

CLINICAL PROCEDURE SAFETY

LEVEL 3 PROCEDURES: TEAM TIME OUT – CASE STUDIES

The case studies are provided as a resource for health care facilities to use during implementation of the Clinical Procedure Safety PD2014_036.

Each case study is based on an incident reported to the Incident Information Management System (IIMS) and the action required is based on requirements from the Clinical Procedure Safety PD2014_036.

Case 1

Reviewing Essential Imaging

The patient was booked and consented for Cystoscopy and Right Retrograde Cystoscopy plus insertion of Ureteric stent. The right side ureter was examined and found to be completely obstructed. The procedure was abandoned.

Review of the CT scan post-surgery revealed the patient had a previous right Nephrectomy which indicated the procedure should have been attended on the left side.

The patient returned to theatre the same day and the correct procedure was completed.

ACTION REQUIRED

The senior proceduralist led team must confirm that essential imaging is reviewed prior to commencing the procedure.

Case 2

Confirming the Procedure Matches the Consent

A female patient attended an appointment with her proceduralist to discuss management of breast cancer. A Request for Admission form and consent documentation were completed during the consultation and the patient was placed on the theatre list to undergo right sided mastectomy and sentinel node biopsy.

On admission to the Day Surgery Unit, the patient details, procedure and consent were verified as correct and this was repeated by the check-in nurse when the patient arrived in the operating theatre anaesthetic bay.

While the patient was in the bay, the surgeon and his registrar attended. The surgeon marked the lump in the breast and talked with the registrar about the planned lumpectomy and node biopsy. After they left, the anaesthetist visited the patient. The consent was not checked by any of the doctors.

In the theatre, Team Time Out was led by the circulating nurse. The surgeon and registrar were scrubbing outside the room. The Team Time Out process referred to the consent form and the intended mastectomy.

The next morning, the patient asked the registrar why she still had her right breast as she had discussed with the surgeon how difficult it would be for her to travel to the city for radiotherapy if only a lumpectomy was performed.

Arrangements were made to complete the procedure that afternoon.

ACTION REQUIRED

- The senior proceduralist must verbally confirm the planned procedure matches the consent.
- Team Time Out is the responsibility of each and every member of the procedural team

Case 3

Confirming the Procedure Matches the Consent and Reviewing Essential Imaging

A patient with a long history of back pain presented for a right partial discectomy at L3-4. The patient was anaesthetised without any surgical marking.

The procedural team used the patient's x-rays but did not realise the x-rays had been placed backwards on the viewing box. The surgeon left the room and the registrar exposed the vertebral body and performed a left hemi-discectomy.

The surgeon returned at the end of the operation and discovered the procedure had been performed on the wrong side. The correct operation was then undertaken.

The patient commenced litigation, claiming new symptoms had emerged as a consequence of the unplanned surgery on the left side.

ACTION REQUIRED

- The senior proceduralist led team must verbally confirm the planned procedure and the side of the procedure matches the consent.
- Team Time Out is the responsibility of each and every member of the procedural team.

Case 4

Confirming the Procedure Matches the Level

An elderly patient was brought in by ambulance to a tertiary hospital ED with a history of progressive motor loss and sensation to both legs, progressing to incontinence in the previous three weeks. The patient was admitted and underwent T10-T11 laminectomy spinal decompression surgery.

The patient was discharged and appeared to be improving for a short period however, began to deteriorate once again with motor loss and sensation to both legs.

It was identified that the patient had not had T10-T11 laminectomy as planned, but had T11-T12 laminectomy.

The patient was re-admitted to the tertiary hospital and underwent T10-T11 laminectomy.

ACTION REQUIRED

- The senior proceduralist led team must verbally confirm planned procedure and the level for the procedure matches the consent.
- Team Time Out is the responsibility of each and every member of the procedural team.

Case 5

Marking the Procedure Site

A patient presented to the ED with a history of right index finger swelling following a fishing incident; sea urchin spikes were lodged in fingers on the right hand.

