



May 5, 2017

Lessons Learned from Wrong Site Surgery/Procedure Near Misses

What happened?

Situation:

The patient was scheduled for a left hand procedure. The scheduling sheet, booked procedure and films all said left, and the patient confirmed left; however, the doctors who referred the patient to the surgeon and who wrote the history and physical (H & P) said right. The surgeon was consulted and the H & P was updated with the correct side before the patient was taken to the procedure room. Surgery was performed correctly on the left hand.

Background:

Wrong-patient, wrong-site, wrong-procedure sentinel events were the most frequently reported events from 2004 through 2015, according to [statistics published by the Joint Commission in February 2016](#). Wrong-site surgeries continue to occur despite nearly 20 years of guidance from the Joint Commission and other specialty organizations such as the [Association of periOperative Registered Nurses](#) and the American College of Surgeons. Reports to ECRI suggest that some of the most common wrong-site errors involve documenting the wrong surgical site during the pre-surgical process. Of the near misses reviewed, the wrong site was incorrectly documented most frequently on the following:*

1. Informed consent (37%)
2. Physician's order (30%)
3. Operating room (OR) schedule (30%)
4. Pre-op checklist (7%)

* Percentages exceed 100% because more than one error per near miss may have been reported.

What went well? Discrepancy was discussed with the surgeon and corrected. A Good Catch

What went wrong?

Assessment:

Through human error, the scheduling form was filled out incorrectly.

What are we doing?

Recommendation:

ECRI Institute recommends the following:

- Enforce either through policy and practice or computerized forcing function that procedures involving bilateral anatomy cannot be scheduled without designating the site and side.
- When scheduling surgical cases, use a standardized form or electronic template that includes the exact description of the surgical site or side.
- Standardize language and layout for laterality information on all pre-surgical documentation (paper and/or electronic) including the OR scheduling form, the pre-operative checklist, the day-of-surgery checklist, and the informed consent form.
- Consider incorporating into the pre-operative verification process a reconciliation of the schedule, consent, and history and physical during each of the following times: When the surgical procedure is scheduled, at the pre-admission testing and assessment, before the patient arrives at the preoperative area, before the OR is set up for the procedure, and before the patient leaves the preoperative area or enters the OR

Follow [The Joint Commission Universal Protocol standards](#) for site marking and conducting a time out before any surgery or procedure.

Contact SafetyMatters@hshs.org with questions or feedback