

Partial Counting

The innovative strategy to prevent Retained Surgical Items (RSI) in Laparoscopic Surgery



HA Convention 2014- SPP6.1

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Counting items



Absorbent
Items



Sharps

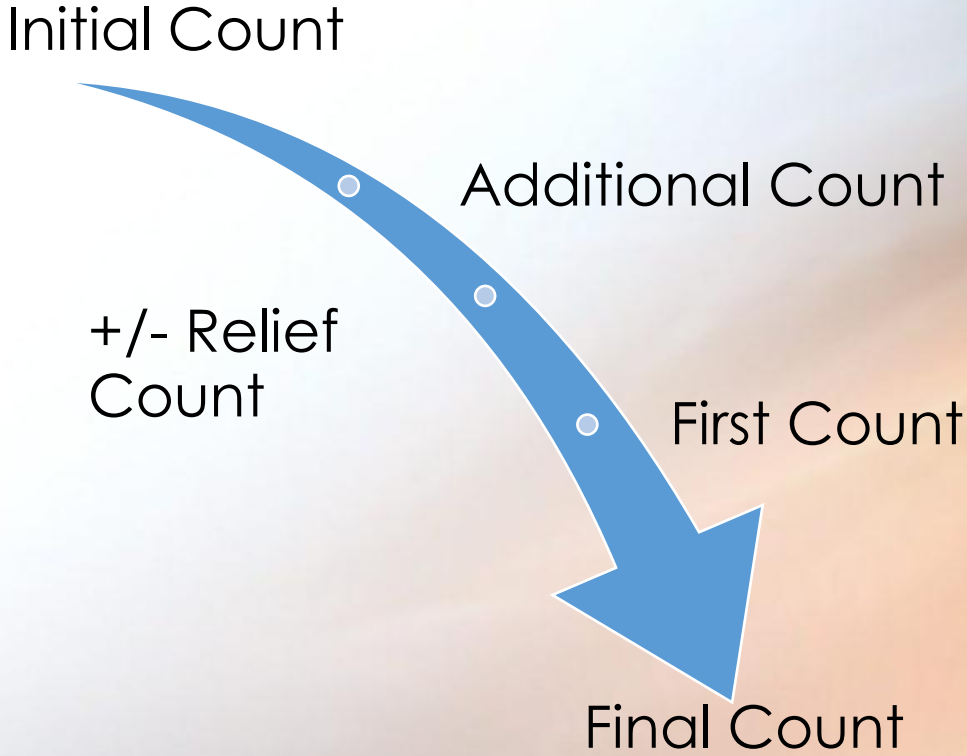


