SVIMS NEVER EVENTS

First introduced in 2001, the term 'Never Events' refers to shocking, egregious, unambiguous and measurable **events that should never occur in healthcare**. During the last 15 years, a list of such highly serious adverse events have been catalogued in many countries. These events result in death or significant disability and are preventable. SVIMS has started measuring each of these 'Never Events' and has put in place safety parameters to mitigate any harm with the goal to eliminate them. Thus, SVIMS become the First Health Care System in India, to voluntarily report safety record, towards continuous quality improvement. Never Events indicate fundamental safety problems within an organization or system. They are grouped into 7 categories SVIMS will choose one from each of these groupings as outlined above & will methodically put in place safety measures to eliminate them:

Never Event Category	Indicator	
	Description	Benchmark
Care Management Events	Stage 3 & 4 Decubitus ulcer during hospital	**0**
Administration of drug or biological	Mismatched Blood Transfusion with serious harm.	0
Radiological Events	Metallic object in MRI suite causing injury	0
Environmental Events	Falls in hospital premises with serious injury	1
Procedure Events	Wrong site/wrong patient procedure	0
Device Events	Foreign object unintentionally left inside body during surgery	0
Patient Protection Events	Misidentification or missing baby	0

On 12-07-2016, Hon'ble Health Minister, Dr. Kamineni Srinivas garu unveiled SVIMS Website reporting of **one such never event, namely stage 3 / 4 Decubitus Ulcer.** On 9-12-2016, to coincide with **"World Patient Safety Day'**, Director-cum-VC of SVIMS Dr.T.S.Ravikumar unveiled ('go live') the full spectrum of Seven Never Events listed, under the banner **'Serious Seven'**

NEVER EVENTS AT SVIMS : SERIOUS SEVEN

i. Decubitus Ulcer - stage 3 /4

Decubitus Ulcer is also known as Pressure sore/bed sore. Since the monitoring started in September 2015 after the arrival of the new Director and **during the period Sep 2015 to 30th April, 2019, no stage 3 / 4 Decubitus Ulcer has developed in any patient as a result of stay at SVIMS.**

Even though only stage 3 and 4 Decubitus Ulcer are considered as never events, at SVIMS nursing section has started following all patients for the identification and corrective measures for stage 1 and stage 2 Decubitus Ulcer in order to prevent them progressing to stage 3 or 4. It is to be noted that stage 2 ulcers are observed only in patients who are transferred in with decubitus ulcers and no patients at SVIMS developed any stage 2 ulcers.

Definition:

Stage I: Redness without skin breakdown.
Stage II: Skin breakdown – Epidermis and Dermis.
Stage III: Full thickness destruction through dermis into subcutaneous tissue
Stage IV: Deep tissue destruction through subcutaneous tissue to fascia muscle, bone.

Decubitus Ulcers Report Stage 1 (January 2019 to April 2019)

Note : Total Hospital Census :	10940	
ICU patients	**2281**	**20.85%**
Stage 1 & 2 Decubitus ulcer incidence:		
Developed at SVIMS For the Year 2019	26	0.23%
Present on Admission For the Year 2019	48	0.43%

Decubitus Ulcers Report Stage 1 (Sept 2015 to 31st December 2018)

Note : Total Hospital Census :	31968	
ICU patients	6783	21.94%
Stage 1 & 2 Decubitus ulcer incidence:		
Developed at SVIMS For the Year 2018	55	0.17%
Present on Admission For the Year 2018	74	0.24%

	Ulcers Developed at		
Year	**SVIMS**	**Outside**	**Total**
2015	15	22	37
2016	51	82	133
2017	52	85	137
2018	55	77	132
2019 (upto April 30th)	26	48	74
Total	**199**	**314**	**513**

