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No surgical items left behind: A multi-disciplinary approach to the surgical count process

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Introduction: Intraoperative distractions are prevalent and potentially contribute to patient safety risks. Answering telephone calls and pagers and responding to verbal requests are just a few common distractions that occur during surgical procedures, especially during the count process.

Identification of the Problem: Counting is an important preventative measure that is a human process that's prone to error, especially in this busy environment where multiple things are happening simultaneously.

Purpose & Methodology: We sought to evaluate the impact of distractions during the count process on patient safety. Trained, nationally certified registered nurses used a validated tool to observe the number of interruptions that occurred during the count process in cardiac surgery. There was no impact or involvement with patient care since we only observed the standard count process that occurs routinely in every cardiac surgery. Further, observation of the perioperative team involved in the count process; this included surgeon, fellows, residents, anesthesia providers and any other personnel in room that may have had an impact on the counts. Observation included the key personnel that lead the count process including the scrub person (OR certified technician or registered nurse) and the circulating nurse (registered nurse). Observation included approximately 60-70 scheduled cases in the cardiac specialty for the adult population including all shifts (24 hours).

Results: The predictor in this study is distraction. The primary measure of distraction is the total number of distraction for each case. There are different distraction levels for each distraction. Thus, weighted distraction score for each case will also be created as the summation of distraction level and it is the secondary measure of distraction. To detect a medium effect size with 80% power at 0.05 level, we need a minimum sample size as 54. Assumptions such as linear relationship, multivariate normality, and homoscedasticity will be checked.

Discussion & Conclusion: We correlated the relationship between the number of interruptions observed and sequelae. Final statistical analysis will be available by time of presentation. Future research needs to be inclusive with input from pre-/post-anesthesia nurses to allay distractions/disruptions in the operating room

Biography

Louise Kertesz is a lifetime AORN member and has maintained her CNOR certification since 1992. Her personal and professional values are congruent in that AORN is globally recognized as leader in promoting excellence in perioperative practice. As a registered nurse in the operating room, one of her goals is to promote patient safety with excellence in patient outcomes. Louise is a graduate of Saint Francis School of Nursing with a diploma in nursing. She continued her education and obtained her BSN from Jersey City State College. In 1999, she became an adult nurse practitioner upon graduating Seton Hall University with a Master's in Nursing Science. In 2014, she graduated with a DNP degree as part of the inaugural class at Saint Peter's University. Louise is currently a clinical nurse in the operating room at New York Presbyterian Hospital where she is actively involved in quality improvement projects and nursing policy implementation. She also serves on various hospital committees and is a past speaker at nursing research symposiums that promote patient excellence through evidence-based practice.

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