Instruments



Items that risky
to be retained

Surgical Counting

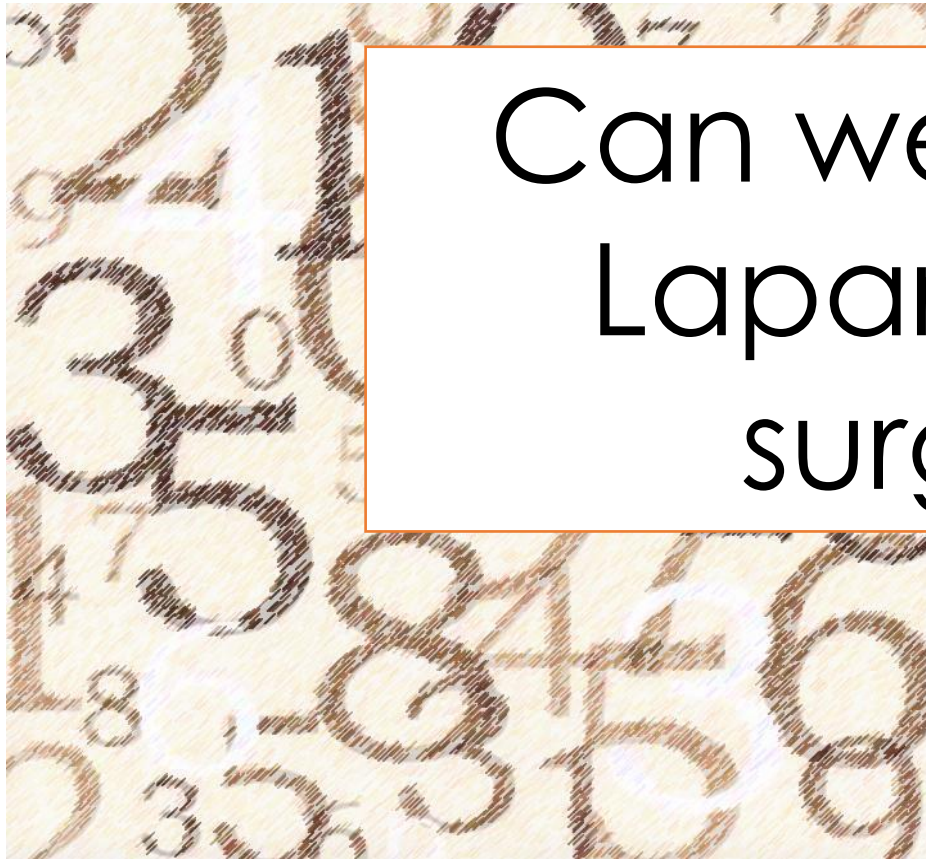


Correct Count

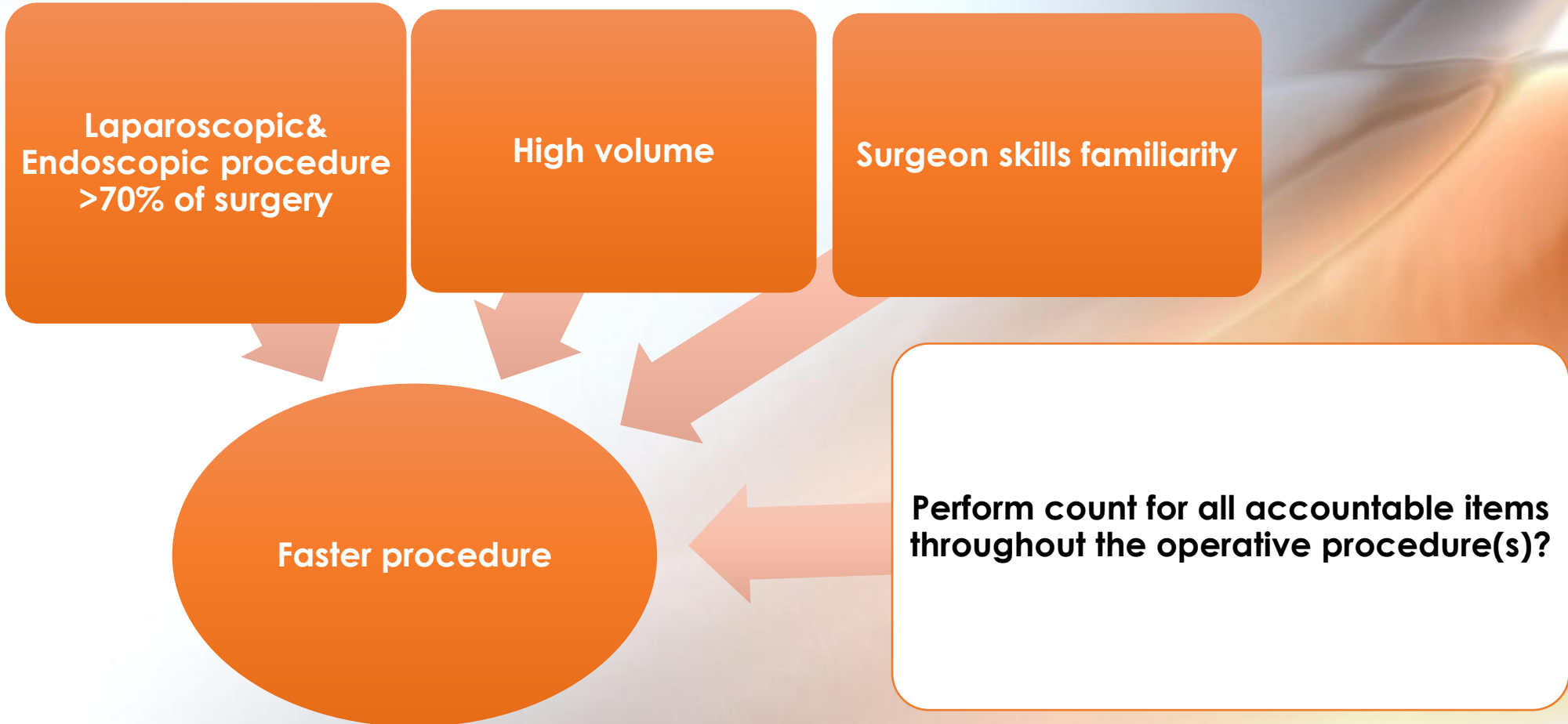
Item Quantity

Item Integrity

Can we Count in
Laparoscopic
surgery ?



