



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/03/2010
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NAME OF PROVIDER OR SUPPLIER UCSF MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 505 PARNASSUS AVENUE, SAN FRANCISCO, CA 94143 SAN FRANCISCO COUNTY
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	<p><b>Continued From page 1</b></p> <p>nurse, after they are counted.</p> <p>4. CT scan- A sectional view of the body constructed by computed tomography.</p> <p>5. Enteric- Relating to the intestines.</p> <p>6. Exploratory laparotomy- Also "exploratory lap" or "ex lap". A surgical opening of the abdomen for exploration and examination of body organs and tissue.</p> <p>7. Gross diagnosis- A determination or diagnosis made by using the naked eye instead of a microscope.</p> <p>8. Laparotomy sponge- Also "lap sponge" or "lap tape". An absorbent pad constructed of gauze and cotton with an embedded radiopaque fiber used to absorb fluids and blood in surgery.</p> <p>9. Omentum- A double fold of peritoneum (the membrane covering the abdominal organs and lining the abdominal cavity) attached to the stomach and connecting it with the abdominal organs.</p> <p>10. OR- Operating room.</p> <p>11. Radiopaque- An entity that is impenetrable to x-rays or other radiation.</p> <p>12. Ray-tec- A brand name for a 4x4 or 4x8 gauze sponge with an embedded radiopaque fiber. Also referred to as "raytex" sponges.</p> <p>13. RN-Registered Nurse</p> <p>14. Scrub- Refers to the surgical technician or RN who is responsible for directly maintaining the sterile field where the operation is taking place, and for delivering the sterile instruments, supplies and equipment directly to the surgical team.</p> <p>15. ST- Surgical technician or surgical technologist. The unlicensed member of the surgical team. See #14, "scrub".</p>		<p>education reiterated the requirement that the manual scan out process should only be used if a sponge is damaged and cannot be read by the scanner, a manual entry should never be made if the sponge has not been located. The education also included policy requirements around the verbal confirmation of an accurate count with the surgeon (e.g. confirmation should not take place until all sponges are placed in the clear hanging bag). In addition to the all-staff education, the staff involved with the event were individually re-educated on the policy requirements. The performance of the circulating RN was monitored following this re-education to confirm compliance with the policy. All RNs and Surgical Techs in the OR are required to complete an annual competency on the count procedure. This competency has been revised to include a requirement for a 2 person (circulator and scrub) check of the correct sponge number before any manual entry into the Surgicount</p>	2/25/10
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Event ID: UN0V11	8/26/2010	12:49:28PM
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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	<p><b>Continued From page 4</b></p> <p>received fresh and additionally labeled 'retained sponge, foreign body', and consists of a single, un-oriented, 25x25x0.4 cm blood tinged sponge cloth with a thin fabric mesh. This part is for gross diagnosis only."</p> <p>On 6/2/10, the hospital "Counts: Instruments, Sponges, Needles and Small Items" policy and procedure was reviewed. The procedure to be followed included the following:</p> <p><b>Breaks/Lunch Relief and Permanent Relief</b> "All incoming personnel must be present and participate in change of shift counts. The incoming staff will do the counts while the outgoing team will continue the procedure."</p> <p><b>Discarding Sponges From the Sterile Field</b></p> <ol style="list-style-type: none"> <li>1. "Sponges will be discarded in a ring stand basin/bucket.</li> <li>2. Scanners and hanging sponge counter bag systems are used for all cases requiring a sponge count.</li> <li>3. Sponges are scanned out and placed in the counter bags on an ongoing basis throughout the case. Do not allow sponges to accumulate in the ring stand basin/bucket.</li> <li>4. The circulating nurse will separate the raytex and laparotomy sponges before placing them in the appropriate sponge bag counter pocket with the radiopaque indicator visible.</li> <li>5. When a sponge counter bag is filled with 10 laps or 10 Cratex, the scrub and circulator together will verbally, audibly and simultaneously count them before putting an empty bag in front of a filled one."</li> </ol>		<p>sponge has not been located. The education also included policy requirements around the verbal confirmation of an accurate count with the surgeon (e.g. confirmation should not take place until all sponges are placed in the clear hanging bag). In addition to the all-staff education, the staff involved with the event were individually re-educated on the policy requirements. The performance of the circulating RN was monitored following this re-education to confirm compliance with the policy. All RNs and Surgical Techs in the OR are required to complete an annual competency on the count procedure. This competency has been revised to include a requirement for a 2 person (circulator and scrub) check of the correct sponge number before any manual entry into the Surgicount scanner.</p> <p><b>Monitoring:</b> Compliance with the policy "Counts: Instruments, Sponges, Needles and Small Items," specifically, the use of the Surgicount system, is being monitored through monthly audits</p>	<p>2/25/10</p> <p>8/30/10</p> <p>8/30/10</p>

