



Underwood Surgery Center

Orlando, Florida

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Clinical Nurse Manager



Underwood Surgery Center (USC)



- Physician owned multi-specialty surgery center
- Performs endoscopic procedures, surgeries involving colon and rectal, and orthopedic and plastic procedures
- USC is a AAAHC accredited free-standing ambulatory surgery center (ASC)



USC Medical Staff



- CRC (Colon and Rectal Clinic)'s six physicians and one nurse practitioner evaluate and treat patients in the outpatient clinic area
- Our physicians practice in the ASC and other outpatient/inpatient hospital facilities in Orlando



Underwood Surgery Center Structure



- 9 pre-op and recovery room bays
- 3 Endo suites
- 3 ORs



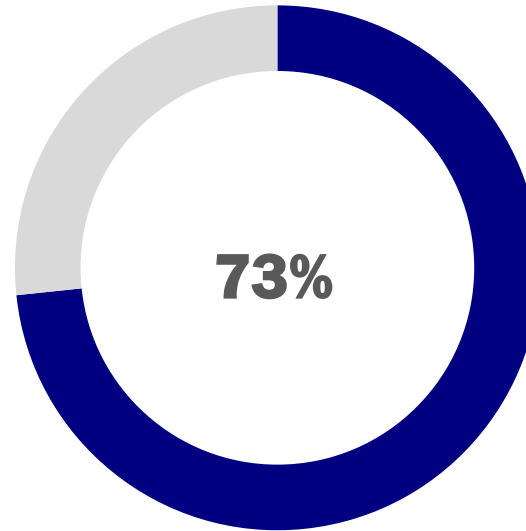
Underwood Surgery Center Structure



- One Administrator
- One Clinical Nurse Manager
- One RN Scheduler
- 6 physicians (Colon and Rectal Surgeons), 1 Plastic Surgeon, and 5 Orthopedic Surgeons
- Full time staff: 6 RNs, 1 MA, 3 OR techs
- Part time/prn staff: 6 RNs, 3 OR techs

