Road Map to Preventing Retained Objects in Vaginal Deliveries
### Road Map to Preventing Retained Objects in Vaginal Deliveries

**SAFE COUNT** based on the ICSI Retained Object Protocol and Adverse Health Event Learnings

<table>
<thead>
<tr>
<th>SAFE COUNT Component</th>
<th>Specific Action(s)</th>
<th>SAFE COUNT Audit Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAFE COUNT Teams</strong></td>
<td>1) Provide support and expectations for SAFE COUNT champions.</td>
<td>1a) Senior Leadership has identified a physician champion(s) for SAFE COUNT.</td>
</tr>
<tr>
<td></td>
<td>2) Adopt an interdisciplinary team approach to SAFE COUNT with a designated coordinator to oversee implementation.</td>
<td>2a) The facility has a designated coordinator to oversee SAFE COUNT implementation (e.g., schedule team meetings, plan staff education).</td>
</tr>
<tr>
<td><strong>Access to Information</strong></td>
<td>1) Verify the completion of each step of the COUNT process in “real-time”.</td>
<td>2a) The facility has a process in place to real-time documentation of the completion of the COUNT process.</td>
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<td></td>
<td>2) Audit the effective completion of the COUNT process.</td>
<td>2b) The facility has a process in place to audit the completion of the COUNT steps through chart audits.</td>
</tr>
<tr>
<td><strong>Facility Expectations</strong></td>
<td>1) Set expectations for implementation of the COUNT process for any vaginal delivery.</td>
<td>1a) The facility’s medical staff policies address the COUNT process and include expectations for following the process.</td>
</tr>
<tr>
<td></td>
<td>2a) Senior Leadership has set clear expectations for effective completion of the COUNT process as part of any vaginal delivery.</td>
<td>1a) The facility has a process in place to document the number and type of sponges/soft goods that the radiographic-detectible indicator is present.</td>
</tr>
<tr>
<td></td>
<td>2b) The facility’s medical staff policies address the COUNT process and include expectations for following the process.</td>
<td>2b) The facility’s counting process includes:</td>
</tr>
<tr>
<td><strong>Educate Staff</strong></td>
<td>1) Provide SAFE COUNT education for all clinical staff involved in vaginal deliveries.</td>
<td>1) The facility requires that two people perform the count – at least one is an RN.</td>
</tr>
<tr>
<td></td>
<td>2a) The individuals involved in the counting of sponges and sharps are trained in performing the counting process.</td>
<td>2b) The facility requires that two people perform the count immediately before the delivery pack is used (baseline), at the end of the delivery, any time there is concern about the accuracy of the count, and after a permanent staff change of a L&amp;D nurse during a case.</td>
</tr>
<tr>
<td></td>
<td>2b) Education on the COUNT process is provided for all clinical staff involved in vaginal deliveries.</td>
<td>2c) Used sharps are counted as each sharp is placed into the needle box by the physician/nu-rse midwife.</td>
</tr>
</tbody>
</table>

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### Road Map to Preventing Retained Objects in Vaginal Deliveries

**SAFE SITE** based on the ICSI Retained Object Protocol and Adverse Health Event Learnings

<table>
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<th>Specific Action(s)</th>
<th>SAFE SITE Audit Questions</th>
</tr>
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<tbody>
<tr>
<td><strong>Count sponges, sharps and misc. items</strong></td>
<td>1) Perform the general counting processes following best practices.</td>
<td>1a) The labor and delivery room has a designated basin for all used sponge/soft goods.</td>
</tr>
<tr>
<td></td>
<td>2) Perform specific steps of the counting process following best practices.</td>
<td>1b) The facility requires that two people perform the count – at least one is an RN.</td>
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<tr>
<td></td>
<td>3) Maintain an optimal environment for accurate counting.</td>
<td>1c) The facility requires that both individuals directly view and verbally count each item.</td>
</tr>
<tr>
<td></td>
<td>4) Safely manage equipment and miscellaneous items.</td>
<td>1d) The facility has a process in place to perform a count immediately before the delivery pack is used (baseline), at the end of the delivery, any time there is concern about the accuracy of the count, and after a permanent staff change of a L&amp;D nurse during a case.</td>
</tr>
<tr>
<td></td>
<td>5) Manage counting for precipitous deliveries.</td>
<td>1e) The facility has a process in place to perform a time-out at end of delivery – performing a final visual inspection and ensuring counts are correct.</td>
</tr>
</tbody>
</table>

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1) The facility requires manual inspection be performed if the count is not reconciled. |
1b) The facility requires post-delivery imaging to be obtained if, following manual inspection (or a manual inspection cannot be performed), the count is not reconciled. |
1a) The facility has a process in place to document the number and type of sponges/soft goods, sharps and miscellaneous items on a preformatted whiteboard or other standardized, preformatted documentation record.