Current Trend



Sentinel Events



Category 9

Category 8

Category 7



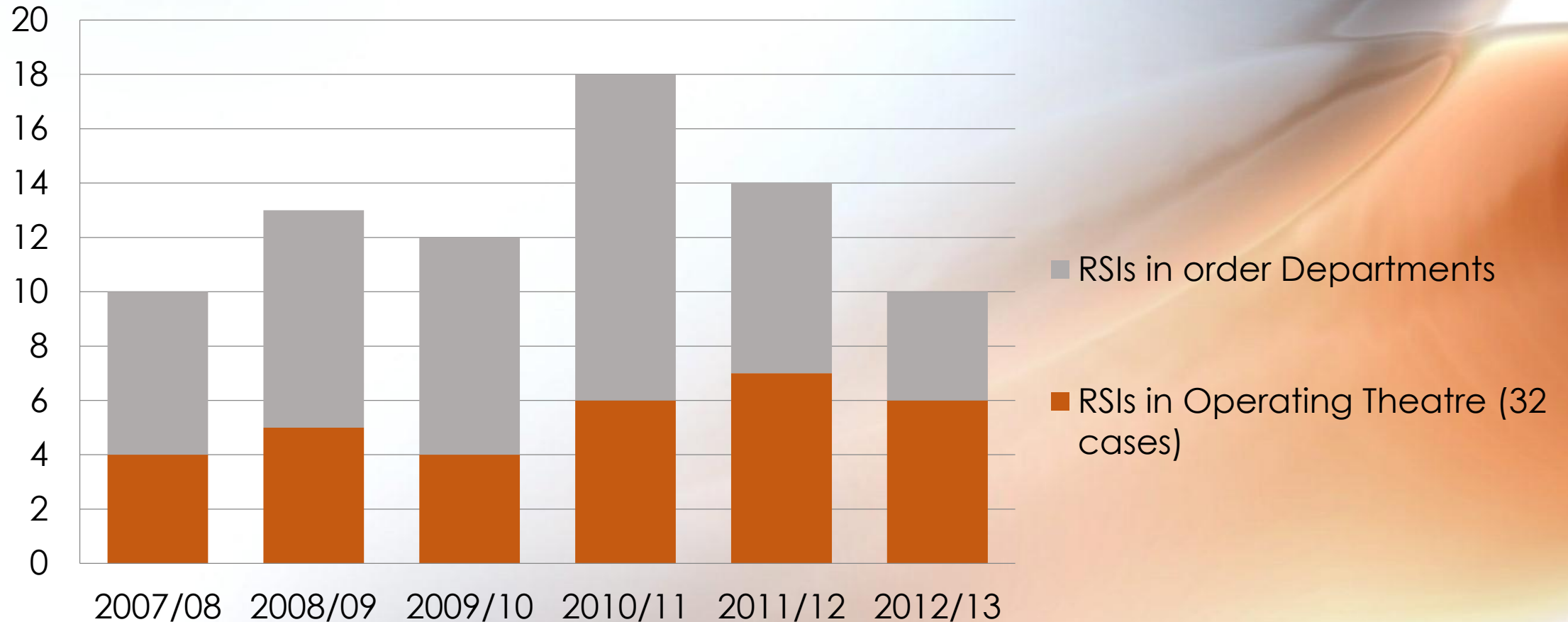
Category 6

Category 3

Category 4

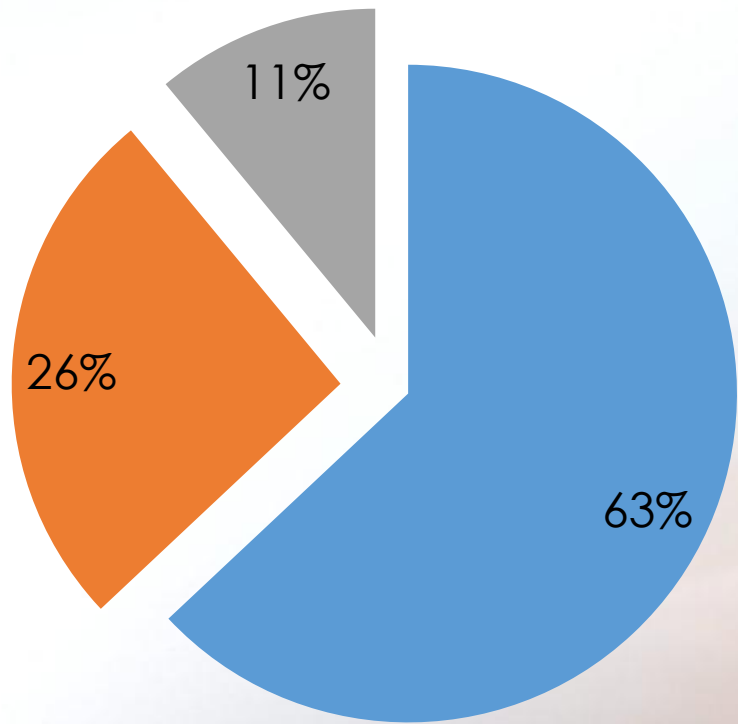