Decubitus Ulcers Report Stage I

Month	Ulcers Developed		
	SVIMS	Outside	Total
Sept,2015	05	13	18
Oct,2015	05	02	07
Nov,2015	01	0	01
Dec,2015	04	07	11
Total (A)	**15**	**22**	**37**
Jan,16	09	09	18
Feb,16	05	08	13
Mar,16	03	03	06
Apr,16	09	05	14
May,16	02	07	09
Jun,16	01	06	07
Jul,16	06	08	14
Aug,16	02	04	06
Sep,16	06	08	14
Oct,16	01	05	06
Nov,16	04	08	12
Dec,16	03	11	14
Total (B)	**51**	**82**	**133**
Jan,17	06	14	20
Feb,17	05	08	13
Mar,17	06	08	14
Apr,17	03	06	09
May,17	05	06	11
Jun,17	09	10	19
Jul,17	04	07	11
Aug,17	02	04	06
Sep,17	04	06	10
Oct,17	04	07	11
Nov,17	02	02	04
Dec,17	02	07	09
Total (C)	**52**	**85**	**137**
Jan,18	06	08	14
Feb,18	07	06	13
Mar,18	04	03	07
Apr,18	06	08	14
May,18	02	06	08
Jun,18	02	12	14
July,18	0	04	04
Aug,18	04	07	11
Sep,18	11	08	19
Oct,18	05	07	12
Nov,18	05	05	10
Dec,18	03	03	06
TOTAL(D)	**55**	**77**	**132**

Month	Ulcers Developed		
	SVIMS	Outside	Total
January,2019	4	11	15
February,2019	10	5	15
March, 2019	09	12	21
April, 2019	3	20	23
Total (D)	**26**	**48**	**74**
Grand Total (A+B+C+D+E)	**199**	**314**	**513**

Measures taken for preventing stage III & IV. Never events incidence none.

Mismatched Blood Transfusions causing serious harm

Protocol for Prevention of Mismatched Blood Transfusion

1. Scope & Application

Never events are serious medical errors or adverse events that should never happen to a patient. Consequences include both patient harm and increased cost to the institution. Technicians and nurses provide a critical role in preventing never events through risk anticipation and adoption of evidence-based practice. Mismatched blood transfusion is one of the never events which should never happen in a hospital

2. Responsibility

- Staff nurse in donor section to correctly label the blood bag.
- The technician on duty in Red Cell Laboratory to correctly receive the blood sample and to issue the blood for which requisition is received.
- The staff concerned in the ward/OT to correctly label the sample and to transfuse the blood unit.

3. Reference

- Technical Manual, Directorate General for Health Services-2ndedition
- Model standard operating procedures for blood transfusion services, WHO
- NACO guidelines2015

4. Protocol

Checks at the donor blood collection section

- Each donor will be given a unique number and once his blood is collected, it is identified by that number only.
- Verify the donor's identity by tallying with the name on the donor card and the donor number.
- Write the segment number of the blood bag on to the donor card as a second check.
- Cross check the numbers on the bag, pilot tubes and donor card to ensure identity. Record the entry in the donor registers using the same number.

Checks while doing blood grouping and typing:

- One technician should do forward grouping from the segment of the blood bag by correlating the segment number and unique donor number with that entered in the donor card. Enter the results in the donor unit and in the donor cell grouping register.

- Another technician should do reverse grouping from the pilot tubes collected, by identifying the unique donor number. Enter the result in the serum grouping register. Both the forward and reverse grouping result should correlate each other

Checks at the component storage section

- All untested units should be kept in the unscreened Refrigerator / agitator.
- After testing is over, release the fully tested. Write clearly the unit number, date of collection and expiry and the volume on each colour coded label as per the grouping register records.
- After the bags are labelled, ask a second technician to double check the number and group on the bags tallying them with the records.

