Safety Action Series
Prevention of Retained Vaginal Sponges After Birth Patient Safety Bundle Presentation
Speakers

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Disclosures

➢ John Keats, MD, CPE has no real or perceived conflicts of interest.

➢ Jennifer Frost, MD has no real or perceived conflicts of interest.
Objectives

➢ Provide an in-depth overview of the Prevention of Retained Vaginal Sponges After Birth Patient Bundle.

➢ Take a look at the processes, methods, and tools that were used to develop the bundle.

➢ Give suggestions for how to effectively implement and utilize the bundle within your organization.

➢ Identify resources to customize the bundle for use within your organization.
Prevention of Retained Vaginal Sponges After Birth

Multispecialty Team

– Alfred Abuhamad, MD
– Paul Gluck, MD
– John Keats, MD
– Sandra Koch, MD
– Barbara Levy, MD
– Samuel Smith, MD
– George Wendel, MD
4 Domains of Patient Safety Bundles

- Readiness
- Recognition
- Response
- Reporting/Systems Learning
Every unit

- Educate all members of the health care team on the importance of preventing retained vaginal sponges.
- Educate all members of the health care team on proper counting and documentation techniques.
- Establish a process for preventing retained vaginal sponges in every birth setting that includes role assignments for all members of the health care team. Use sponge detection system (e.g. pelvic x-ray with radiopaque sponges or radio-frequency identification) when available.
Readiness: Every Unit

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Readiness: Every Unit

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Readiness: Every Unit

- Establish a process for preventing retained vaginal sponges in every birth setting that includes role assignments for all members of the health care team. Use sponge detection system (e.g. pelvic x-ray with radiopaque sponges or radio-frequency identification) when available.
RECOGNITION & PREVENTION

Every patient

- Perform opening count of all vaginal sponges and record the count in the birth record and in a location visible by all members of the health care team. *
- Place all used sponges into a separate receptacle or area of table for ease of retrieval during closing count.
- Perform closing count of all vaginal sponges and record the count in the birth record.
- Confirm absence of sponges in the vagina through validation of correct closing count and visual examination/inspection of the vagina and document in the birth record.

*In the event of a precipitous birth, the initial count should be performed immediately after birth before items on table are disturbed (except items immediately necessary for birth).
Recognition: Every Patient

• Perform opening count of all vaginal sponges and record the count in the birth record and in a location visible by all members of the health care team.*

*In the event of a precipitous birth, the initial count should be performed immediately after birth before items on table are disturbed (except items immediately necessary for birth).
Recognition: Every Patient

- *Place all used sponges into a separate receptacle or area of table for ease of retrieval during closing count.*
Recognition: Every Patient

- *Perform closing count of all vaginal sponges and record the count in the birth record.*
Recognition: Every Patient

- **Confirm absence of sponges in the vagina through validation of correct closing count and visual examination/inspection of the vagina and document in the birth record.**
RESPONSE

To an incorrect closing count

- Conduct recount of used sponges, carefully search room (all drapes, kick buckets, and linens), and explore vagina, paying attention to vaginal fornices to identify missing sponges.
  - If missing sponge is located, record correct closing count in birth record.
  - If missing sponge remains unaccounted for, utilize sponge detection system to rule out retained sponge.
    - If missing sponge is located, record correct closing count in birth record.
    - If missing sponge is not located, or in settings where sponge detection systems are unavailable, record the closing count as incorrect in the birth record and inform the patient of discrepancy in count.
Response: To an incorrect closing count

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    - If missing sponge is not located, or in settings where sponge detection systems are unavailable, record the closing count as incorrect in the birth record and inform the patient of discrepancy in count.
REPORTING/SYSTEMS LEARNING

Every unit

- Establish a culture of safety and accountability in every birth setting.
- Develop a process for effectively documenting the sponge count for every birth and informing patient of discrepancies in count.
- Conduct multidisciplinary review of cases of retained vaginal sponge.
- Monitor outcome and process metrics.
Reporting: Unit

• Establish a culture of safety and accountability in every birth setting.
Reporting : Unit

• *Develop a process for effectively documenting the sponge count for every birth and informing patient of discrepancies in count.*
Reporting : Unit

• *Conduct multidisciplinary review of cases of retained vaginal sponge.*
Reporting: Unit

- Monitor outcome and process metrics.
Supporting Resources

READINESS

RECOGNITION
- Policy for Prevention of a Retained Sponge after Vaginal Delivery. Case Reports in Medicine 2012
- Hospital Council of Northern & Central California. Surgical Safety: Preventing Retained Surgical Items

RESPONSE

REPORTING/SYSTEMS LEARNING
- Centers for Medicare and Medicaid Services. Hospital Inpatient Quality Reporting (IQR) Program Measures
- The Joint Commission Sentinel Event Alert: Preventing Unintended Retained Foreign Objects. The Joint Commission October 2013;
Q&A Session

Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Next Safety Action Series

Postpartum Care Basics for Maternal Safety: Transition from Maternity to Well-Woman Care Patient Safety Bundle Presentation

March 29, 2018
2:00 p.m. Eastern

Susan Kendig, JD, WHNP-BC, FAANP
Women’s Health Integration Specialist, SSM Health-St. Mary’s Hospital, St. Louis, MO
Director of Policy, National Association of Nurse Practitioners in Women’s Health

Renee Carter, MD
Internist,
Department of Internal Medicine
Virginia Commonwealth University Health, Richmond VA

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