Category 5

HA Sentinel Events



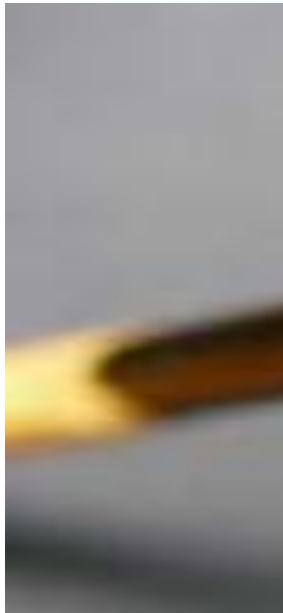
Types of Risks

Types of RSIs



- Tiny dislodged fragment
- Raytec gauze & Abdominal pad
- Malleable retractors

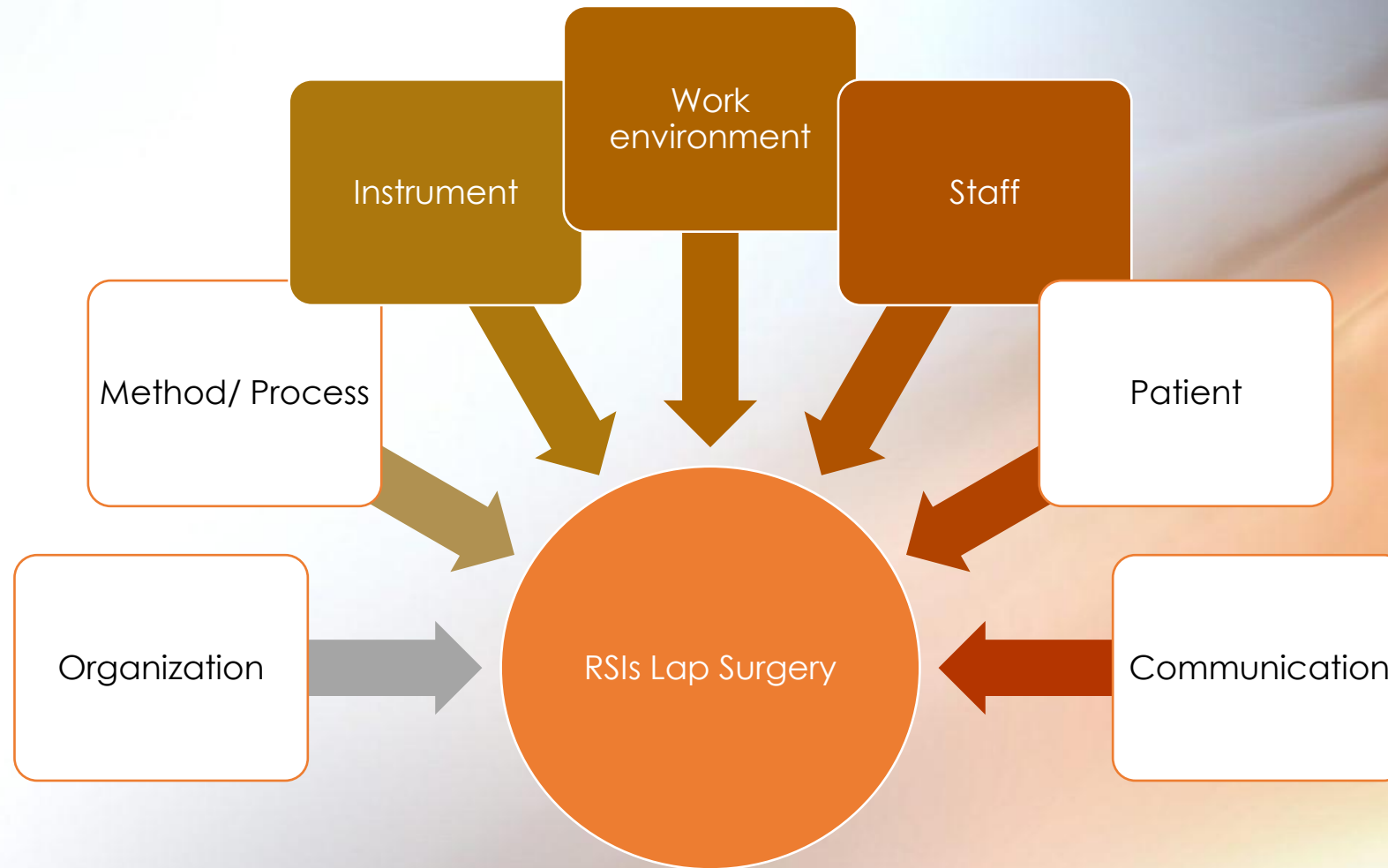
Grasping forceps were left in the abdomen of a patient



LEARNING POINT
Thorough checking of the
INTEGRITY
of the instruments
before the end of operation

