

Retained Surgical Items: Building a Culture of Safety

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Introduction

Retained surgical items (RSI) can emotionally impact the health care team. Most studies have examined the emotional impact on physicians and this negative effect has been termed the “second victim syndrome.” A systematic review of RSI consequences noted several studies in which RSIs led to physician anxiety, guilt, sadness, shame/embarrassment, anger, and fear of litigation which contributed to a reluctance to disclose RSIs. These handful of reports reveal potential emotional consequences for physicians, but no studies were found in the literature that examined the emotional impact of RSIs on surgical nurses and other surgical staff.

Aims

Examine the confidence in competence and emotional health related to PRSI practices. The study also aims to evaluate the emotional health as well as the personal and professional effects being involved in an RSI event has on the health care worker. There is significant psychological morbidity experienced by the healthcare team with an RSI. The intervention will help staff to increase their comfort, competence, and knowledge of managing intraoperative events related to RSIs, which will help them to better cope with an RSI.

Design and Setting

This quality improvement, cohort, quasi-experimental study will take place at the main City of Hope and the Orange County campuses.

Sample

The convenience sample will be comprised of the OR staff and physicians.

Procedures

All eligible staff at the two campuses will be recruited via announcements at team huddles, staff meetings, and through an email invitation. Responses will be anonymous and without identifiers

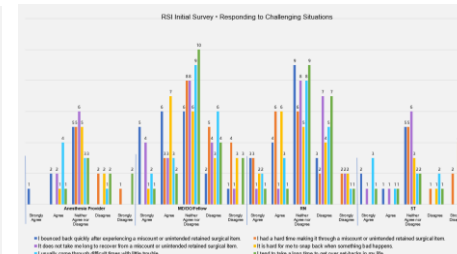
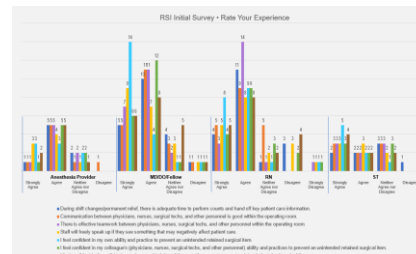
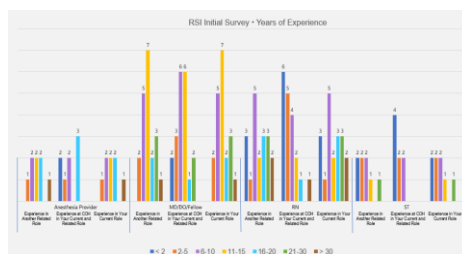
Instruments

The survey is comprised of 24 items: 4 demographic questions, 9 questions about their perceptions of the culture of safety in the OR, 5 questions about their personal experiences with RSI, and 6 questions regarding their perceptions about how they respond to challenging situations, i.e., resilience (3 specific to RSI, 3 general questions about challenging situations).

Demographic and Personal Experience with Miscounts:

These surveys were developed by the survey team to gather information about staff's personal experience with RSIs as no surveys were found in the literature. The 4 demographic questions include identification of role, years' experience in current role, years' experience in another related role, and years' experience at City of Hope. The 5 miscout questions examine personal experiences with miscounts during their career.

Baseline Data



Analysis

We will use descriptive statistics including means and percentages to describe the demographics of the sample. To compare baseline to post-intervention perceptions about safety and RSI, we will use independent t-tests.

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How Has Your Practice Changed, Evolved, or been Impacted by an RSI Event?