Checks in the cross matching section:

- Receive the requisition form along with the patient's blood sample. Check for patient's identity. Name of the patient, UHID number, age and sex should correlate with the blood sample and requisition form. Check the blood group with that of the blood group entered in the request. If there is any discrepancy, check the blood group of the received blood sample. If it correlates with the hospital information system, then ask the concerned ward staff to change in the request before proceeding with the cross matching.
- If there is no discrepancy between the HIS and the blood group in the request, proceed with the blood grouping of the patient with the currently received sample
- If there is no discrepancy then proceed with the cross matching. If still discrepancy persists, then the old blood sample might be a wrong sample. Trace back the old details and investigate where the fault is.
- Carry out compatibility testing using departmental SOP. In order to avoid outdating, implement FIFO policy
- The technician who is issuing blood should make entries in the cross matching form with counter sign from the medical officer.
- Make entries in the issue register and in the request.
- The receiving person should check the blood unit and the cross matching report from for any discrepancy

Checks at the ward/OT:

- Before administering blood component, FINAL IDENTITY -check of the patient, blood unit compatibility tag and the complete documentation should be done.
- Ask the patient, if conscious, to identify himself/ herself by name, spouse name, age or any other identification.
- If unconscious, ask relatives or any other staff to verify the patient's identity.
- Check that details on the compatibility tag exactly match with the documentation.
- Check the blood unit for any leakage and for any visible discoloration & expiry date
- Two different persons should do the check for patient's identity and the same should be documented.

5. Documentation

- Make necessary entries in donor register, grouping register, cross matching register, issue register, incident report register, critical value reporting register, cross matching form, case file.

STATISTICS OF WHOLE BLOOD/BLOOD COMPONENTS ISSUES AND NEVER EVENTS

S.No.	Year	Total No. of Whole Blood/ Blood Components Issued	Never events Record
1.	2014	18,062	Nil
2.	2015	17,109	Nil
3.	2016	17,807	Nil
4.	2017*	23,548	Nil
5.	2018	26,287	Nil

One patient received blood components in 2017 minor subtype mismatched blood treated with steroid promptly without any sequelae and discharged in normal condition.

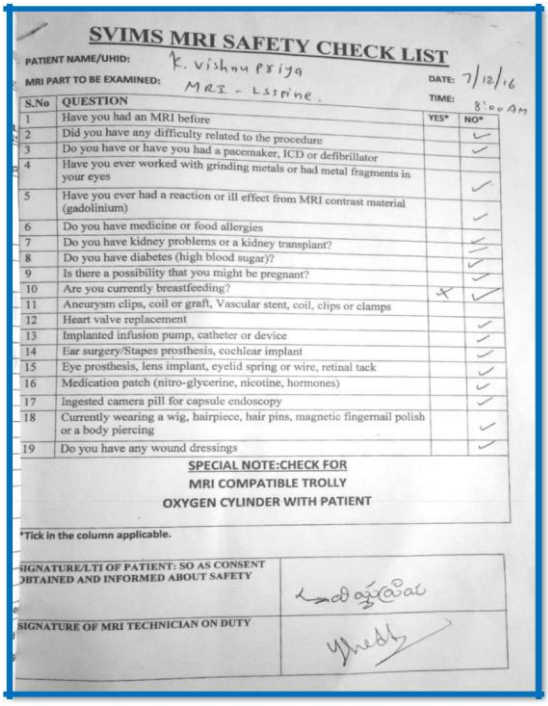
iii. Metallic Object in MRI Suite causing injury

MRI SAFETY REPORT

The last unexpected event in MRI occurred on 10th January 2015 at 2.30 PM where in Oxygen cylinder was pulled in the magnet. However **no patient / personnel injury** or hardware loss was suffered. **No adverse MRI events during 2016, 2017 & also upto April 2019.**

To totally avoid such situation in future following steps are being followed :-

1. Oxygen lines are made available in preparation area
2. Screening at inlet for oxygen cylinders is being done
3. Maintenance of routine duly signed MRI safety check list for all the patients is being done since from that time no such incident has occurred in our department.



