

# SAFETY WATCH

Stay aware of these known risks to avoid preventable harm.

## Wrong-site frenulum procedural interventions

From 1997 to 2012, [frenulum procedural interventions increased 866%](#). These procedures require difficult tissue marking in the oral cavity and high precision. In addition, safety events are more likely to occur when a patient undergoes multiple procedures in which one or several sites are difficult to mark. These factors, along with the significant rise in frenulum procedures, cause a high risk of wrong-site procedures.

### Causes

Common causes include:

- Relying on memory of the correct surgical site instead of a verbal and visual reminder.
- Lacking vital components or team members in pre-operative time-outs, leading to insufficient communication and verification of the correct procedure or site.
- Using generic procedural names during the scheduling process and on consent forms, causing confusion in anatomical site and procedure.
- Completing more than one procedure during the surgery without additional verification and team consensus of procedural details.
- Unclear communication during the family procedure review in the pre-operative period.

### Harm

Performing interventions on the wrong site has led to repeat visits to the operating room and prolonged anesthesia requirements. These safety events may cause increased operating room time, resources, and costs.

#### Harm Range



No detectable harm to moderate temporary harm.

From 1997 to 2012, frenulum procedural interventions increased

**866%.**





## Immediate Recommendations

- Encourage use of detailed procedural names in surgery scheduling practices.
- Ensure consent verbiage includes precise anatomic location of procedure and require use of electronic consents to confirm essential fields are completed.
- Standardize a clear and thorough verification process with the family pre-operatively on the day of surgery.
- Utilize diagrams or visual aids for difficult-to-mark sites.
- Implement a brief but robust and standardized time-out once the patient is correctly positioned for the operation. Include key stakeholders, review the consent and procedures, and communicate new or essential information, including any “add on” procedures. Initiate separate intraoperative timeouts before each additional procedure.

## Resources

- [Wrong-Site Surgeries/Procedures Safety Alert](#)

## References

- [American Academy of Pediatric Dentistry, Policy on Management of the Frenulum in Pediatric Patients, 2022](#)
- [Up to Date, Ankyloglossia \(Tongue-Tie\) in Infants and Children, 2023](#)
- [The HPI SEC & SSER Patient Safety Measurement System for Healthcare. Virginia Beach, VA: Healthcare Performance Improvement, LLC; 2009](#)

Data for the Safety Watch is compiled from Child Health PSO safety analysis.

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## Find solutions

Members can find detailed prevention plans in Child Health PSO's Riskconnect Action Plan repository where children's hospitals share deidentified mitigation processes for various issues.



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