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Implementation of Final Count Correct Practice Improves Surgical Safety In Operating Theatre of NTWC

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Introduction

With the use of WHO Surgical Safety Checklist, surgery complications were reduced by more than one-third and deaths reduced by almost half in a diverse group of hospitals. In recent years, retained instruments or other material after surgery / interventional procedure ranked top among all categories in the reported sentinel events. A NTWC Surgical Safety Checklist (SCC) based on WHO Surgical Safety Checklist was developed and rolled out in June 2009, and Final Count Correct (FCC) practice was implemented in SCC since January 2011. The practice was incorporated into the 'sign out' part of the SCC such that the end of operation, enough time is allowed for the nursing staffs to count the surgical instruments, gauze, needle or items involved in the operations. After all items are correctly checked, the nursing staff will speak out loudly "final count correct". Only then anaesthetists reverse the patients and transfer them to the recovery room. There were no reported sentinel events of retained instruments or other material after surgery thereafter.

Objectives

1. Identify the number of the reported retained instruments or other material after surgery. 2. Evaluate if the FCC practice affect the OT efficiency.

Methodology

1. Cross-section retrospective audits. 2. Data was retrieved from the Clinical Data Analysis and Report System (CDARS) and the Anaesthesia Computerized Information System (ACIS). Those data from pre-implementation period (Nov to Dec 2010) and post-implementation period of FCC (Sept to Oct 2013) was recruited for calculate and compare the time consumed for final surgical counting. 3. All elective operations performed in TMH during the study period were recruited. 4. Independent student t-test ($p < 0.05$) was used for data analysis. 5. Incident reports from Near-miss Journal and AIRS on retained instruments or other material after surgery were reviewed.

Result

After institution of the FCC, there were no reported sentinel events of retained instruments or other material after surgery. We were able to realize the FCC practice did not affect the OT efficiency. ($p>0.05$) The average time consumed for final surgical counting for different specialties was ranged from 3 to 11 minutes.