omen

Causative Factors for RSIs



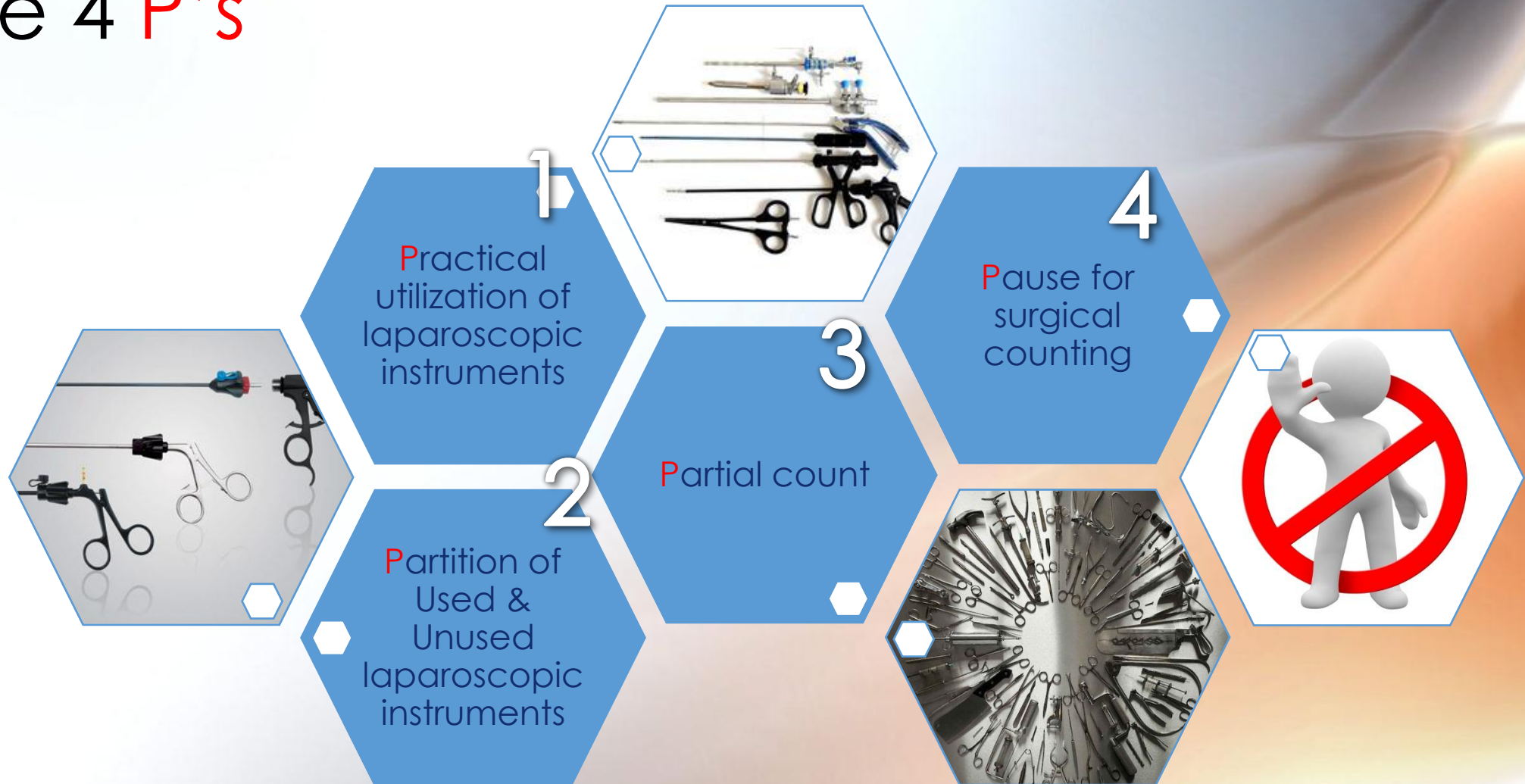
Literature justification

Gibbs (2011), AORN (2010) ,ACORN (2010)

- Exceptions have been made based on the size of the instrument in relation to the wound
- There may be instances in which laparoscopic instrument counts may be waived

Strategies for the prevention of RSI

The 4 P's



Partial Count

Additional

(Before
of a count
a count)

Laparoscopic instruments:
Count for used and visual
inspection for completeness

Count

losure
of
(re)