SVIMS MRI SAFETY CHECK LIST

PATIENT NAME/UHID: K. vishnu priya
MRI PART TO BE EXAMINED: MRI - LSspine.
DATE: 7/12/16
TIME: 8:00 AM

S.No	QUESTION	YES*	NO*
1	Have you had an MRI before		✓
2	Did you have any difficulty related to the procedure		✓
3	Do you have or have you had a pacemaker, ICD or defibrillator		✓
4	Have you ever worked with grinding metals or had metal fragments in your eyes		✓
5	Have you ever had a reaction or ill effect from MRI contrast material (gadolinium)		✓
6	Do you have medicine or food allergies		✓
7	Do you have kidney problems or a kidney transplant?		✓
8	Do you have diabetes (high blood sugar)?		✓
9	Is there a possibility that you might be pregnant?		✓
10	Are you currently breastfeeding?	✗	✓
11	Aneurysm clips, coil or graft, Vascular stent, coil, clips or clamps		✓
12	Heart valve replacement		✓
13	Implanted infusion pump, catheter or device		✓
14	Ear surgery/Stapes prosthesis, cochlear implant		✓
15	Eye prosthesis, lens implant, eyelid spring or wire, retinal tack		✓
16	Medication patch (nitro-glycerine, nicotine, hormones)		✓
17	Ingested camera pill for capsule endoscopy		✓
18	Currently wearing a wig, hairpiece, hair pins, magnetic fingernail polish or a body piercing		✓
19	Do you have any wound dressings		✓

SPECIAL NOTE:CHECK FOR
MRI COMPATIBLE TROLLY
OXYGEN CYLINDER WITH PATIENT

*Tick in the column applicable.

SIGNATURE/LTI OF PATIENT: SO AS CONSENT OBTAINED AND INFORMED ABOUT SAFETY

SIGNATURE OF MRI TECHNICIAN ON DUTY

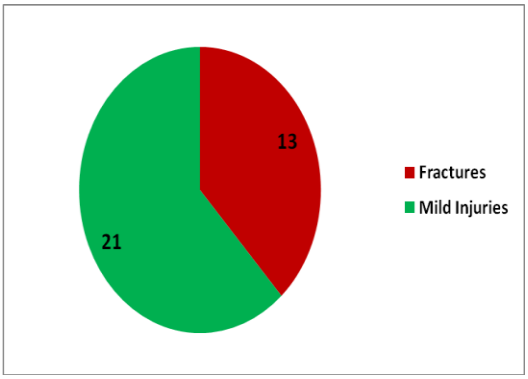
sample checklist

iv. Falls in Hospital Premises Causing Serious Injury or Death

Fall Huddle Report from Nov 2015 to April, 2019

Year	Falls	Fracture	Mild Injuries
2015 (Nov & Dec)	02	01	01
2016	16	09	07
2017	07	03	04
2018	08	-	08
2019	01	-	01
Total	34	13	21

