

Foreign Object Retained After Surgery

NQF#: N/A

Developer: Centers for Medicare and Medicaid Services (CMS)

Data Source: CMS

Description: Rate of foreign objects retained after surgery. CMS reports the DRA HAC measures as observed rates (per 1,000 discharges). CMS divides the count of observed HAC occurrences identified at a hospital (numerator) by the number of eligible discharges at that hospital (denominator) and multiplies by 1,000. HAC occurrences are included in the DRA HAC numerator only if they are associated with the POA Indicator codes "N" or "U." DRA HAC measures do not exclude any HACs based on how they occurred. More information is available at <https://www.cms.gov/files/document/frequently-asked-questions-publicly-reported-deficit-reduction-act-dra-hospital-acquired-condition.pdf>.

Citations for Rationale:

- Zejnullahu VA, Bicaj BX, Zejnullahu VA, Hamza AR. Retained Surgical Foreign Bodies after Surgery. Open Access Macedonian Journal of Medical Sciences. 2017;5(1):97-100.
- Stawicki SP, Evans DC, Cipolla J, Seamon MJ, Lukaszczyk JJ, Prosciak MP, Torigian DA, Doraiswamy VA, Yazzie NP, Gunter OL Jr, Steinberg SM. Retained surgical foreign bodies: a comprehensive review of risks and preventive strategies. Scand J Surg. 2009;98(1):8-17.

Impact:

- Rare event

Opportunity:

- Opportunity for improvement exists, based on the coefficient of variation for the measure.

Evidence:

- Evidence ratings vary from Class C to Class R
 - Class C: non-randomized trial with concurrent or historical controls, case-control study, study of sensitivity and specificity of a diagnostic test, population-based descriptive study
 - Class D: cross-sectional study, case series, case report
 - Class R: consensus statement, consensus report, narrative review

Citations for Evidence:

- Institute for Clinical Systems Improvement (ICSI). Prevention of Unintentionally Retained Foreign Objects in Surgery. Health Care Protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007 Sep.