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Preventing Wrong-Site Surgery

Figures released by the Health Service Executive (HSE) in December 2020 reported that there have been 63 cases of wrong-site surgery in public hospitals since 2017.

Wrong-site surgeries can unfortunately result in devastating outcomes for patients and their families. Such events can also cause considerable upset for the doctor and the hospital. This type of medical error is serious from a legal and ethical perspective, but also preventable. Healthcare professionals and organisations must have processes in place that combine standardised pre-operative site-marking methods with collaborative strategies to achieve a safer surgical environment for all patients. It is important that all steps are taken to reduce the possibility of clinician error. Individual clinicians should ensure they follow the organisation's processes prior to performing surgery.

Specific considerations on these pre-operative processes are included in the non-exhaustive checklist below. This may serve as a helpful tool to assess organisational culture and commitment and may assist to determine whether any gaps exist in processes. Focussing on areas such as scheduling, consent, preoperative verification, site-marking, and time-outs will enhance patient safety and reduce the risk of serious adverse events.

	Yes	No
Organisational Culture/Commitment		
Has the organisation lead a campaign to prevent wrong-site surgeries throughout the organisation?	☐	☐
Does the organisation train staff members on the value of standardised processes, such as the WHO's Surgical Safety Checklist? Are all protocols available to relevant staff and signed confirming that they have been read and understood?	☐	☐
Does the organisation define the roles of healthcare professionals and hold them accountable for their role in the risk reduction of wrong-site surgeries?	☐	☐
Does the organisation use a team approach when introducing new systems and processes within the organisation?	☐	☐
Does the organisation provide ongoing regular education and training updates in relation to safe surgery?	☐	☐
Does the organisation create a culture in which staff members are encouraged and expected to speak up when they have a patient safety concern or when all team members do not participate in protocols?	☐	☐
Does the organisation share data (such as morbidity, infection rates, and adverse events) with team members and allow them to ask questions or facilitate discussions for learning opportunities?	☐	☐

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	Yes	No
Scheduling / Consent		
Do staff members confirm the presence and accuracy of all necessary documents, including the patient's written and / or electronic records, relevant radiology and pathology investigations and results etc, before the day of surgery?	☐	☐
Do staff members verify that an exact description of the procedure, including site, level, side, and digit, is listed on the theatre schedule?	☐	☐
Is an exact description of the surgical procedure, including site, level, side, and digit, listed on the patient consent form?	☐	☐
• Does the organisation use a standardised consent form?	☐	☐
• Does the clinician who is performing the surgery hold a detailed, meaningful discussion with the patient, detailing risks, benefits and alternatives prior to the procedure. Does this take place in a quiet place and allow the patient time to consider and ask questions so that they are fully informed?	☐	☐
• Is this discussion documented in the medical records?	☐	☐
• Is patient information (e.g. patient information leaflet) provided to back up the discussion?	☐	☐
• Is a copy of the signed consent form provided to the patient?	☐	☐
• Do staff members verify the consent was completed and that it includes the procedure name and all required signatures and dates and risks / benefits of surgery?	☐	☐
• Is consent reconfirmed prior to surgery to ensure the patient fully understands the planned procedure?	☐	☐
Does the organisation use one or more surgical checklists?	☐	☐
• Are checklists customised to particular types of surgery?	☐	☐
• Has the organisation considered enlarging the surgical checklist (i.e. to poster size) so every provider in the theatre can watch the circulating nurse check off essential steps?	☐	☐
Pre-operative		
Do all staff members introduce themselves and confirm their roles and responsibilities in advance of the procedure?	☐	☐

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	Yes	No
Is a pre-operative briefing performed upon the patients arrival in the theatre with patient involvement (if possible) to verify the patient's identity, consent, procedure and site of surgery. Is additional, critical information included in the theatre schedule, such as, medical history, and patient's understanding of the procedure?	☐	☐
Does the organisation use a standardised pre-operative verification checklist?	☐	☐
Are verification and documentation performed by at least two individuals?	☐	☐
If inconsistencies in the documentation are found, do the theatre staff flag the theatre schedule to alert staff and treat the case as high risk?	☐	☐

Site Marking

	Yes	No
Does the organisation have a protocol requiring surgeons to use a single-use appropriate surgical-site marker with a consistent mark type placed as close as anatomically possible to the incision site?	☐	☐
• Does the organisation involve the patient in marking the surgical site?	☐	☐
• Does the organisation test the marker pens for satisfactory results with prep solutions?	☐	☐
Does site marking occur before administration of sedation and / or anaesthesia?	☐	☐
Is the mark visible when the patient is positioned, prepped, and draped?	☐	☐

Time-Outs

	Yes	No
Do staff members perform a standardised and role-based time-out process?	☐	☐
• Is each team member assigned an active role?	☐	☐
• Are all documents verified during the time-out, including the patient's name, procedure, site, and side?	☐	☐
• Is the time-out conducted before general or local anaesthesia is administered?	☐	☐
• Is the surgeon engaged, all work stopped, and verbal acknowledgment given to complete the time-out?	☐	☐
• Are the nurses engaged, all work stopped, and is verbal acknowledgment given to complete the time-out?	☐	☐
• Are the anaesthetic staff engaged on all work except when ventilation is stopped, and is verbal acknowledgement given to complete the time-out?	☐	☐
• Is the final time-out performed after the patient is positioned, prepped, and draped?	☐	☐

	Yes	No
• Does the surgeon encourage the surgical team to speak up if any concerns exist?	☐	☐
Do staff members verify the patient, side, and site for all regional blocks using a standardised time-out process?	☐	☐
Other Considerations		
If the same doctor performs multiple procedures, are the theatre staff required to stop between each case to ensure that the procedure, site, and laterality of each procedure is being performed accurately and according to the signed surgical consent?	☐	☐
Is all patient information removed from the theatre before the next patient arrives?	☐	☐

The above was adapted from information published by MedPro. Both Medisec and MedPro share the same core values and we believe in the benefit of sharing knowledge, insights and resources to further our commitment to defend doctors, prevent claims before they happen and to improve patient safety outcomes.

The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice.