For Patients Undergoing an Invasive Procedure, Will Instituting a Post Procedure Sign out/Debrief Result in a Reduction of Errors?

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### Background

- Specimen containment, requisition, or labeling errors occur in about 6% of operations nationally
- 13 intraoperative errors occurred at NLEMMC in 2019
- Wrong site surgery occurs in 1 out of 112,000 surgeries
  - 5% of these are performed on the wrong patient
  - 60% are wrong site laterality

### Debrief Procedure:

- **Before an invasive procedure**, a surgeon-led briefing is performed. A brief surgical plan is discussed, along with anticipated risks, equipment concerns, specimens, patient positioning, and an introduction of team members.
- **At the end of a procedure**, a similar discussion is to be had. The surgeon-led debrief will include estimated blood loss, surgical complications, and confirmation of surgical specimens.

### Methods

- Observational pre-audit and assessment completed in OR and ED
- Presented educational posters inside each OR for staff to review individually
- Post-survey and assessment completed with documented errors during invasive procedures (pre and post implementation)

### Measures and Results

#### Audit Forms

**Universal Protocol NEMMC Advanced Surgical Care Time-Out/Debrief Audit**

<table>
<thead>
<tr>
<th>Question</th>
<th>Before Induction of Anesthesia</th>
<th>Before Skin Incision</th>
<th>Before the Patient Leaves the Operating Room</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Out</strong></td>
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<td><strong>Sign Out</strong></td>
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**AORN Advanced Surgical Care Debrief audit**

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### Educational Pamphlet

**Comprehensive Surgical Checklist**

- **Preprocedure:**
  - Patient identification
  - Consent
  - Equipment
  - Medications
- **Time Out:**
  - Verification of patient and procedure
  - Verification of equipment
  - Verification of surgical specimen
  - Communication of surgical plan and anticipated outcomes
  - Confirmation of surgical specimen
  - Communication of all surgical site, laterality, and allergies
- **Sign Out:**
  - Confirmation of all surgical site, laterality, and allergies
  - Communication of surgical plan and anticipated outcomes
  - Communication of additional outcomes

### Summary/Discussion

- **Next Steps:**
  - Create and implement strategies to increase structure and participation in debriefs. Determine how to minimize distractions
  - Track number and type of errors during invasive procedures.
  - Correlate surgical errors to presence or absence of AORN debrief checklist

- **Barriers of this Study:**
  - Lack of time to complete a post survey
  - Lack of participation by surgical staff
  - Lack of access to information regarding errors

### Conclusion

- Rates of intraoperative errors can be lowered with the completion of and adherence to a standardized debrief checklist.
- The largest barriers to debrief completion were identified to be a lack of participation, distractions, and miscommunication.
- Written education provided to RNs will help outline why a thorough post-operative debrief should be a priority in the clinical setting.
- Post education results pending