The Manual sections include:

- Section I – Emergency Services
- Section II – Nursing Services
- Section III – Perioperative Services
- Section IV – Behavioral Health Services
- Section V – Infection Prevention and Control
- Section VI – Obesity and Bariatric Services

SAMPLE CONTENT – ABBREVIATED

Section 3.0

PERIOPERATIVE SERVICES

Evidence-Based Practice, Quality Improvement & Patient Safety Practices, and Document Strategies

Introduction

Perioperative services, including anesthesia, require a concerted effort to reduce risk and enhance patient safety. Multidisciplinary team members must unite to effectuate changes that promote patient safety and optimize patient outcomes. The focus of this chapter centers on risk and patient safety considerations during each phase of the perioperative experience. The knowledge and understanding gained from the contents and associated tools will allow risk management professionals, surgical clinical directors and medical staff members to proactively identify risks and initiate patient safety improvements.
Perioperative – Common Malpractice Allegations

The following list includes the various types of allegations made against perioperative practitioners in medical malpractice cases:

- Lack of informed consent
- Inadequate cardiac and respiratory evaluation
- Inappropriate medical clearance
- Medical mismanagement, including, but not limited to, misdiagnosis, wrong procedure, unnecessary procedure
- Technical errors in the performance of a procedure
- Retained foreign bodies
- Patient identification errors
- Wrong-site/wrong-side surgery
- Failure to treat/diagnose deep venous thrombosis
- Hospital-acquired infection
- Equipment failure/malfunction
- Burns from laser, electrocautery or prep solution
- Surgical fires
- Circulatory or nerve impairment related to positioning
- Inadequate patient monitoring and assessment
- Failure to provide adequate discharge teaching

Allegations specific to perioperative nurses may include:

- Retained foreign bodies (needles and sponges)
- Burns from laser, electrocautery or prep solution
- Circulatory or nerve impairment related to positioning
- Inadequate patient monitoring and assessment
- Failure to provide discharge teaching

Perioperative – Claim Analysis, Contributing Factors

According to The Joint Commission’s sentinel event data, communication was the second most frequently identified root cause of sentinel events reviewed by The Joint Commission in 2013. Effective communication is a key component of several processes associated with the care of surgical patients during each perioperative phase. Examples of processes that rely on effective communication among perioperative team members include: hand-offs, time-outs, intra-operative counts, post-operative patient monitoring and discharge. These and other perioperative processes are explained in greater detail in Section 3.2.
Surgeons often face allegations of inadequate informed consent, as well as allegations regarding the performance of the surgery itself. Accordingly, it is important to regularly monitor informed consent documentation to ensure that all the necessary elements are present. Informed consent is discussed further in Section 3.2.

**Proactive Risk and Patient Safety Identification**

Proactive risk and patient safety practices for perioperative services begin with effective risk management, quality improvement and patient safety programs. The following sections include an overview of the components to be considered when developing or updating a perioperative services risk management program.

**Perioperative Risk Management Program Elements**

The recommended components of a perioperative risk management program include the following:

- Effective reporting of adverse events and near misses
- Active medical staff involvement in the identification of risk and in the implementation of risk treatments
- Protocols to manage high-risk patient care activities (e.g., patient identification, counts, positioning, use of equipment and supplies)
- A multidisciplinary patient care/quality review process which also addresses the quality and completeness of the medical record
- Ongoing evaluation of the environment to identify and address safety hazards and traffic control
- An equipment management plan that addresses acquisition, maintenance and repair
- Written policies and procedures to guide operation of the department
- Staff member orientation and educational programs
- Annual self-assessment of the perioperative area, with a summary of identified opportunities, analysis and actions to be taken
- A clear understanding of the clinical, business and operational risks of the department, based on the scope of services provided

**Evidence-Based Practice Committee**

Evidence-based healthcare has been defined as follows:

Evidence-based health care is the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services. Current best evidence is up-to-date information from relevant, valid research about the effects of different forms of health care, the potential for harm from exposure to particular agents, the accuracy of diagnostic tests, and the predictive power of prognostic factors.
The Association of periOperative Registered Nurses (AORN) and the American College of Surgeons support a systematic approach to achieve exemplary practice in the delivery of care. The American College of Surgeons strives to support physicians by providing information through a systematic and integrated approach that includes the following:

- An accessible repository of available scientific evidence
- Available outcome studies that document the results of surgical care
- A process to introduce new technology and innovative practices
- A clinical trials program

AORN encourages nurses to utilize a methodical approach to identify potential issues in clinical practices. Indeed:

AORN believes:

- Research should be the foundation for perioperative nursing practice.
- Evidence-based practice is fundamental to quality patient care.
- Incorporating research findings into perioperative nursing practice is a critical component of the continuing effort to improve patient outcomes.

Establishing a multi-disciplinary practice committee requires the collaboration of the various disciplines (e.g., medical staff, nursing, anesthesia, pharmacy, risk management) that are involved in the provision of care and treatment of perioperative patients. A multi-disciplinary practice committee can lead to significant improvements in patient care and outcomes.

**********

High-Reliability Unit

High-reliability organizations conduct relatively error-free operations over long periods of time and consistently make good decisions. The following key elements are imperative to the successful development of a high-reliability organization:

- Leadership – Leaders work collaboratively with one another and are charged with creating the appropriate culture.
- Institutional infrastructure, organizational alignment and resource investment – The appropriate technology and information systems are implemented to facilitate a high-reliability organization.
- Transparency – Open communication across the organization is encouraged; successes, as well as failures, are recognized.
- Accountability – The responsibility for quality and patient safety initiatives and favorable outcomes extends from the unit level to the individual practitioner.
- Rigorous measurement – Data on clinical outcomes are gathered and analyzed to determine where to focus improvement efforts.

The perioperative unit must have well-established safety goals and evaluate these goals, taking into account the performance expectations of the unit and the organization as a whole. Perception of risk may be heightened by an evaluation of internal and external data. Staff member education
is often needed to supplement knowledge deficits. Each perioperative unit needs its own plan for increasing knowledge regarding risk, quality and safety management within the perioperative

**********

References


**********

Section 3.4

Sample Perioperative Policies and Audit Tool

The following sample policies and procedures and audit tool are available in the Coverys Tool Chest:

- Verification of Informed Consent by Physician and Non-Physician Providers
- Presence of Sales Representatives and New Products/Devices in Operating Rooms/Perioperative Areas
- Perioperative Services Review Guideline Self-Assessment Tool
- Sample Orientation and Competency Assessment: Caring for the Obese/Bariatric Patient