The Problem
- Retained surgical items are significant for morbidity and mortality
- Decrease malpractice claims from high risk areas
- The Joint Commission has determined retained surgical items are “never events”

Aim/Goal
- Improve communication and recognize risk factors for retained surgical items
- Improve teamwork and collaboration in the operating room
- Bring together teams of two surgeons, an anesthesiologist, a nurse and surgical technologist to complete the training

The Team
- Jeffrey Keane, RN, Perioperative Services
- John Pawlowski, MD, PhD, Anesthesia
- John P. Sanders, MD, Surgery
- Jennifer Bragdon, RN, Perioperative Services
- Michael McBride, RN, Simulation and Skills Center
- Darren Tavernelli, RN, Simulation and Skills Center
- David Fobert, ALM, Center for Education

The Interventions
- Improve closed loop communication in perioperative environment
- Implement use of checklists in OR to prevent patient injury
- Develop relevant scenarios for teams in the simulation center
- Schedule clinical staff to attend training Friday mornings 1x/ month

The Results/Progress to Date
- Implement Radio Frequency Wand technology to supplement the manual count process throughout the operating rooms.
- Incorporated RF Wand teaching in the monthly team training sessions using simulation
- Survey results from participants show uniformly positive experience using the RF Wand technology

Lessons Learned
- During the sessions, the teams identified potential process improvements which included adjunct technologies.
- Perioperative leadership implemented RF wand technology for all perioperative procedures. At the end of the surgical procedure, the team will systematically move the wand over the incision. An audible tone would identify a potential retained sponge.
- If an audible tone is heard, this alerts the team there may be a retained raytec or laparotomy pad. In addition, we have added pocketed sponge holders to the count process. This allows the surgical team to visualize the sponges used during the procedure and verify all sponges have been accounted for at the end of the procedure.

Next Steps/What Should Happen Next
- Continue educational simulation sessions
- Expand survey to identify possible improvements in the count process
- Demonstrate a decrease in count irregularities and retained objects

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