



## The Count was Right – Until It Wasn't Rethinking Surgical Counts, Trust & RSI Prevention

### WHY SHOULD YOU ATTEND?

Unintentionally retained surgical items (URSI) remain a significant patient safety concern and are recognized as both sentinel events and never events by national regulatory agencies. URIS are not solely a nursing issue; rather, they represent a complex, system-level challenge involving surgeons, anesthesia professionals, perioperative nurses, radiology personnel, and organizational leadership. Contributing factors include workflow inefficiencies, variability in policy adherence, increasing procedural complexity, equipment variability, provider fatigue, and time pressures within the perioperative environment. This educational program examines traditional URSI prevention strategies, such as manual surgical counts and intraoperative radiography, while also highlighting evidence-based adjunct technologies. Central to this discussion is the role of data-driven root cause analysis in identifying local risk patterns and implementing targeted interventions to reduce URSI incidence and enhance perioperative patient safety.

### WHO SHOULD TAKE THIS COURSE?

This continuing education activity is intended for a registered nurse, surgical technologist, or other healthcare professional who wants to learn more or needs to gain knowledge and skills about unintentionally retained surgical items (URSI).

### HIGHLIGHTS

After completing this continuing education activity, the participant should be able to:

1. Define retained surgical items (RSIs) and describe unintentionally RSIs (URSI) as preventable patient safety events.
2. Explain why manual counts are not sufficient in preventing URSI and describe the miscounts on the patient, perioperative personnel, and the organization.
3. Recognize individual and team-based perceptions, behaviors, and cognitive factors that increase the risk of URIS in the perioperative environment.
4. Analyze an organization's risk for URIS and apply quality improvement methods to develop and evaluate system-level strategies and tactics aimed at reducing URSI risk.
5. Explain the role of adjunct technologies and describe how these tools may be used in conjunction with manual counting and radiographic imaging when an URSI is suspected.

### ACCREDITATION INFORMATION

#### *California Board of Registered Nursing*

Association of periOperative Registered Nurses is provider-approved by the California Board of Registered Nursing, Provider Number CEP 13019 for **2.0 contact hours**.

#### *NCCT*

The National Center for Competency Testing (NCCT) has approved this program for **2.0 contact hours**.

### FOR FURTHER INFORMATION CONTACT:

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Funding Provided By