Absorbent
Items



Sharps



Items that risky
to be retain



Basic
instrument

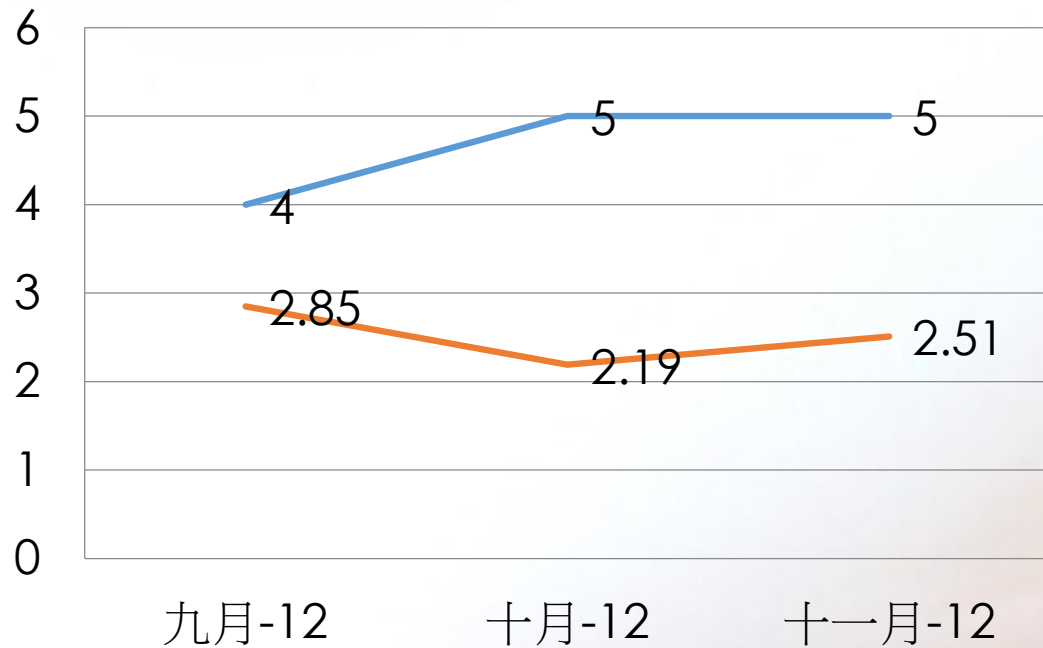


Laparoscopic
instruments

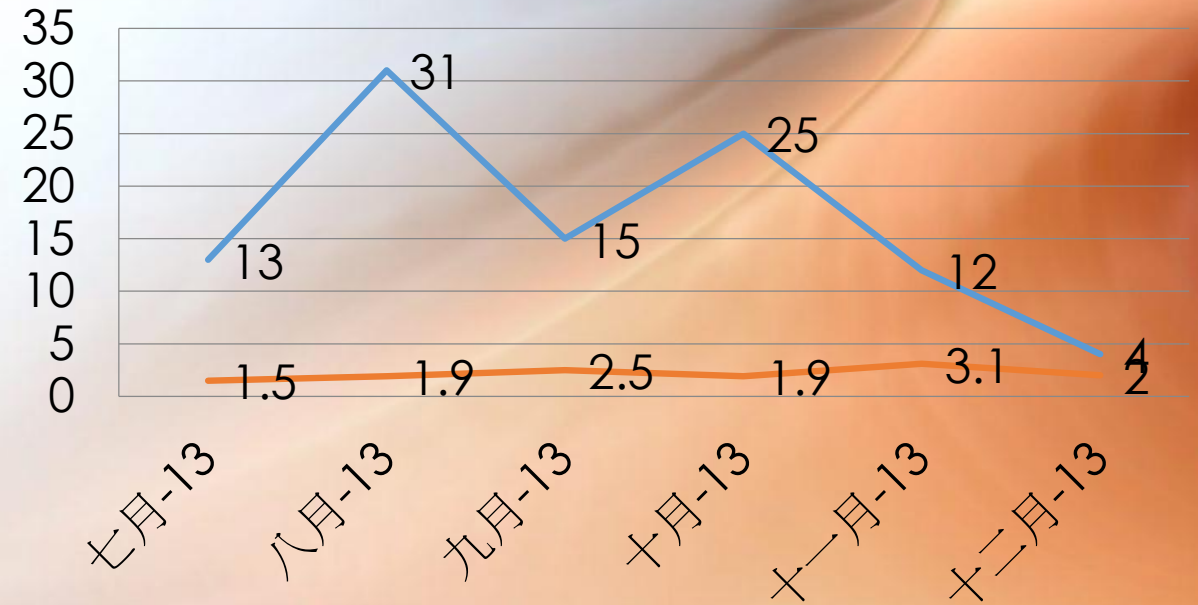


Partial Count

Phase 1 (n=14)

