



Minnesota Hospital Association

SAFE ACCOUNT Road Map 2.0

*Preventing the Retention of Tucked
and Packed Items*



Road Map to a SAFE ACCOUNT Program



Tucked/Packed Items			
Topic	Audit Questions	Yes	No
SAFE components	1a) Senior Leadership has set clear expectations for effective completion of the ACCOUNT best practices for tucked and packed items.	<input type="checkbox"/>	<input type="checkbox"/>
	1b) The facility's policies and procedures address the ACCOUNT best practices for tucked and packed items and include expectations for following the practices.	<input type="checkbox"/>	<input type="checkbox"/>
	1c) Senior Leadership has set clear expectations that the full surgical team is accountable for preventing the unintentional retention of tucked and packed items.	<input type="checkbox"/>	<input type="checkbox"/>
	1d) Effective completion of the ACCOUNT practices for tucked and packed items is audited through observational audits on an on-going basis.	<input type="checkbox"/>	<input type="checkbox"/>
	1e) The facility conducts a review of the overall SAFE ACCOUNT roadmap best practices at least annually to sustain implementation of best practices.	<input type="checkbox"/>	<input type="checkbox"/>
	1f) The facility has a clearly defined process for speaking up and "stopping the line" if a potential safety issue has been identified by staff. The process clearly outlines:		
	• When to stop the line;	<input type="checkbox"/>	<input type="checkbox"/>
	• How to stop the line, e.g. "I need clarity";	<input type="checkbox"/>	<input type="checkbox"/>
	• The chain of command to follow if not supported in stopping the line;	<input type="checkbox"/>	<input type="checkbox"/>
• Clear communication to staff from managers and leadership that staff will be supported if they speak up.	<input type="checkbox"/>	<input type="checkbox"/>	
Tucked Items - Placement (soft goods placed inside the patient that are intended to be removed prior to end of procedure)	The facility has a standardized process, and clearly assigned responsibilities, in place to track the placement of tucked items during procedures that includes:		
	2a) A preformatted whiteboard, or other standardized, preformatted record, to track the presence, location, type and number of tucked items.	<input type="checkbox"/>	<input type="checkbox"/>
	2b) Verbal communication by surgeon of the placement, location, type and number of any item(s) placed during the procedure intended to be removed before the end of the procedure.	<input type="checkbox"/>	<input type="checkbox"/>
	2c) Verbal confirmation by the circulator or scrub person that a tucked item has been placed.	<input type="checkbox"/>	<input type="checkbox"/>
	2d) Placement, location, type and number of tucked items are tracked on the whiteboard or tracking sheet.	<input type="checkbox"/>	<input type="checkbox"/>
	2e) Only radiopaque, counted items are used as tucked items (<i>towels must also be radiopaque if used for tucking</i>).	<input type="checkbox"/>	<input type="checkbox"/>

Topic	Audit Questions	Yes	No
Tucked Items - Removal	3a) A standardized process, and clearly assigned responsibilities, is in place for the removal of any tucked items listed on the whiteboard or count sheet prior to the end of the procedure.	<input type="checkbox"/>	<input type="checkbox"/>
	3b) The person responsible for removal of tucked item(s) removes the item(s) and removal is tracked on the whiteboard or count sheet.	<input type="checkbox"/>	<input type="checkbox"/>
	3c) A reconciliation process is in place for any discrepancies noted before, during or after the procedure.	<input type="checkbox"/>	<input type="checkbox"/>
Packed Items - Placement <i>(intentionally placed soft goods intended to be removed after the patient leaves the operating room – the most commonly retained packed item is vaginal packing placed as part of a GYN surgical procedure)</i>	The facility has a standardized process, and clearly assigned responsibilities, in place to track the placement of packed items during procedures that includes:		
	4a) The facility has a preformatted whiteboard, or other standardized, preformatted record, to track the presence, location, type and number of any packed items placed during the procedure.	<input type="checkbox"/>	<input type="checkbox"/>
	4b) Verbal communication by surgeon of the placement, location, type and number of any item(s) placed during the procedure intended to be removed after the patient leaves the operating room.	<input type="checkbox"/>	<input type="checkbox"/>
	4c) Verbal confirmation by the circulator or scrub person that a packed item has been placed.	<input type="checkbox"/>	<input type="checkbox"/>
	4d) Placement, location, type and number of packed items are tracked on the whiteboard or tracking sheet.	<input type="checkbox"/>	<input type="checkbox"/>
	4e) Only radiopaque items are used for packing (when available).	<input type="checkbox"/>	<input type="checkbox"/>
	4f) If radiopaque options are not available for packing, the item has a tail or other visible indicator.	<input type="checkbox"/>	<input type="checkbox"/>
	4g) Documentation of the placement, location, type and number of packed items is entered in a manner that it can be accounted for at the end of the case (e.g., note in patient's chart; flag in EHR).	<input type="checkbox"/>	<input type="checkbox"/>
	4h) The presence of packed items, and plan for communication to the next phase of care, is reviewed during the case debriefing/end of case.	<input type="checkbox"/>	<input type="checkbox"/>
4i) The presence of packed items is communicated to the next caregiver, including verbally communicating the presence of packed items during hand-off.	<input type="checkbox"/>	<input type="checkbox"/>	
Packed Items - Removal	The facility has a standardized process, and clearly assigned responsibilities, in place to track the removal of packed items placed during procedures that include:		
	5a) An order is written by the physician for packing removal, indicating; type, number, and location of packed item(s), and instructions, including timing, or conditions that need to be met, for removal.	<input type="checkbox"/>	<input type="checkbox"/>
	5b) Orders/instructions for removal of packed items are made available to staff responsible for removal of items prior to discharge (e.g., readily accessible to staff in EHR).	<input type="checkbox"/>	<input type="checkbox"/>
	5c) Responsibility is assigned to document the presence of packed items and communicate this information during hand-off to post-procedure staff.	<input type="checkbox"/>	<input type="checkbox"/>
	5d) Responsibility is assigned to document the presence of packed items and communicate this information during hand-off from post-procedure staff to the floor, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
	5e) Patients/families are educated on expectations for removal of any items intentionally and temporarily retained.	<input type="checkbox"/>	<input type="checkbox"/>
	5f) A standardized process, and clear accountability, is in place for removal of the item post- procedure. <i>For example: A flag is placed in the medical record, visible across departments, and is present until the packing is removed.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Topic	Audit Questions	Yes	No
	5g) Person responsible for removal of packed item(s) removes the item(s) and documents removal.	<input type="checkbox"/>	<input type="checkbox"/>
	5h) Responsibility is assigned to communicate the presence of packed materials to follow-up provider for removal of packing after discharge, if applicable, e.g., discharge instructions, patient information card, flag in EHR.	<input type="checkbox"/>	<input type="checkbox"/>
Throat Packs/Bite Blocks	6a) The facility has a formalized process in place, with clearly assigned responsibility, for documenting, verifying and communicating placement and removal of throat packs and bite blocks.	<input type="checkbox"/>	<input type="checkbox"/>