

**California Hospital Patient Safety Organization
Retained Surgical Item
Record Review Form
Confidential: Patient Safety Work Product**

Event Location and Time (where and when item was left behind, not where and when it was discovered)

Hospital/Clinic Name _____ Unit (e.g., OR) _____
 Time of Day (e.g., 1pm, if known) _____ Day of Week (e.g., Monday—if known) _____

Event discovered

- Before incision closed In OR after closure In recovery room Same hospitalization
 After discharge or in a subsequent hospitalization

Patient Information

Age _____ Sex _____ Medical Record Number _____
 Harm: None Mild Moderate Severe Death

Procedure

Planned _____ Actual _____
 CPT code(s) for actual (if known) _____ Case length (minutes) _____
 Procedure urgency: Elective Urgent Emergent Unknown
 Complicating factors: Bleeding Obesity Unexpected deviation from plans

Retained Item

Sponge Towel Needle Instrument Fragment Other
 Name/Model Number _____ Manufacturer _____
 Size _____ Other ID (e.g., lot number) _____
 Item left behind: Unintentionally Unknown Intentionally (describe reason): _____

What factors contributed to the event? (check all that apply)

<i>Environment</i>	
<input type="checkbox"/> Culture of safety, management	<input type="checkbox"/> Physical surroundings (e.g., lighting, noise)
<input type="checkbox"/> Distractions/Interruptions	
<i>Staff qualifications</i>	
<input type="checkbox"/> Competence (e.g., qualifications, experience)	<input type="checkbox"/> Training
<i>Supervision/support</i>	
<input type="checkbox"/> Clinical supervision	<input type="checkbox"/> Managerial supervision
<i>Policies and procedures, includes clinical protocols</i>	
<input type="checkbox"/> Presence of policies	<input type="checkbox"/> Clarity of policies
<i>Equipment/device</i>	
<input type="checkbox"/> Function	<input type="checkbox"/> Design
<input type="checkbox"/> Availability	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Defect or Failure	
<i>Incorrect use of equipment/device</i>	
<input type="checkbox"/> Jury-rigging, creating a workaround, force-fitting, defeating fail-safe, etc.	
<input type="checkbox"/> Selection or use of inappropriate device. <input type="checkbox"/> Mis-setting, mis-programming, or otherwise misusing the device.	
<i>Data</i>	
<input type="checkbox"/> Availability	<input type="checkbox"/> Accuracy
	<input type="checkbox"/> Legibility
<i>Communication</i>	
<input type="checkbox"/> Supervisor/Provider to staff	<input type="checkbox"/> Among staff or team members
	<input type="checkbox"/> Staff to patient (or family)
<i>Human factors</i>	
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Stress
<input type="checkbox"/> Cognitive factors	<input type="checkbox"/> Health issues
<i>Other (please describe)</i>	

Why do you think that the incident occurred? Any other comments? (use back of page for additional space)

If the item was left behind intentionally, **STOP**, the form is complete. Otherwise, continue to back of page.

Surgical team

Was there more than one surgical team (e.g., orthopedics and neurosurgery)? Yes No Unknown

Was there a personnel change during the procedure? Yes No Unknown If yes, how many (and titles)?

Were the team members used to working together? Yes No Unknown

Was the team dysfunctional? Yes No Unknown

Other team issues (please describe):

Counting

Was a count performed for the type of object that was retained?

Yes No, object countable No, object not countable Unknown
(e.g., a fragment)

If technology (e.g., bar code, scanning) used as adjunct to count, please describe:

If count not performed, **STOP**, the form is complete. Otherwise, please continue (and attach copy of count policy)

Policy for counts followed Yes No Unknown

If policy not followed, in comments section below describe how count was performed.

Final count Incorrect Correct Unknown

Efforts to find retained item

Inspect/explore surgical site Yes No Unknown

Search OR Yes No Unknown

Item radiopaque Yes No Unknown

Imaging in OR Yes No Unknown

Imaging read by surgeon Yes No Unknown

prior to patient leaving OR

Imaging read by radiologist Yes No Unknown

prior to patient leaving OR

Radiologist informed of Yes No Unknown

nature of missing object

Imaging after OR Yes No Unknown

Other (describe):

Comments (any additional information you believe will be useful in understanding the causes of this event)