

- An Audit of Swab and Needle Check Documentation

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INTRODUCTION

- The retention of foreign objects, such as swabs, is a “never event” with serious implications for patient safety.
- Recent incidents and a move to digital documentation emphasized the need for robust swab and needle count protocols in birthing rooms, anticipating an impedance to compliance

OBJECTIVE

- This audit and Quality Improvement Project (QIP) aimed to assess and enhance compliance with Trust standards for swab and needle count documentation following the introduction of digital records on Badgernet.

METHODOLOGY

- The audit reviewed 33 consecutive birth records from 2024 to evaluate **documentation compliance**, specifically the presence of swab counts and dual verification signatures.
- First cycle audit Feb 2022 – 80% compliance of 20 medical records. Recommendations made were increasing awareness through emails.
- This second cycle of audit indicated substantial non-compliance: although 100% of cases included at least one verifier, only 58.3% had the required two signatures.
- 22% decline** in compliance since the first audit
- Based on the findings, we launched a QIP that included a **staff survey** to identify barriers to compliance. **Thematic analysis** of survey responses was performed to highlight key areas of concern.
- The **QIP** set an objective for full compliance with documentation standards by March 2025



ROOT CAUSE ANALYSIS

- Using a cause-and-effect analysis, **electronic documentation** emerged as a key issue, compliance dropped since the adoption of Badgernet software.

RESULTS AND INTERVENTION

- Key themes identified were
- Limited PC access
 - Form complexity and
 - Challenges in securing a second signature due to shift changes.

Based on issues identified and received identified, we developed a **Standard Operating Procedure (SOP)** with visual aids to support efficient and accurate documentation.

THEMATIC ANALYSIS

- Investigation through **survey data** and semi-structured interviews, applying qualitative research principles, allowed for **inductive and deductive** coding of responses.
- We used open ended questions to identify themes affecting the effective filling of checks
- 85% of the staff were aware of needing two signatures showing lack of awareness were not the main problem



SWAB AND NEEDLE CHECK DOCUMENTATION SOP

- 1) **Finding the form**
- You could find this through the ‘Enter note’ section (also called Badger google!)
 - This form is also **part of the perineal repair documentation**, so you could directly do your counts whilst documenting repair.



CONCLUSION

- This audit identified key factors influencing swab count documentation and highlighted challenges associated with the transition to electronic record-keeping.
- By adopting a qualitative approach to problem-solving, the project successfully informed the development of a simplified SOP enhanced with visual aids.
- Engaging **all end-users** through thematic analysis proved more effective than traditional brainstorming for QIPs. A re-audit will evaluate improvements in compliance.

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THEMES- Suggested improvements

Simplification

“Simplify. **Just how many needles/swabs whatever come on and off the tray.**”
“keep the questions simple and just precheck count , post check count and a counter signature of who you did the count with”

Second signature

Make it easier for second signature to be recorded if the other person isn't available
Make **second signature mandatory**

Awareness

Make sure everyone knows the correct forms to fill in, and if you need certain boxes for audit purposes, make them mandatory

IT fix

“speed of computers, & something that doesn't keep crashing”

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THEMES - Issues

CHANGE OF SHIFT

“if the person you count swabs with has gone off shift you cant complete the count page at all. it needs to be done so that we can name the person and they can sign it later but allows us to document that a count was done”

Slow computers, unavailability of PCs Faulty forms

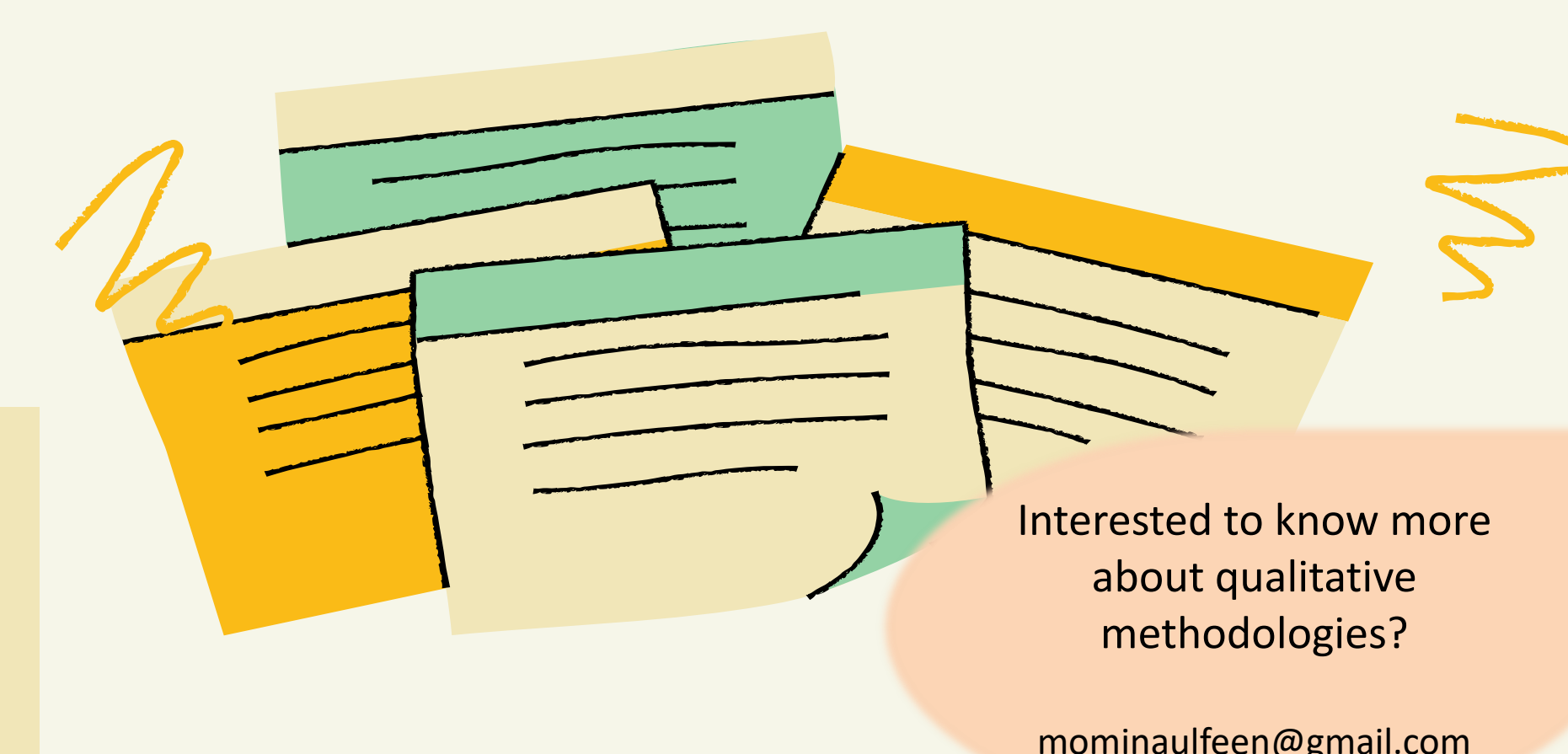
“system is slow, clunky, not well planned, not easy to follow, crashes all the time and need to close and restart”

Second signature

“Trying to find the midwife, normally busy again, to do swab counts.”

Form exhaustion

“too many forms”
“Conflicting information about which forms we should fill in.”



References

- Rapid Response Report – Reducing the risk of retained swabs after vaginal birth and perineal suturing (2010)
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