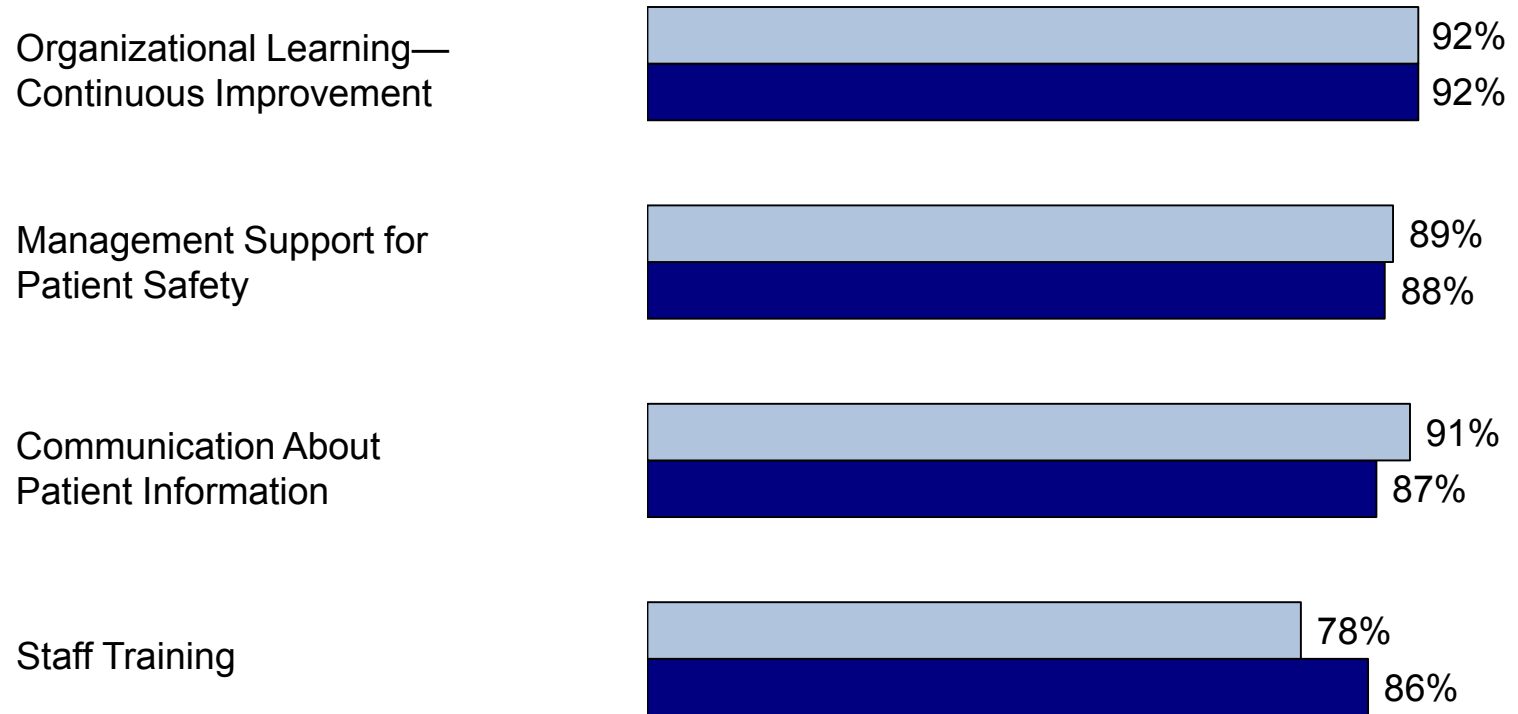


Response Rate



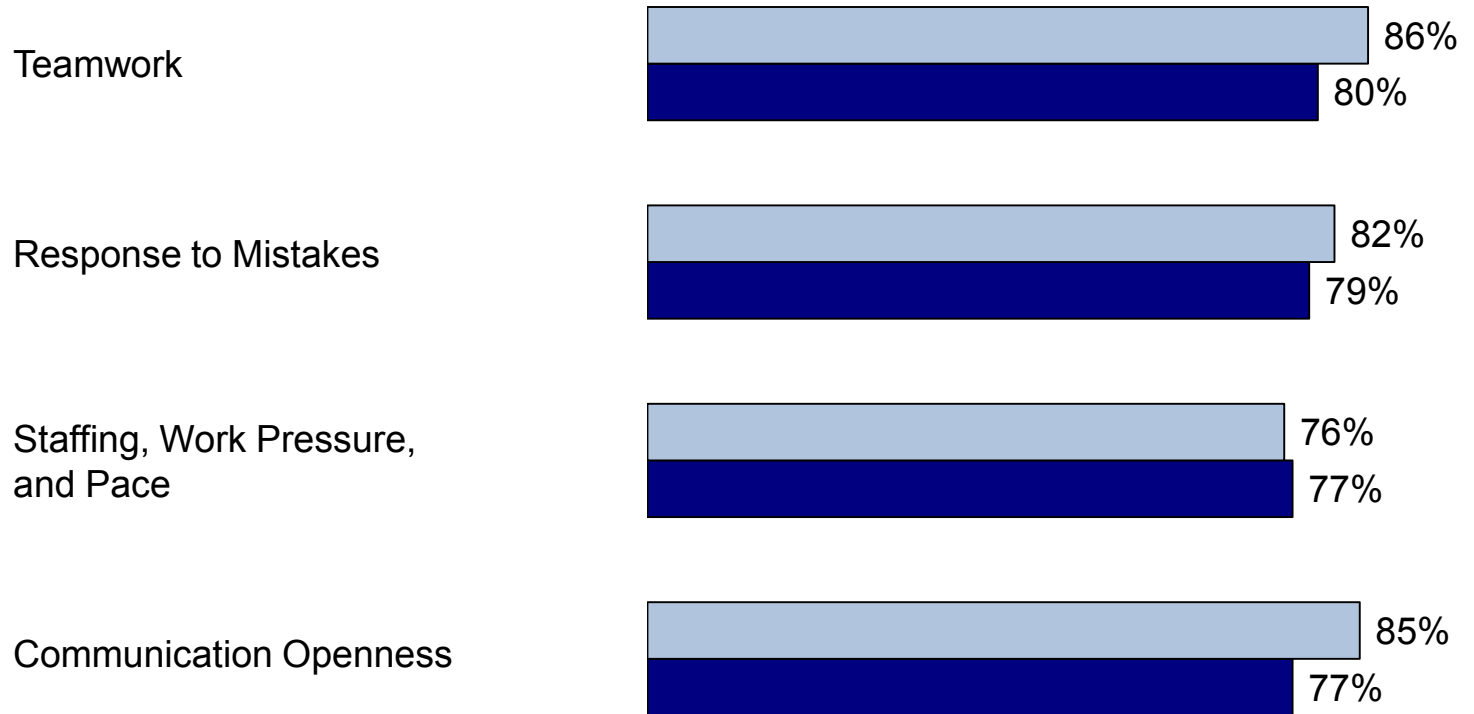
- 22 out of 30 surveys were completed

Survey Results



□ Pilot ASCs
■ USC ASC

Survey Results



□ Pilot ASCs
■ USC ASC

Reactions & Follow Up



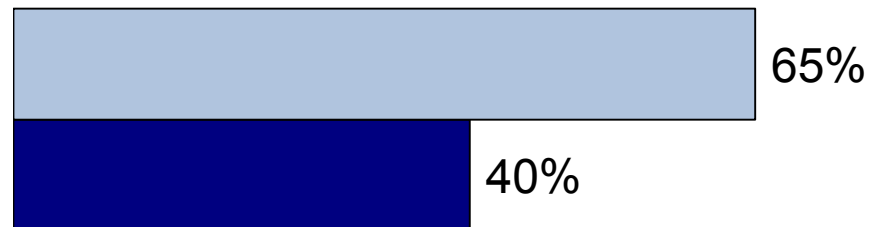
- Shared results during staff meetings and at quarterly board meeting with doctors
 - Surprised that staff might be afraid, and not feel at ease to speak up during a case
- Staff encouraged to share suggestions of what improvements might be made

Communication in the Surgery/Procedure Room



Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns.

% Most of the time/Always



- Pilot ASCs
- USC ASC

Changes Implemented



1. Implementing a new Surgery Checklist

Safe Surgery 2015 Checklist Template

Before Induction of Anesthesia	Before Skin Incision	Before Patient Leaves Room
<p>Nurse and Anesthesia Provider Verify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient identification (name and DOB) <input type="checkbox"/> Surgical site <input type="checkbox"/> Surgical Procedure to be performed matches the consent <input type="checkbox"/> Site marked <input type="checkbox"/> Known allergies <input type="checkbox"/> Patient Positioning <input type="checkbox"/> The anesthesia safety check has been completed <p>Anesthesia Provider Shares Patient Specific Information with the Team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anticipated airway or aspiration risk <input type="checkbox"/> Risk of significant blood loss <ul style="list-style-type: none"> - Two IVs/central access and fluids planned - Type and crossmatch/screen - Blood availability <input type="checkbox"/> Risk of hypothermia - operation >1h <ul style="list-style-type: none"> - Warmer in place <input type="checkbox"/> Risk of venous thromboembolism <ul style="list-style-type: none"> - Boots and/or anticoagulants in place 	<p>Entire Surgical Team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is everyone ready to perform the time out? <input type="checkbox"/> Please state your name and role <p><input type="checkbox"/> Patient's name</p> <ul style="list-style-type: none"> <input type="checkbox"/> Surgical procedure to be performed <input type="checkbox"/> Surgical site <input type="checkbox"/> Essential imaging available <p><input type="checkbox"/> Has antibiotic prophylaxis been given within the last 60 minutes? <ul style="list-style-type: none"> - Plan for redosing discussed </p>	<p>Nurse reviews with Team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Instrument, sponge and needle counts are correct <input type="checkbox"/> Name of the procedure performed <input type="checkbox"/> Specimen labeling <ul style="list-style-type: none"> - Read back specimen labeling including patient's name
	<p>Briefing</p> <p>Surgeon Shares:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operative Plan <input type="checkbox"/> Possible difficulties <input type="checkbox"/> Expected duration <input type="checkbox"/> Anticipated blood loss <input type="checkbox"/> Implants or special equipment needed <p>Anesthesia Provider Shares:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anesthetic plan <input type="checkbox"/> Airway concerns <input type="checkbox"/> Other concerns <p>Circulating Nurse and Scrub Tech Share:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sterility, including indicator results <input type="checkbox"/> Equipment issues <input type="checkbox"/> Other concerns <p>Surgeon says: "Does anybody have any concerns? If you see something that concerns you during this case, please speak up."</p>	<p>Debriefing</p> <p>Entire Surgical Team Discusses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Equipment problems that need to be addressed. <input type="checkbox"/> Key concerns for patient recovery and management <input type="checkbox"/> What could have been done to make this case safer or more efficient



Version -3-30-12

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. Based on the WHO Surgical Safety Checklist, URL <http://www.who.int/patientsafety/safesurgery/en>, © World Health Organization 2008 All rights reserved.