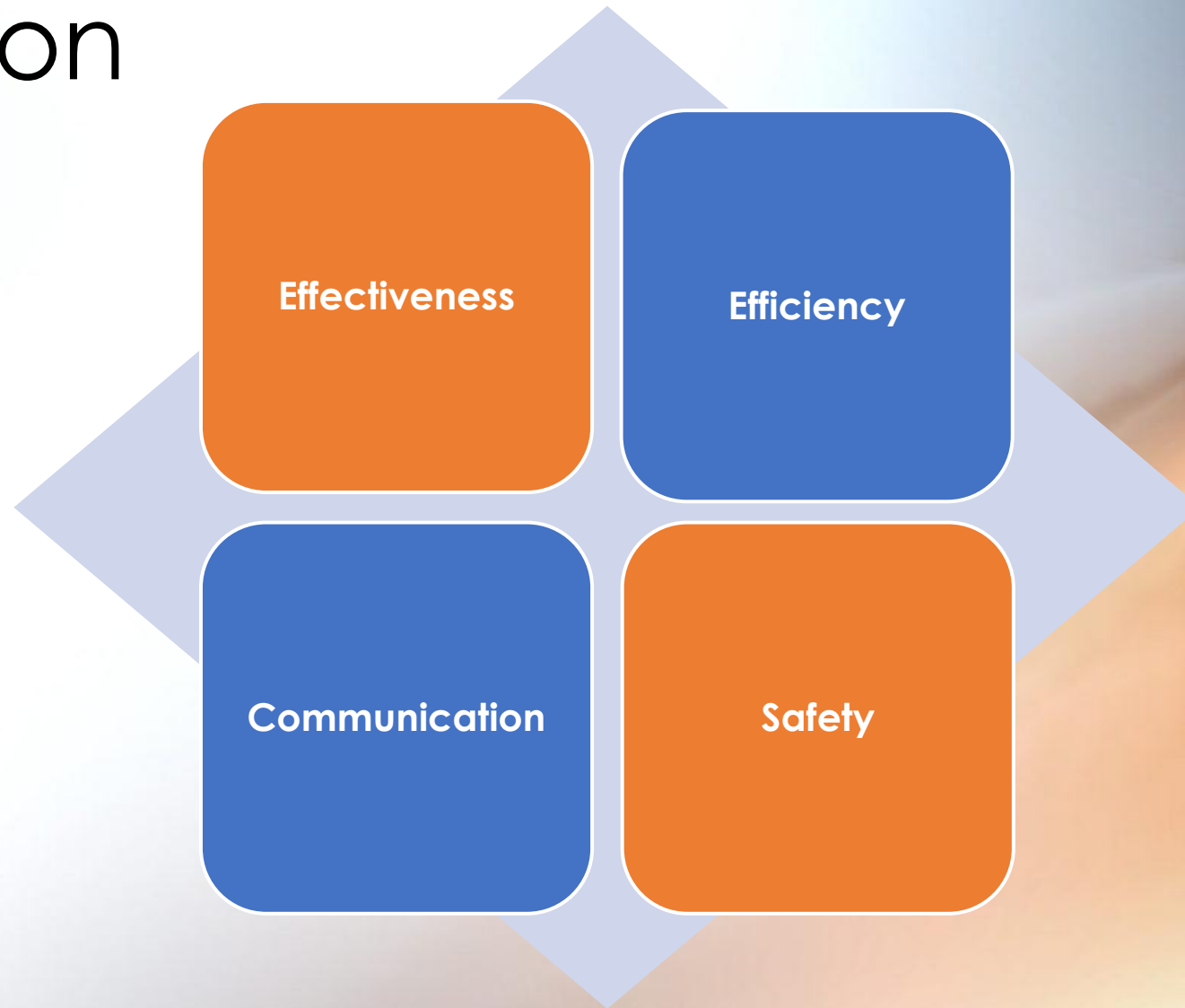


Phase 2 (n=98)



— No. of operation
— Mean time of closing count (min)

Evaluation



Implication

Enhance
communication



Facilitate
collaboration



Patient
Safety

Moving forward

Standard Operating
Procedure (SOP)

Guideline for all
laparoscopic
procedures

Guidelines for
Specialty Nursing
Services
(Perioperative Care)

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