Fractures & Mild Injuries from Nov 2015 to April 2019



Huddle Report on 1st November, 2015 to April, 2019

Month	Fracture	Type of Fracture	Injury	Type of Injury
Nov,15	1	Patella transversa	-	-
Dec,15	-	-	1	Patella swelling & back pain
Jan,16	1	Ulnar bone fracture	1	Mild head injury.
Feb,16	-	-	-	-
Mar,16	1	Lt.humerus fracture	1	Injury over chin.
Apr,16	-	-	1	Injury over Rt.eye brow.
May,16	1	Rt.femur fracture	2	1.Rt.parietal region injury. 2.Mild back pain.
Jun,16	-	-	1	Injury over occipital region
July,16	1	Lt.femur fracture	-	-
Aug,16	1	Left elbow ulnar region	1	Laceration over occipital region.
Sep,16	2	Medical condyle of Lt.humerus. Rt.prosthetic femur	-	-
Oct,16	-	-	-	-
Nov,16	2	Lt.distal radial & ulnar fracture. Bilateral fracture calcaneum.	-	-
Dec,16	-	-	-	-
Jan,17	-	-	-	-
Feb,17	-	-	-	-
Mar,17	1	Rt.temporal bone fracture	-	-
Apl,17	-	-	-	-
May,17	-	-	1	Mild laceration over the frontal region.
Jun,17	-	-	-	-
Jul,17	-	-	2	Swelling over left arm &occipital region. Swelling over left leg ankle.
Aug,17	-	-	-	-
Sep,17	1	Left tibia fibula fracture	-	-
Oct,17	1	Right femur fracture	-	-
Nov,17	-	-	-	-
Dec,17	-	-	1	Laceration over chin.
Jan,18	-	-	-	-
Feb,18	-	-	1	Meniscus tear.
Mar,18	-	-	-	-
Apr, 18	-	-	-	-
May'18	-	-	3	No Fall Injuries. Laceration over parietal region. Laceration over left frontal region.
Jun,18	-	-	-	-
Jul,18	-	-	-	-
Aug,18	-	-	1	
Sep 18		No falls in Sep 2018		
Oct' 18	-	Scalp hematoma at occipital region	1	Slight laceration over Rt.cheek.
Nov'18	1	Lt.side fracture	-	-
Dec'18		No falls in the month of December 2018		
Jan,19			1	
Feb,2019		No falls in the month February,2019		
Mar,2019	-	No falls in the month March,2019 (since 79 days)		
Apr, 2019	-	No falls in the month of April,2019 (since 109 days)		

Since starting the record in Nov 2015 to till date, no deaths in the hospital premises reported. However, the fractures and injuries are shown below.

Detailed Fall Huddle Report from 1st November 2015 to April 2019

	2015						
S.No	**Name of the Resident**	**Injury after fall**	**Diagnosis**	**Date of fall**	**Time**	**Cause of fall**	**Treatment & status at discharge**
1	Patient attender	Patella transverse #	Not Applicable	November 2015	7.30 pm	Rain water stagnation & pt not taken diet more than 10 hrs	T.Dolo 650, Ranctac, Physiotherapy & shifted to BIRRD OT
2	Staff Nurse	Patella swelling and back pain	N.A	December 2015	1.15 pm	Due to water stagnation	Strict bedrest 14 days, Volini gel, myospase
	2016						
3	Fessy worker	Fracture ulnar bone ,	N.A	January, 19th 2016	5.30 pm	Slip from trolley while cleaning Roof	POP applied, Immobilisation of hand, voveran, Rantac, myospase
4	Patient Attender	Head injury	N.A	January, 17th, 2016	12.30pm	Giddiness due to not taken diet	Inj –Rantac, Inj-Diclofenac- 1 Taxim given
5	Patient Attender	Injury over chin 3x2 cms	N.A	March,8th 2016	3.45 pm	Phobia regarding hospital instruments	Suturing done, minor dressing,voveron, antacids
6	Patient	Left humerus #	N.A	March, 22nd 2016	7 am	Hypertension sudden giddiness	POP applied & shifted to BIRRD
7	Patient	Injury over Rt.eyebrow	Metabolic Encepahal opathy	April, 26th 2016	11.45am	Hypertension sudden giddiness	Suturing done, minor dressing, voveron, antacids
8	Patient	Rt.parietal region injury	Meningoma	May, 4th 2016	5.30 pm	Giddiness, reoccurrence history of fall	Suturing done, minor dressing, voveron, antacids
9	Patient	Fracture Rt.femur	Dcmp with Afwith FVR	28th, May, 16	10.30pm	Giddiness, vomitings	Skin traction, bird consultation sent plan for sub trachetic extension
10	Patient Attender	Mild back pain	CKD,HTN on MHD	29th, May, 2016	10:45pm	Dizziness	Tab;ultracet;local application of diclo gel
11	Patient	Injury over Lt.fore head	Right occipital infract in parietal region	9th ,June, 2016	4.00am	Sudden loss of muscle control, parathesia	Suturing done, minor dressing, voveron, antacids
12	Patient	Fracture Left femur	Rt.Lung consolidation	7th, July, 2016	7.00am	Obstructed dhoti of patient leads fall	Skin traction with 3kgs of weight
13	Patient Attender	Fracture at Lt.elbow ulnar region	-	August, 20, 2016	12.30pm	Slip while walk	Pop applied on left elbow, Aceclopara, Rantac, Chymoralforte
14	Patient Attender	Injury Occipital region	-	August, 29, 2016	10.30am	Went to wash room for washing cloths, slipped slippers.	Tab. Cefixime 200mg Tab. Aceclopara Inj.T.T IM given.
15	Student	Fracture medical condyle of Lt.humerus	-	Sep 19th, 2016	2.30pm	Slipped leg	Pop applied Tab. Dolpal Tab. Chymoral forte

S.No	Name of the Resident	Injury after fall	Diagnosis	Date of fall	Time	Cause of fall	Treatment & status at discharge
16	Staff	Fractured Rt. periprosthatic femur.	-	Sept 26th, 2016	9.30am	Slipped leg.	1.Reffered to BIRRD. 2.Rt.LCLCP fixation.
17	Patient attender	Fracture communitedLt. distal radius & ulnar fracture.	-	5th Nov,2016	6.20am	Experienced electrical shock in bath room tap.	
18	Patient	Laceration in parietal region, Calcaneum B/L, D2-L1 fracture.	Pre CRHD, Post op 7th MVR.	9th, Nov, 2016	8.30pm	Fear about ICU events. She attempt to go outside & unfortunately fell down.	Post op slab applied. Suturing & dressing done.
	2017						
19	Patient	Rt.temporal bone fracture with laceration over lower lip	CKD diabetic nepphropathy HTN, DM, HBs AG+ve	11/03/17	At 6.30 am	Patient went to bath room for jugular access preparation due to wet area in bath room fell down	-Neurosurgery consculation done. -Tab.Chymoral forte BD -Tab.Ultracet SOS -Tab.Augmentin 625mg
20	Patient	Mild laceration over the left & Right frontal region	CKD	17/05/17	At 12 noon	Patient went to NTRVSS room.101 for approval & the surrounding area was digged and step behind	-Dressing & suffering done over laceration & patient stable and fall injury lacerated.
21	Patient	Swelling over left arm& occipital region	Ca. vagina & retroving positive	21/7/17	At 6.45am	Patient went to bath room repeatedly due to 3-4 episodes of loose stools. She went to bath room & fall down	-Neurosurgery dressing. -Tab.chymoral forte BD,Lokome-BD, Sporolac TID
22	Patient	Swelling over Left ankle	Recurrent ankle pancreatitis	24/7/17	At 1.30am	Patient went to bath room suddenly slip his foot while walking & fell down.	-Inj.Tramodal SOS, Emset SOS, Gel
23	Patient Attender	Left fibia fibula fracture	NA	27/9/17		Resident while walking through near NTRVSS R.No.101 she wearing slippers, the slippers are slipped .	-Inj.Pan 40mg BD -Inj.Dynapar 40mg IM - BIRRD consultation done. Cost applied over the fracture. Bed rest.
24	Patient	Inter trocheonic fracture Rt.femur	Ca. recurrent meningioma Post op excision of tumor (in our Hosp 2011, Mar, 2017) with Rt.hemiplegia	02/10/17		While going to bathroom with support of assistive device (walker) suddenly he felt slight massive ramp slipped infront of bathroom and fell down.	-Tab.chymoral forte TID,Ultracet BD -Cap.OMZ 20mg OD. Plan for closed reduction & slided TID screw fixation.
25	Patient	Laceration over chin	CLD with splenomegaly	23/12/17		While walking slippery foot slipped over floor mat & fell down & he was fasting since night.	-Inj.TT IM given. -Dressing done. -Tab.Ultracent BD, -Patient observe 1/2hrly & not to wear.

S.No	Name of the Resident	Injury after fall	Diagnosis	Date of fall	Time	Cause of fall	Treatment & status at discharge
	2018						
26	Staff	Meniscus tear & swelling	-	06.02.18	9.45 pm	The Resident went to washroom for hand washing, after that she returned & while walking she missed step behind the room and unfortunately fell down.	Orthopaedic consultation. Ortho consultation done. Tab.Chymoral forte TID,.Limcee OD Knee support trace. Avoid bending, using steps & speed walk. Advised Medical leave for 3 weeks.
27	Patient	No Fall Injuries	Lt.Buccal mucosa	03.05.18	07.50 pm	The Resident shift to Radiotherapy while walking she missed step behind the room and unfortunately fell down. There is no fall injuries.	CT Brain Plain done, Reports shows normal. Tab. Ultracet BD.
28	Patient	Laceration over parietal region.	Primi with epilepsy with IUGR, Pop:EMLSCS.	05.05.18	7.00 am	The Resident went to wash room to brush her teeth she suddenly attack of seizure at bath room and fell down.	Dressing & Suturing done. Inj.Levera 1gm IV.
29	Patient	Laceration over left frontal region.	Acute on CKD.	08.05.18	1.45 pm.	The Resident was restrained with bandage then she was try to sit on the bed and may be had pre syncope and fell down. Patient has psychiatric problem.	CT Brain done. Report shows normal. Tab.Chymoral forte TID, Ultracet OD
30	Patient	Small laceration over nose and left ear pinna.	Infarct Rt.occipital region. Rayanoands phenomenon	07.08.18	3.45 pm	The resident shifted to radiology for the purpose of Doppler. While waiting at corridor, the resident underwent to call her attender, unfortunately she slipped from wheel chair.	CT Brain done. Report shows normal. Mild dressing done.
31	Patient	Slight laceration over Rt.cheek	Acute Gastritis,	09.10.18	At 7am	The resident trying to stepping down from trolley suddenly she fell down.	CT Brain done. Report shows normal. Mild dressing done. Dressing over laceration.
32	Patient	Scalp hematoma at occipital region	Ca ovary	30.10.18	At 7.50am	The resident has sudden fall due to giddiness.	CT Brain done. Report shows a scalp hematoma at occipital region.
33	Patient	Lt.side fracture	Bilateral lobar infarct	19.11.18	At 3.30pm	The resident went to bathroom, after that to get she takes support of door and fell down.	X-ray hip AP & Lat.view shows Lt.side fracture.

	2019						
S/No	Name of the Resident	Injury after fall	Diagnosis	Date of fall	Time	Cause of fall	Treatment & status
34	Patient	SDH	Uterus sarcoma, staging laporatomy done on 03-1-19.	11-01-19	3.20pm	Giddiness.	Rt.fronto temporo parietal craniotomy & SDH Evacuation done on 17-1-19.
35	No falls in the month February,2019						
36	No falls in the month March,2019 (since 79 days)						
37	No falls in the month of April,2019 (since 109 days)						

Patients	: 23
Patient Attenders	: 06
Staff	: 04
Student	: 01
TOTAL	**: 34**

Preventive Measures & Corrective Actions:

1. Side rails fixed to all trolleys in EMD & decided to be procured side rails Trolleys in future.
2. Fixed support handles in all toilets
3. Fixed support handles to ramps.
4. For construction of new bathrooms/toilets anti-skid tiles arranged.
5. Arranged caution boards while mopping the floors.
6. Education programmes regarding prevention of falls to nursing, physicians, allied health & administrative staff.