**Use of white board or other visual documentation**

Never use anything but radiopaque

**Time-out - “Pause for the Gauze”**

1) Perform final checks. |
1a) The facility requires that sponges/soft goods with radiopaque markers are the only soft goods present on the delivery field. |
1b) The facility requires that RayTec/ClapPTerm sponges are not out in process. |
1c) The facility requires that Radiopaque sponges/soft goods used in the genital tract have a detection “tail” that can be clipped to the patient's drapes. |
1d) The facility has a process in place to perform a visual verification of sponges/soft goods that the radiographic-detectible indicator is present.

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SAFE COUNT Component

Specific Action(s)

SAFE COUNT Audit Questions

1) Provide support and expectations for SAFE COUNT champions.
2) Adopt an interdisciplinary team approach to SAFE COUNT with a designated coordinator to oversee implementation.

1a) Senior Leadership has identified a physician champion(s) for SAFE COUNT.
2a) The facility has a designated coordinator to oversee SAFE COUNT implementation (e.g., schedule team meetings, plan staff education).
2b) Individual (nurse) in the COUNT process are clearly defined and documented.

SAFE SITE Component

Specific Action(s)

SAFE SITE Audit Questions

1) Perform the general counting processes following best practices.
2) Perform specific steps of the counting process following best practices.
3) Maintain an optimal environment for accurate counting.
4) Safely manage equipment and miscellaneous items.
5) Manage counting for precipitous deliveries.

Count sponges, sharps and misc. items

1b) Education on the COUNT process is provided for all clinical staff involved in vaginal deliveries.
1a) Senior Leadership has identified a physician champion(s) for SAFE COUNT.
2a) The facility requires that patients perform the count – at least one is an RN.
2b) The facility requires that both individuals directly view and verbally count each item.
2c) The facility has a process in place to perform a count immediately before delivery pack is used (baseline), at the end of delivery, any time there is a concern about the accuracy of the count, and after a permanent staff change of L&D nurse during a case.
2d) The facility has a reconciliation process in place for any count discrepancy.
3a) The facility has a process in place to audit the completion of the baseline and final count.
3b) The facility has a process in place to audit the effective completion of the COUNT process as part of any vaginal delivery.
3c) The facility requires that the physician in charge of the case remains in the room during the delivery until after the final count has been performed and reconciled.
3d) The facility has a process in place to manage body fluids during the delivery.
3e) The facility requires that the count start over if the counting process is interrupted.
3f) The facility requires that the order in which the case remain in the room until the count is complete and reconciled.
4a) The facility has a process in place to manage misc. items.
4b) The facility requires that someone is assigned to ensure equipment used in the case is intact prior to and following the completion of a case.
4c) The facility has a process in place to perform a visual verification of the baseline of any count discrepancy.
5a) The facility has a process in place to document the number and type of sponges/sharps, sharps and miscellaneous items on a preformatted whiteboard or other standardized, preformatted documentation record.

Obtain post-delivery imaging

1) Visually document counts.
2) Ensure that imaging is obtained following the counting process.
3) Ensure that imaging is obtained following radiopaque soft goods and sharps.
4) Ensure that imaging is obtained following the use of all items.
5) Ensure that imaging is obtained following the final count.

Use of white board or other visual documentation

1) Routinely use the whiteboard.
2) Routinely use other visual documentation.
3) Routinely use radiopaque soft goods.

Time-out - “Pause for the Gauze”

1) Perform final checks.
2) Complete the time-out process.
3) Use only radiopaque soft goods.
4) Use only visible sponges/sharps.
5) Manage counting for precipitous deliveries.

Access to information

Facility Expectations

Educate Staff

1) Provide SAFE COUNT education for all clinical staff involved in vaginal deliveries.
2) Set expectations for implementation of the COUNT process for any vaginal delivery.
3) Educate on the COUNT process is provided for all clinical staff involved in vaginal deliveries.

1a) The facility has a process in place for real-time documentation of the completion of the COUNT process.
2a) The facility has a process in place to audit the completion of the COUNT steps through chart audits.
2b) The facility has a process in place to audit the effective completion of the COUNT process through observational audits.
1b) The facility requires that patients perform the count – at least one is an RN.
1c) The facility requires that both individuals directly view and verbally count each item.
1d) The facility has a process in place to perform a count immediately before delivery pack is used (baseline), at the end of delivery, any time there is a concern about the accuracy of the count, and after a permanent staff change of L&D nurse during a case.
1e) The facility has a process in place to audit the completion of the baseline and final count.
2a) The facility requires that the physician in charge of the case remains in the room during the delivery until after the final count has been performed and reconciled.
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PATIENT CARE BUNDLE

INFRASTRUCTURE
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