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	<p><b>Continued From page 5</b></p> <p><b>Bar-Coded Assisted Counting</b> "The SurgiCount Safety Sponge system is utilized on all surgical cases requiring a sponge count. All counted sponges will also be counted both manually and electronically by the scrub and by the circulator."</p> <p><b>Initial Count Out</b> 1. "Mount the scanner on the IV pole in the holster. Change screen to count out screen by tapping the "count out" box to activate the constant scanning mode. Don unsterile gloves and personal protective equipment. 2. Scan all discarded sponges from the sterile field as soon as possible separating and scanning the data matrix tags individually. 3. Place sponges in the hanging counter bag."</p> <p><b>Final Count Out</b> 1. "Follow the same sequence as initial count out. 2. Two sponges may be kept on the sterile field for patient cleanup during the final manual count. Sponges kept on the sterile field after final manual count must be scanned by either the circulator or scrub and placed in the hanging counter bag prior to the patient leaving the room. 3. Do not confirm final until all sponges are off the sterile field, scanned and in the hanging counter bag. 4. Confirm correct count when manual final count, written count and electronic count are identical. 5. Initiate corrective actions as stated in count policy."</p>		<p>of the Surgicount scanners. Ten scanners per month are reviewed to identify if any manual entries occurred. Manual entries that are found are examined to confirm that proper documentation is present (e.g. RN initials, reason for manual entry and completion of an Incorrect Count Form.) Results of the audits will be reviewed by Perioperative Leadership. The Perioperative Division has also increased the frequency of the routine observational audits conducted in the OR. Observational audits monitor compliance with all aspects of the "Count" policy. Audits have been increased to at least 10 per month. Deviations from policy will be addressed immediately with the staff involved and re-education provided. Audits will continue for six months, after which time the plan for continued monitoring will be reviewed by Perioperative Leadership.</p> <p><b>Responsible Party:</b> Director of Perioperative Services, Chief Nursing Officer <b>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</b></p>	

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L & C DIVISION  
DAILY CITY

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	<p><b>Continued From page 6</b></p> <p>"If the scanner manual entry function is used for any sponge, document the reason on a Report of Incorrect Count form and document the scanner issue and the scanner number."</p> <p>"At a permanent change of relief, the number of sponges in the 'closed' counters are physically reviewed using visual and audible communication between the circulating nurses changing positions before the relieved nurse departs the OR."</p> <p>A 6/2/10 review of the Surgicount Scanner report dated 6/1/10, "Start Time: 08:11:18" revealed that all items had not been confirmed with a manual count, and that one 18x18 lap sponge, labeled "B49Z49", had been manually counted at 11:31:47, which was indicated by a "*" next to the time. Under the "Notes" section of the report, timed 11:31:55, was the notation: "Please explain reason for manually counting items." The section was left blank.</p> <p>According to an interview with the hospital regulatory affairs RN on 6/1/10 at 1:25 p.m., the operating room had been using the Surgicount System since 3/07 and the OR staff were very familiar with its use.</p> <p>During an interview at 1:35 p.m. on the same date, RN 1 told surveyors that she had done the first count with ST 1. She explained that the technician holds the sponges, which are individually barcoded, under the scanning device, which is held by the circulating nurse. She said she remembers scanning 18x18 lap sponges on the day of Patient</p>			

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	<p><b>Continued From page 7</b></p> <p>1's first surgery, but did not recall seeing 25x25 sponges in the operating room.</p> <p>She stated, "Around 10:55 a.m. I knew I was due for a lunch break at 11 a.m. and was doing/getting ready to count with ST 1. We were missing one, because we had 39 sponges. I told Surgeon 1 we needed to look for it. There was a lap sponge on the floor in between the steps (step up lifts that are placed one on top of another to allow all team members, no matter what their height, to be the same height as the surgeon and the surgical field). We counted again and the count was correct. They were using the stapler (surgical staple device used to close the skin incision). In the meantime, RN 2 came in to relieve me for lunch. The patient was incontinent of bowel and we had to clean her up. You're supposed to bag (in the individual counter bags) all the sponges. I did not bag them. I missed the bagging. I should have been more assertive. When we count, give me time, that's the lesson I learned. I felt I was rushed in that situation."</p> <p>In another interview on the same date at 2:10 p.m., RN 2 told surveyors, "I went into the (OR) room to give a lunch break. The patient was ready to transfer to the recovery bed. I didn't actually see if the sponges were in the bags, the patient was incontinent (of bowel) and we had to clean her up. RN 1 told me the sponges were counted, that the counts were all done." RN 2 added that the largest lap sponge in the OR was 18x18. "We don't have any 25x25 sponges."</p> <p>In another interview on the same date at 2:12 p.m.,</p>			

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OF PUBLIC HEALTH  
SEP 15 2010  
L & C DIVISION  
DALY CITY

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