



Road Map to Preventing Retained Objects in Vaginal Deliveries



Minnesota Hospital Association

Road Map to Preventing Retained Objects in Vaginal Deliveries

SAFE COUNT based on the ICSI Retained Object Protocol and Adverse Health Event Learnings



INFRASTRUCTURE



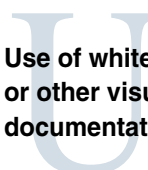


SAFE COUNT Component	Specific Action(s)	SAFE COUNT Audit Questions
<p>SAFE COUNT Teams</p> <p>S</p>	<ol style="list-style-type: none"> 1) Provide support and expectations for SAFE COUNT champions. 2) Adopt an interdisciplinary team approach to SAFE COUNT with a designated coordinator to oversee implementation. 	<ol style="list-style-type: none"> 1a) Senior Leadership has identified a physician champion(s) for SAFE COUNT. 2a) The facility has a designated coordinator to oversee SAFE COUNT implementation (e.g. schedule team meetings, plan staff education). 2b) Individual role(s) in the COUNT process are clearly defined and documented.
<p>Access to information</p> <p>A</p>	<ol style="list-style-type: none"> 1) Verify the completion of each step of the COUNT process in “real-time”. 2) Audit the effective completion of the COUNT process. 	<ol style="list-style-type: none"> 1a) The facility has a process in place for real-time documentation of the completion of the COUNT process. 2a) The facility has a process in place to audit the completion of the COUNT steps through chart audits. 2b) The facility has a process in place to audit the effective completion of the COUNT process through observational audits.
<p>Facility Expectations</p> <p>F</p>	<ol style="list-style-type: none"> 1) Set expectations for implementation of the COUNT process for any vaginal delivery. 	<ol style="list-style-type: none"> 1a) Senior Leadership has set clear expectations for effective completion of the COUNT process as part of any vaginal delivery. 1b) The facility’s medical staff policies address the COUNT process and include expectations for following the process.
<p>Educate Staff</p> <p>E</p>	<ol style="list-style-type: none"> 1) Provide SAFE COUNT education for all clinical staff involved in vaginal deliveries. 	<ol style="list-style-type: none"> 1a) The individuals involved in the counting of sponges and sharps are trained in performing the counting process. 1b) Education on the COUNT process is provided for all clinical staff involved in vaginal deliveries.

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PATIENT CARE BUNDLE

SAFE SITE Component	Specific Action(s)	SAFE SITE Audit Questions
 <p>Count sponges, sharps and misc. items</p>	<ol style="list-style-type: none"> 1) Perform the general counting processes following best practices. 2) Perform specific steps of the counting process following best practices. 3) Maintain an optimal environment for accurate counting. 4) Safely manage equipment and miscellaneous items. 5) Manage counting for precipitous deliveries. 	<ol style="list-style-type: none"> 1a) The labor and delivery room has a designated basin for all used sponges/soft goods. 1b) The facility requires that two people perform the count – at least one is an RN. 1c) The facility requires that both individuals directly view and verbally count each item. 1d) The facility has a process in place to perform a count immediately before delivery pack is used (baseline), at the end of delivery, any time there is concern about the accuracy of the count, and after a permanent staff change of L&D nurse during a case. <p>The faculty's counting process includes:</p> <ol style="list-style-type: none"> 2a) Sponges/soft goods and sharps are counted prior to entering the delivery field; 2b) Sponges/soft goods are separated and counted individually; 2c) Used sharps are counted as each sharp is placed into the needle box by the physician /nurse midwife; 2d) Used sponges are counted after retrieving them from the designated basin; 2e) Used sponges/soft goods are unballied and pulled apart prior to being counted; 2f) Sharps and misc. items are inspected for broken or missing pieces during the baseline and final count; 2g) Sponges/soft goods are not placed in the container that is used to collect and manage body fluids during the delivery until after the final count has been performed and reconciled; 3a) The facility has a reconciliation process in place for any count discrepancy. 3b) The facility has a process in place to minimize distractions and interruptions during the counting process. 3c) The facility requires that the count start over if the counting process is interrupted. 3d) The facility requires that the physician in charge of the case remain in the room until the count is complete and reconciled. 4a) The facility has a process in place to manage misc. items. 4b) The facility requires that someone is assigned to ensure equipment used in the case are intact prior to and following the completion of a case. 5a) The facility has a process in place to manage counting for precipitous deliveries.
 <p>Obtain post-delivery imaging</p>	<ol style="list-style-type: none"> 1) Reconcile counts. 	<ol style="list-style-type: none"> 1a) The facility requires manual inspection be performed if the count is not reconciled. 1b) The facility requires post-delivery imaging be obtained if, following manual inspection (or a manual inspection cannot be performed), the count is not reconciled.
 <p>Use of white board or other visual documentation</p>	<ol style="list-style-type: none"> 1) Visually document counts. 	<ol style="list-style-type: none"> 1a) The facility has a process in place to document the number and type of sponges/soft goods, sharps and miscellaneous items on a preformatted whiteboard or other standardized, preformatted documentation record.
 <p>Never use anything but radiopaque</p>	<ol style="list-style-type: none"> 1) Use only radiopaque soft goods. 	<ol style="list-style-type: none"> 1a) The facility requires that sponges/soft goods with radiopaque markers are the only soft goods present on the delivery field. 1b) The facility requires that RayTec/laparotomy sponges are not cut in pieces. 1c) The facility requires that Radiopaque sponges/soft goods used in the genital tract have a detection "tail" that can be clipped to the patient's drapes. 1d) The facility has a process in place to perform a visual verification of sponges/soft goods that the radiographic-detectible indicator is present.
 <p>Time-out - "Pause for the Gauze"</p>	<ol style="list-style-type: none"> 1) Perform final checks. 	<ol style="list-style-type: none"> 1) The facility has a process in place to perform a time-out at end of delivery – performing a final visual inspection and ensuring counts are correct.