V. Procedure Events

In order to prevent wrong site/wrong patient procedure, SVIMS has begun implementation of WHO surgical checklist in all procedure areas. Members of SVIMS quality council (SQC) group assigned this task, will monitor & report data monthly.

Department of Anaesthesiology and Critical care	**WHO SURGICAL SAFETY CHECK LIST**

Hand over S/N **Ward---------- Date----- Time----**	**Take over S/N** **OT---------- Date-------- Time ------**	**Hand over S/N/Anaesth Tech.** **RR---------- Date----------Time---------**

BEFORE INDUCTION OF ANAESTHESIA (SIGN IN)

Patient has confirmed	**Yes**	**No**	**Relevant Lab result**	**Yes**	**No**	**Anaesthesia safety check list**	**Yes**	**No**
Identity			ECG/ECHO/Angio			Known allergy		
Site marked/Not applicable			CXR/CT/MRI			Airway/Aspiration risk		
Consent obtained			Biochemistry			If, yes assistance/equipment available		
Procedure			Haematology			Risk of > 0.5L(>7mL/kg in children) blood loss		
Part preparation done			Microbiology			If, yes IV access and fluid planned		
Denture/Jewellery/contact lenses removed			Xylocaine/Antibiotic test dose given and encircled					
Double hair bun prepared for females			DVT Prophylaxis					
NPO status(write no of hours)			Patient warming system/Need for active warming					
Blood group and cross matching done			Blood and blood product availability					

BEFORE SKIN INCISION (TIME OUT)

Entire surgical team confirms	**Yes**	**No**	**Surgeon shares**	**Nursing /Anaesthesia technician reviews**
Patient's name			Critical/Unexpected step	Sterility, including indicator results
Surgical procedure to be performed			Expected duration	Equipment Issues
Surgical site			Expected blood loss	Working suction
Essential imaging available			**Anaesthesiologist shares**	Baby tray/Crash cart
Antibiotic prophylaxis within the last 60 minutes			Anaesthesia plan	Catheter/Tube/Lines
Antibiotic re-dosing plan			Patient specific concerns	Other concerns

BEFORE PATIENT LEAVES OPERATING ROOM (SIGN OUT)

Nurse reviews with Team	**Yes**	**No**	Equipment problems that need to be addressed.
Instrument, sponge and needle counts are correct			Entire team discusses concerns for patient recovery and management
Specimen labelling			
Name of the procedure recorded			

WHO check list implemented in stages starting in 2016 and monitoring continued till date.

vi. Device Events

No Foreign object unintentionally left inside body during surgery at SVIMS during 2016-18 till date.

vii. Patient Protection Events

Measures taken in SPMC Hospital to prevent baby abduction

- Standard Operating Procedures have been developed for security& ward staff in order to prevent baby abduction.
- ID tags tied to the wrist of the mother and baby immediately after delivery.
- Foot prints of the baby taken in the Case sheet/File immediately after delivery in the case sheet along with signature of responsible patient attender.
- Transfer out/discharge forms developed to transfer the baby with in hospital (Intra hospital) and outside hospital (Inter hospital), also for normal discharge.
- Baby will not be allowed to move outside of the ward without proper transfer out/discharge form and also without responsible attendant along with hospital staff.
- At the time of transfer out/discharge of the baby from the post natal ward/NICU the duty nurse along with doctor on duty and baby mother will sign on the transfer out/discharge slip which will be checked by security at Post natal ward &main entrance along with baby ID tag.
- Security guards at the Post natal ward and main entrance will record the details of the baby along with attendant details at the time of transfer out/discharge.
- CC Camera's were fixed at the entrance of the Post natal ward and at maintenance.
- Failure Modes Effects & Analysis (FMEA) done for baby abduction in July 2018 & surveillance through mock drills regularly conducted.

NO BABY ABDUCTION / MISIDENTIFICATION TILL DATE AT SVIMS

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