and defective or improperly packaged needles from the sterile field and the OR.				
Record on the count any counted item added to the sterile field.				
Count in the following sequence: ▪Begin at the surgical site ▪Proceed to the immediate surrounding area ▪Proceed to the Mayo stand ▪Proceed to the back table and the needle book ▪Finally proceed to items discarded from the sterile field				

Count always starts with: i. Raytec sponges ii. Lap sponges iii. Needles iv. Towels v. Other miscellaneous items vi. Instruments				
Sharps dropped from the sterile field will be retrieved by the Circulator, shown to the scrub isolated from the sterile field, and documentation of disposition of the item made on the count sheet.				
The Registered Nurse Circulator will document information related to counts in the appropriate section of the patient record.				
The Registered Nurse Circulator will utilize count board located in OR/procedure room located in a place where all members of the team can see it.				
Incorrect/Omitted Count/Missing Items:				
Do the following: a. Repeat the count b. Do the following if the count is incorrect a second time. i. Take a pause. ii. Notify the proceduralist and inspect the wound. Iii. The scrub person searches the surgical field and back table. iv. The circulator searches the area off the field, including the linen and trash, if needed.				
Proceed as follows if missing item(s) are not located or an omitted count occurs: i. Perform intraop/procedure imaging to rule out a retained item before final closure of the wound, if the patient's condition permits. ii. The results of the x-ray will be read by a Radiologist or Proceduralist. iii. The results of the x-ray will be relayed to the procedure nurse and the procedure nurse will complete a Patient Safety/Incident Report. v. If the x-ray confirms that the missing item(s) is not retained, move the patient from the procedure table. ix. If the x-ray is inconclusive, move the patient from the procedure table and complete a Patient Safety/Incident Report.				
Positioning the Patient				
Audit Components	**Yes**	**No**	**Not Observed**	**Comments**
Conducts a preoperative patient assessment to identify risk for positioning injury.				

Communicates the risk for injury to the surgical team.				
Collaborates with perioperative team members to determine interventions to mitigate risk for injury.				
Discusses injury prevention interventions during the preoperative briefing.				
Identifies and gathers positioning equipment and devices required for the procedure.				
Verifies the cleanliness, surface integrity, and correct function of positioning equipment, devices, and support surfaces.				
Verifies the correct patient position and positioning equipment during the time out.				
When positioning the patient for a surgical procedure:				
Maintains the patient's comfort and privacy				
Provides exposure of the surgical site				
Provides access to IV lines and monitoring equipment				
Allows for optimal ventilation by maintaining a patent airway and avoiding constriction or pressure on the chest or abdomen				
Observes and protects the patient's fingers, toes, and genitals				
Anticipates the surgeon's need for surgical access				
Uses positioning equipment and devices correctly				
Applies principles of body mechanics and ergonomics				
Respects the patient's individual positioning limitations				
Implements interventions to protect circulatory, respiratory, musculoskeletal, and neurological structures				
Positions the patient on surfaces that reduce the potential for pressure injury				
Implements safe practices when positioning the patient in any position (i.e., supine, Trendelenburg, lithotomy, prone, etc)				
Implements measures to reduce the risk for injury when positioning a patient who is obese.				
Monitors the patient's position during the procedure.				
Fire Prevention Practices				
Audit Components	**Yes**	**No**	**Not Observed**	**Comments**
Complete a fire prevention assessment to identify: ▪ignition sources that are present ▪fuels that are present ▪the potential for the presence of an oxygen-enriched environment.				

Communicate the results of the assessment to the perioperative team during the standardized briefing process.				
Manage fuels (eg, alcohol-based skin antiseptic agents removed from OR, collodion, drapes, endotracheal tubes, gowns) to prevent contact with ignition sources.				
Use oxidizers (eg, nitrous oxide, oxygen) with caution when near ignition or fuel sources.				
Prevent pooling or soaking of flammable skin antiseptic agents.				
Allow flammable skin antiseptic agents to dry completely before sterile drapes are applied.				
Ensure water, normal saline, or another safe method for smothering/extinguishing a fire is readily available.				
Universal Protocol for Prevention of Wrong Site, Wrong Procedure, Wrong Person Surgery				
Audit Components	**Yes**	**No**	**Not Observed**	**Comments**
Surgical site is marked preoperatively/ preprocedurally by the licensed independent practitioner (LIP) or designee with initials only before the patient is moved to the location where the procedure will be performedwith the patient involved, awake, and aware, if possible. *(see Ballad Health policy for exempt procedures)*				
The time-out must be conducted in the location where the procedure will be done immediately before starting the procedure. If the LIP leaves the room after the time out and before the procedure is performed, an additional time-out must be performed prior to starting the procedure.				
The time-out involves the immediate members of the procedure team, including:				
The individual performing the procedure				
The anesthesia providers				
The circulating nurse				
The operating room technician				
Other active participants who will be participating in the procedure from the beginning				
During the time-out, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure.				
At a minimum, the team must agree on:				
Correct Patient Identity				
Correct Site (matches the site marked and images)				
Procedure to be done (matches the procedure on consent)				

Perioperative patient code status				
Additional elements of the time-out should include:				
Accurate Procedure Consent form				
Correct Patient Position				
Relevant images and results are properly labeled and appropriately displayed				
The need to administer antibiotics or fluids for irrigation purposes				
Safety precautions based on patient history of medication use (i.e., allergies)				
The time-out involves interactive verbal communication between all team members and any team member is able to express concerns about the procedure verification.				
Team Member Roles:				
The time-out is initiated by the proceduralist stating the procedure, the site and side, and assuring the mark is visible (if applicable). Any member of the procedure team can alert the proceduralist to begin the time-out, but ultimately it is the responsibility of the proceduralist to ensure that it occurs and that the team has all info needed to assist in the procedure.				
The circulating nurse (or primary nurse assisting with the procedure) shall do a verbal "read back" of the procedure (including site and side) from the consent.				
The scrub team member will not make the initial instrument (scalpel, bovie pencil, scope, etc.) available to the proceduralist until the time out is complete.				
The Certified Registered Nurse Anesthetist (CRNA) will state pertinent allergies, availability of blood products (if indicated), the time antibiotic was given and other pertinent information as indicated.				
The Circulator/Registered Nurse (RN) in attendance will document all Universal Protocol and Time-Out components in the medical record.				
Position Changes / Multiple Procedures or Teams				
In the event the patient position is reoriented after the initial time-out and/or during the procedure (i.e. supine to prone); an additional time-out will be performed.				
When more than one procedure/surgery is being performed on the same patient, a time-out is performed to confirm each subsequent procedure before the procedure is initiated.				
When more than one procedure/surgery is being performed on the same patient, by separate procedure teams, there will be a time-out prior to each team commencing their procedure/surgery.				

Team Communication				
Patient Safety Culture				
Refrains from nonessentials activities to minimize distractions during important tasks.				
Implements strategies to decrease distractions or interruptions.				
Implements a safety pause when a distraction or interruption occurs that could affect patient safety.				
Speaks up to address behaviors that may lead to patient harm.				
Promotes respect among team members.				
Hand-Off Process				
Completes urgent tasks before starting hand-over communication.				
Notifies the receiving team member of potential equipment needs before the patient's arrival.				
Uses a standardized hand-over tool, checklist, or protocol for the transfer of patient information.				
Limits the hand-over conversation to only patient-specific discussions.				
Uses a read-back method when communicating patient information to other team members.				
Provides an opportunity for participants to voice concerns and ask questions.				