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**

### SAFE COUNT Component

<table>
<thead>
<tr>
<th>Specific Action(s)</th>
<th>SAFE COUNT Audit Questions</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tbody>
</table>
| 2) Adopt an interdisciplinary approach to SAFE COUNT with a designated coordinator to oversee implementation. | 2a) The facility has a designated coordinator to oversee SAFE COUNT implementation (e.g. schedule team meetings, plan staff education).  

### Access to information

<table>
<thead>
<tr>
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</table>
| 1) Set expectations for implementation of the COUNT process for any vaginal delivery. | 1a) Senior leadership has set clear expectations for effective completion of the COUNT process as part of any vaginal delivery.  

### Facility Expectations

<table>
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</table>
| 1) Provide SAFE COUNT education for all clinical staff involved in vaginal deliveries. | 1a) The individuals involved in the counting of sponges and sharps are trained in performing the counting process.  
| 2) Education on the COUNT process is provided for all clinical staff involved in vaginal deliveries. | 2b) Education on the COUNT process is provided for all clinical staff involved in vaginal deliveries. |

### Educate Staff

<table>
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</table>
| 1) Provide SAFE COUNT education 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.  
| 2) Audit the effective completion of the COUNT process. | 2a) The facility has a process in place to audit the completion of the COUNT process through chart audits.  

### Patient Care Bundle

#### Patient Safety

<table>
<thead>
<tr>
<th>Specific Action(s)</th>
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| 1) Perform the general counting processes following best practices. | 1a) The labor and delivery room has a designated basin for all used sponges/sharp goods.  
| 2) Perform specific steps of the counting process following best practices. | 2b) The facility requires that two people perform the count – at least one is an RN.  
| 3) Maintain an optimal environment for accurate counting. | 3c) The facility requires that the count start over if the counting process is interrupted.  
| 4) Safely manage equipment and miscellaneous items. | 4b) The facility requires that the physician in charge of the case remain in the room until the count is complete and reconciled.  
| 5) Manage counting for precipitous deliveries. | 5a) 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. |

#### Obtain post-delivery imaging

<table>
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</table>
| 1) Visually document counts. | 1a) The facility requires manual inspection be performed if the count is not reconciled.  

#### Time-out - “Pause for the Gauze”

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</table>
| 1) Perform final checks. | 1a) The facility requires that sponges/sharp goods with radiopaque markers are the only soft goods present on the delivery field.  

### Infrastructure

<table>
<thead>
<tr>
<th>Specific Action(s)</th>
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</table>
| 1) Use only radiopaque soft goods. | 1a) The facility requires only radiopaque soft goods.  
| 2) Never use anything but radiopaque | 2b) The facility requires that Raytec laparotomy sponges are not cut in pieces.  

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**Count sponges, sharps and misc. items**

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

**Obtain post-delivery imaging**

- Visually document counts.
- Reconcile counts.

**Use of whiteboard or other visual documentation**

- Use only radiopaque soft goods.
- Never use anything but radiopaque.
## Road Map to Preventing Retained Objects in Vaginal Deliveries

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

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| **SAFE COUNT Teams**     | 1) Provide support and expectations for SAFE COUNT champions. | 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(s) in the COUNT process are clearly defined and documented. |
| **Access to information** | 1) Verify the completion of each step of the COUNT process in ‘real-time’.  
2) Audit the effective completion of the COUNT process. | 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. |
| **Facility Expectations** | 1) Set expectations for implementation of the COUNT process for any vaginal delivery. | 1a) Senior Leadership has set clear expectations for effective completion of the COUNT process as part of any vaginal delivery.  
1b) The facility’s medical staff policies address the COUNT process and include expectations for following the process. |
| **Educate Staff**         | 1) Provide SAFE COUNT education for all clinical staff involved in vaginal deliveries. | 1a) The individuals involved in the counting of sponges and sharps are trained in performing the counting process.  
1b) Education on the COUNT process is provided for all clinical staff involved in vaginal deliveries. |

### Patient Care Bundle

**SAFE SITE Component**

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| **Count sponges, sharps and misc. items** | 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. |
| **Obtain post-delivery imaging** | 1) Reconcile counts.  
2) Visually document counts.  
3) Maintain an optimal environment for imaging.  
4) Safely manage equipment and miscellaneous items.  
5) Manage counting for precipitous deliveries. |
| **Use of white board or other visual documentation** | 1) Visually document counts.  
2) Visually document counts.  
3) Maintain an optimal environment for imaging.  
4) Safely manage equipment and miscellaneous items.  
5) Manage counting for precipitous deliveries. |
| **Never use anything but radiopaque** | 1) Use only radiopaque soft goods.  
2) The facility requires radiopaque soft goods to be used in the genital tract.  
3) The facility requires that sponges/soft goods that are the only soft goods present on the delivery field.  
4) The facility requires that sponges/soft goods that are the only soft goods present on the delivery field.  
5) The facility requires that R/T laparotomy sponges are not cut in process. |
| **Time-out - “Pause for the Gauze”** | 1) Perform final checks.  
2) Visually document baseline and final count.  
3) Maintain an optimal environment for imaging.  
4) Safely manage equipment and miscellaneous items.  
5) Manage counting for precipitous deliveries. |

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**Call to Action**

- **InFraStructure**
- **SAFE COUNT** based on the ICSI Retained Object Protocol and Adverse Health Event Learnings
- **Road Map to Preventing Retained Objects in Vaginal Deliveries**

**Patient Safety Call to Action**

- **Educate Staff**
- **Facility Expectations**
- **Access to information**
- **SAFE COUNT Teams**

**Call to Action**

- **Provide SAFE COUNT education for all clinical staff involved in vaginal deliveries.**
- **Set expectations for implementation of the COUNT process for any vaginal delivery.**
- **Verify the completion of each step of the COUNT process in ‘real-time’.**
- **Audit the effective completion of the COUNT process.**
- **Provide support and expectations for SAFE COUNT champions.**

**Audit Questions**

- 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’s medical staff policies address the COUNT process and include expectations for following the process.  
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(s) in the COUNT process are clearly defined and documented.  
1) 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(s) in the COUNT process are clearly defined and documented.
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