Changes Implemented

2. Added colorful signs in each room with the phases from the checklist

World Health Organization

SAFE SURGERY SAVES LIVES

WORLD ALLIANCE FOR PATIENT SAFETY

WHO SURGICAL SAFETY CHECKLIST (ADVANCED DRAFT)

Prior to induction of anaesthesia >>>>> Prior to skin incision >>>>>>>>>>>>>>>> Prior to patient leaving the operating room

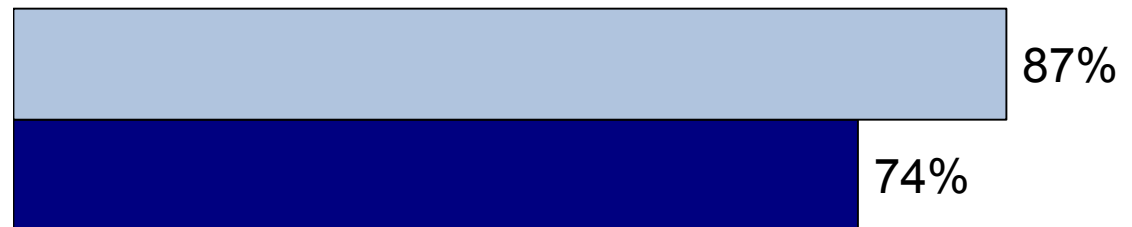
SIGN IN	TIME OUT	SIGN OUT
<ul style="list-style-type: none"><input type="checkbox"/> PATIENT CONFIRMED IDENTITY SITE PROCEDURE CONSENT<input type="checkbox"/> SITE MARKED/NOT APPLICABLE<input type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED<input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONINGDOES PATIENT HAVE A: KNOWN ALLERGY?<ul style="list-style-type: none"><input type="checkbox"/> NO<input type="checkbox"/> YESDIFFICULT AIRWAY/ASPIRATION RISK?<ul style="list-style-type: none"><input type="checkbox"/> NO<input type="checkbox"/> YES, AND EQUIPMENT/ASSISTANCE AVAILABLERISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?<ul style="list-style-type: none"><input type="checkbox"/> NO<input type="checkbox"/> YES, AND ADEQUATE IV ACCESS/FLUIDS PLANNED	<ul style="list-style-type: none"><input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE<input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM PATIENT SITE PROCEDURE<input type="checkbox"/> ANTICIPATED CRITICAL EVENTS<input type="checkbox"/> SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?<input type="checkbox"/> ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?<input type="checkbox"/> NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?ANTIBIOTIC PROPHYLAXIS GIVEN IN LAST 60 MINUTES?<ul style="list-style-type: none"><input type="checkbox"/> YES<input type="checkbox"/> NOT APPLICABLEESSENTIAL IMAGING DISPLAYED?<ul style="list-style-type: none"><input type="checkbox"/> YES<input type="checkbox"/> NOT APPLICABLE	<p>NURSE VERBALLY CONFIRMS WITH THE TEAM:</p> <ul style="list-style-type: none"><input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED<input type="checkbox"/> THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)<input type="checkbox"/> HOW THE SPECIMEN IS LABELED (INCLUDING PATIENT NAME)<input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED<input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

Communication Openness



When we see someone with more authority doing something unsafe for patients, we speak up.

% Most of the time/Always



■ Pilot ASCs
■ USC ASC

Change Implemented



- Medical Director encouragement for more open communication and making the atmosphere more comfortable for speaking up
 - Meeting with physicians quarterly to emphasize this as a priority for leadership

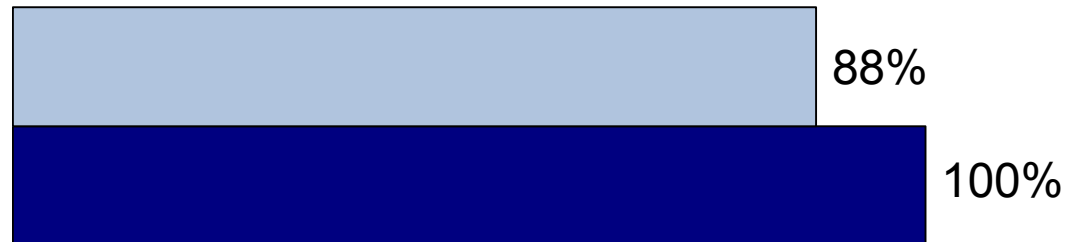


Near-Miss Documentation



When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report?

% Most of the time/Always



- Pilot ASCs
- USC ASC

Change Implemented



Basket of small gifts to reward staff for reporting problems, making suggestions, or going above and beyond



Going Forward



- Report results at the quarterly provider/management meetings
- Share with staff
- Re-survey September 2015