On examination, the finger was swollen and tender. IV antibiotics were administered. An x-ray of the right hand was performed and identified a spike in the right index finger. Surgery was planned for the following day and consent was obtained for the right index finger.

Immediately before the procedure Team Time Out was performed by the surgical team, however the limb was not marked. The area was prepared and the limb remained unmarked.

Surgery commenced on the right middle finger and identified as the incorrect finger. Surgery was stopped and the correct site

(right index finger) identified. The urchin spike was removed from the correct finger.

ACTION REQUIRED

- The senior proceduralist led team must verbally confirm the planned procedure is consistent with the site documented in the consent and imaging.
- Team Time Out is the responsibility of each and every member of the procedural team.

Case 6

Marking the Procedure Site

A patient was admitted for repair of epigastric hernia and repair of left inguinal hernia. Team Time Out was conducted with all members of the procedural team present. The site was not marked.

The surgeon dissected the epigastric hernia first and then proceeded to repair the right inguinal hernia. The surgeon noted the right inguinal hernia was very small, so proceeded to check the patient's health care record at which time it was realised that the consent was for repair of left inguinal hernia.

The patient remained in-theatre, was re-anaesthetised and repair of left inguinal hernia performed.

ACTION REQUIRED

- The senior proceduralist led team must verbally confirm the planned procedure and the side of the procedure matches the consent.
- Team Time Out is the responsibility of each and every member of the procedural team.

Case 7

Planned Procedure Matches the Consent

A patient was booked for the release of left little trigger finger. Team Time Out called when surgeon was not in the theatre.

The wrong procedure (carpal tunnel procedure) was commenced by the surgeon. The anaesthetist informed the surgeon of the correct procedure.

The consent form was reviewed by the surgeon. First incision wound was sutured and the correct procedure was completed.

ACTION REQUIRED

- The senior proceduralist led team must verbally confirm the planned procedure matches the consent.
- Team Time Out is the responsibility of each and every member of the procedural team.

Case 8

Procedure Matches Consent

A patient was admitted for surgical removal of a basal cell carcinoma from the right scalp/forehead. The site was marked during Team Time Out. The procedure was performed and the patient was transferred to recovery.

While in recovery the patient noted that hair had not been clipped as advised by the surgical team.

The procedural team was informed and they identified that the incorrect lesion was removed.

ACTION REQUIRED

- The senior proceduralist led team must verbally confirm the planned procedure site matches the consent.
- Team Time Out is the responsibility of each and every member of the procedural team.

Case 9

Procedure Side Matches Consent

A patient was admitted for cystoscopy, left ureteroscopy, left retrograde pilogram, laser to stone and insertion of stent in left kidney.

Team Time Out was conducted with all members of the procedural team present, including the surgeon. The surgeon went on to perform the operation on the right kidney.

The error was identified in the recovery ward. The patient was then returned to the operating theatre to have the procedure on the left kidney.

ACTION REQUIRED

- The senior proceduralist led team must verbally confirm the planned procedure and side matches the consent.
- Team Time Out is the responsibility of each and every member of the procedural team.

Case 10

Procedure Side Matches Consent

The pre-operative preparation of the patient was complete by early morning. Shortly after, the ward was notified that the patient had been rescheduled for surgery at midday.

Later that morning the consent for a left deceased donor renal transplant was attended but the site was not marked.

The patient was transferred to the operating theatre in the afternoon and checked in. Sign In recorded the site as marked.

The patient was taken into the operating room, where the Team Time Out checklist noted the site was not marked.

At this point there was a delay in commencement of the procedure as the deceased donor kidney was not adequately prepared for transplantation so some members of the procedural team left the operating room.

Team Time Out was not repeated on return of the procedural team to the operating theatre, nor before the surgeon commenced a skin incision on the right iliac fossa (verbalising same), at which point the error was realised by one of the proceduralists present.

A verbal check of the planned incision site was conducted with the correct side being attended.

ACTION REQUIRED

- The senior proceduralist led team must verbally confirm the planned procedure and side matches the consent.
- Team Time Out is the responsibility of each and every member of the procedural team.