A SUSTAINED PRACTICE CHANGE: NURSING DILIGENCE DECREASES CONSENT DISCREPANCIES AND INCREASES PATIENT SAFETY

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In 2010, a route cause analysis (RCA) was completed for a near miss, wrong side surgery event identified by an RN on the day of surgery (DOS) at a The Children's Hospital of Philadelphia (CHOP). The patient was re-consented and the procedure proceeded without incident. Following the RCA, CHOPs Patient Safety Committee commissioned a multidisciplinary committee to make recommendations for improvement of practice.

The objective was to evaluate the prevalence and causes of discrepant consents and identify opportunities for improvement that will enable a safe, accurate, and reliable communication of planned surgery to all care givers.

Nurses were asked to review the clinical record and consent against the surgical booking looking for discrepancies in laterality, site, procedure or issues with legibility. ISBARQ formatted emails were sent directly to the attending requesting clarification. Responses were reviewed and causes noted; scheduling error, consent error, limitation in electronic scheduling system or no discrepancy found.

In each of the three years of data, discrepant procedures and laterality were the most prevalent areas for risk (>80%) with scheduling error the most common cause (85%). The number of emails has decreased by more than 45% and responses increased 17%. The systematic collaboration between nursing and surgery to clarify these potentially high risk discrepancies prior to the day of surgery has significantly improved patient safety and readiness on the DOS.

Perianesthesia nursing care of a patient begins with the review of the patient chart. Nursing's understanding of the entire perianesthesia process is essential to safe patient readiness.