

Lessons Learned, 2005 #01 Correct Patient, Site, Procedure, Implant

Goal

No patient at VCU Medical Center will ever have the incorrect procedure, incorrect site, or incorrect implant/device.

The Case

A bedside procedure was planned for Jane Smith, a patient in the ICU. The resident overseeing Jane's care was due to go home. She "signed out" to Dr. Robert Jones, the resident for the day. Dr. Jones obtained informed consent and reviewed radiological films in preparation for the procedure. As Dr. Jones prepared for the procedure, Jane's nurse, Laurie, was called out of the room to attend to another patient. Dr. Jones began the procedure on the left side. When Laurie returned to the room, she recalled the site as "right" on the consent she witnessed earlier. She checked the consent in the chart and found that she was correct. She immediately alerted Dr. Jones and the procedure was stopped. The right side was then prepared, and the patient underwent successful procedure.



Although the case described above is fictional, it is representative of what can and has occurred. These wrong patient/site/procedure/implant events are not isolated to the Operating Rooms (OR) and interventional areas – patients undergoing procedures anywhere, including at the bedside and in the Ambulatory setting, are at risk. Analysis of such events has revealed 2 primary causes:

- (1) Ineffective communication among members of the medical team.
- (2) Inconsistent use of a final verification process

Actions:

- 1. Consistently perform final verification** before all invasive procedures, including those in the OR, ICUs, other inpatient units, Ambulatory areas and procedural areas.
 - *Final verification is **required** by JCAHO prior to all invasive procedures that expose patients to more than minimal risk.*
 - Final verification is: *Immediately* before the procedure begins, at least 2 licensed caregivers verbally verify agreement on:
 - Correct patient identity (using at least 2 unique patient identifiers)
 - Procedure to be done
 - Correct side and site (for laterality, levels, digits, multiple lesions or wounds, etc.)
 - Availability of implants (if applicable)
 - Correct patient position
 - Availability of special equipment or special requirements (including radiological results)
 - Think beyond *site* of surgery – verification of correct patient and procedure is necessary even when laterality is not relevant.
 - Mark the procedural site with “yes” when laterality, levels, digits, etcetera are involved.
- 2. Document the final verification** on a checklist or in a procedure note. For example, “Final verification of patient, procedure and site performed with Dr. Clark.”
- 3. Department Chairs, Program Directors and Nursing Leaders shall communicate these messages to all faculty, housestaff, nurses and other clinical staff immediately.**