ASCRS ♦ ASOA Symposium & Congress
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A 2006 Harvard study found communication breakdown was found to be the primary cause in 70% of serious adverse events reported to the Joint Commission.

To facilitate exchange of critical information during the surgical process, the World Health Organization (WHO) created a basic surgical checklist in 2008.

The checklist was designed to ensure surgical teams consistently follow certain basic safety steps to minimize the most common and avoidable risks to patients at time of surgery.

In response to the World Health Organization’s Safe Surgery Saves Lives program, a baseline study of 8 major hospitals was conducted from 10/07 through 9/08, and a follow up study was completed after implementation of the safe surgery checklist.

Patients were at least 16 years old and had non-cardiac surgery.

The rate of death fell from 1.5% to 0.8% after checklist implementation, nearly cut in half.

The Centers for Medicare and Medicaid Services (CMS) has implemented a quality reporting program for ambulatory surgery centers (ASC) and hospital outpatient departments (HOPD) that introduces a structural measure on the use of a safe surgery checklist (ASC-6) and OP-25, respectively.

This measure is part of payment determination for the calendar year 2015. This measure is also being adopted for the Hospital Outpatient Quality Reporting Program (OP-25 for the calendar year 2014).

Beginning in 2013, ambulatory surgery centers and hospitals began reporting their yes/no attestations regarding the use of a safe surgery checklist in 2012.
- Requires safe surgery checklist use for all patients and procedures, regardless of Medicare coverage.

- Facilities failing to meet ASCQR program requirements in CY 2014 received a 2% CMS reimbursement penalty beginning in 2015.


- Hospital Outpatient Safe Surgery Checklist measure is OP-25, and also reported through QualityNet Secure Portal.

- CMS does not provide a required form of safe surgery checklist.

- Several organizations including the World Health Organization (WHO) developed safe surgery checklists which can be adapted as needed per facility, but were general in scope.

- A task force was formed to create a safe surgery checklist specific to ophthalmology. The task force consisted of representatives from AAO, ASCRS, ASORN, OMIC, and ODDS.

- Safe surgery checklists are also available through many electronic medical record software applications.

- Checklist templates should be customized per facility and work flow.

- All checklists must address three (3) critical areas:
  - Sign-in before anesthesia
  - Time-out before incision
  - Sign-out before transfer from the OR to the recovery area

- What types of procedures are done in your surgical setting?

- What supplies, medications, instrumentation, forms, staff is required for each type of procedure?
Do you administer general anesthesia which requires emergency malignant hyperthermia supplies at the ready? Presence/absence of MH kit would be a good addition to the checklist.

Do you have facility-specific space considerations? Example: Confirmation of PACU space available prior to procedure.

Considerations

Differentiate consistent safety-related tasks from those which are non-safety related.

Example: doctor preference for positioning versus patient ability to lay flat if required for procedure. Patient in required position could be a safety checklist item but surgeon preference of position may vary from surgeon to surgeon and is not a safety concern for the patient.

Considerations

Considerations

Implementation


Implementation

Ophthalmology Task Force Checklist

http://www.aao.org/asset.axd?id=b2a10a8b-68ac-4911-b537-f5d8ae53c16a

Before Anesthesia Task Force Checklist

- Surgical Site to be marked by physician prior to entering OR
- Must adapt to include any additional requirements which are facility/procedure specific.

Before Incision Task Force Checklist

Adapt to include any additional supply requirements or drilling-related supply check.

Adapt options as needed and document any changes for quality assurance.
Before Leaving Operating Room
Task Force Checklist

- Implant recorded, patient card provided to PACU/patient
- Any patient-specific modifications made to standard discharge policy and protocol documented and communicated to PACU caregiver

**Hand Off Communication Policy**

"Improving Hand Off Communication" was a Joint Commission National Patient Safety Goal for 2007. It required a written policy and protocol in place for providing information when transferring care between caregivers.

In the surgical setting, this policy works in conjunction with the safe surgery checklist for optimal risk reduction due to communication errors and/or omissions.

All surgical facilities should have policies in place for Safe Surgery Checklist and Hand Off Communications.

**JCAHO Patient Safety Goal Hand Off Communications 2007**

Sources of information on the Safe Surgery Checklist and Hand Off Communication may be found online at:

- [http://www.asorn.org/resources/safe_surgical_checklist](http://www.asorn.org/resources/safe_surgical_checklist)

Questions?

It has been my pleasure to be with you today and I sincerely hope the information provided will be beneficial. Please feel free to reach out if you have questions regarding the safe surgery checklist or hand off communications, including policies, forms, protocols, customization per facility/specialty, or reporting.

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