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Evans goes low and high tech to ensure patient safety

By Jeff Troth, MEDDAC PAO

Counting is something most people learn at an early age. And in most jobs being off by one or two on your count isn't a big thing. But, if your job is in an operating room, having an exact count of sponges or tools is a necessity.

To ensure the count of medical items is correct in its operating rooms, Evans Army Community Hospital has started using radio-frequency ID sponges.

"Leaving a sponge inside a patient is something that nurses and doctors do not want to happen," said Maj. Jesus Chavez, Evans OR clinical nurse officer in charge. "A retained sponge is something that can be extremely harmful to the patient. The body won't like it and will reject it."

A sponge left in a patient can lead to pain, infection, bowel obstructions, problems in healing, longer hospital stays, additional surgeries and in rare cases, death. In order to prevent an Unintended Retained Foreign Object, or URFO, being left in a patient from surgery, operating room staffs have long tracked instruments and sponges used in an operation with a baseline count before the surgery, a second count before the surgeon begins sewing the incision and a final count before closing the skin.

"These counts help to eliminate the possibility of leaving a sponge behind," said Chavez. "This new RFID technology will help us even more to not do harm to a patient. Because even once is one time too many."

Chavez said that because of the counts, URFOs are quite rare. A 2007 study done in Massachusetts showed that foreign objects were left in the body in one out of every 10,000 surgeries. He said that the RFID sponges will reduce the number of URFOs even more.

The RFID sponges look like normal surgical sponges but they have an RFID chip embedded in them. This chip allows the surgical staff to locate the sponges using a handheld wand.

Even with this technology, the OR nurses still keep a count on the sponges used during an operation. The wand is used during every operation to double check their count.

Although counting and RFID sponges are used in all operations at Evans, they are not the only systems the hospital has implemented for patient safety.

“We recently implemented white boards in the ORs to assist with the counting process and to track what instruments are being used,” said Capt. Mallory McCuin, clinical nurse officer in charge of Evans Maternal-Child department. “This enhances communication between the provider, OR tech and the nurse.”

McCuin said that the OR staff also utilize “call backs.” This requires the provider to call out when putting an instrument or a sponge into a patient and then calls back when that item is taken out.

For emergency C-sections, which normally occur outside of an operating room, a portable ultrasound is used to scan patients prior to stitching them up.

“We are here to ensure that our patients receive the best care possible,” said McCuin. “And we are going to take every step, every process that we can think of to make sure that they are in better shape when they leave here than when they got here.”



Evans operating room nurse Regina Andrews performs a diagnostic test on the RFID wand. The wand is used to locate surgical sponges embedded with an RFID chip. (Photo by Jeff Troth)