

Surgical Services Safety Assessment Chart Review and Observation/Interview Tools

A Self Assessment Tool for the
Review of In-Patient and Out-Patient
Surgical Services

Additional information and consultation
assistance can be obtained by calling
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Matching Execution with Healthcare's Vision

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Surgical Services Safety Assessment Observation/Interview Template

(Directions: Check or write comments for each area either observed or determined through interview and/or document review.)

Can be done for all surgical suites and other areas where
invasive procedures are performed, e.g. Endoscopy,
Interventional Radiology, etc.)

Area Reviewed	#1	#2	#3
Universal Protocol			
Correction Patient/Site/Procedure			
Checklist complete before advancing to the next stage			
Site marked			
Time Out includes:			
Informed Consent			
Patient Identification			
Site marked			
The intended position of the patient must be included in the timeout.			
Check Images			
Informed Consent process---anesthesia, surgery, blood			
System in place to verify that prosthetic devices are available in the correct size and properly sterilized prior to surgery			
Blood and blood products that are earmarked and prepared for a specific patient verified (via protocol for double checks) for type and cross-match before the surgical procedure begins and in the OR suite			

Area Reviewed	#1	#2	#3
Implantable Devices			
SMDA tracking			
Sterilization			
Recall			
Documentation			
Tissue			
Tracking from receipt to use			
24 hour temperature control			
Traceability			
Documentation			
Other Equipment			
Which equipment has been sterilized?			
How often are they flash sterilizing?			
Why?			
Are vendors allowed in the OR?			
What is process for md to introduce new equipment?			
Borrowed Equipment			
Process for equipment to enter the hospital--biomedical, sterilization			
Photography			
Patient Consent documented			
Fire Safety			
Supplemental O 2			
Draping			
Prep solutions			
Holsters			
H2O on field			
Smoke compartments			
Drills			
Equipment (blankets/extinguishers)			
Education			
Events			
O2 shut offs			

Area Reviewed	#1	#2	#3
Sedation			
Privileges			
Education and credentialing and competency for RN, MDs, Residents			
Are NPs and PAs considered LIPs for sedation and if no, are they appropriately supervised			
Pre-sedation assessment /plan			
Availability of reversal agents			
Post sedation assessment			
QI related to sedation-- monitoring outcomes and reversal agents used?			
DNR			
Consistent practice			
Documentation			
Completeness			
HAND-OFF Communications			
Consistent practice			
Radiation Safety			
Protective equipment			
Monitoring			
Laser Safety			
Protective equipment			
Monitoring			
Malignant Hyperthermia			
Consistent practice			
Medications & equipment available			
Discharge Criteria			
Consistent practice			
If ICU does recovery in off hours, do their nurses have same competencies?			
Specimen Handling			
Labeling			
Hand-offs			
Identification			
Discrepancies			
Events			
Clear communication between lab and procedure areas of what specimens need to be performed			

Area Reviewed	#1	#2	#3
Counts			
Consistent practice			
Documentation			
Discrepancies			
Events			
DISASTER PLAN / EMERGENCY MGMT.			
Drills			
Organization plan			
Documentation			
Equipment/Technology			
PM checks			
Use of alarms			
Battery back-up lights			
Emergency power			
Safety devices (AEM, etc)			
Patient Positioning			
Responsibility			
Devices / aids			
Safe patient moving practices			
Equipment to accommodate bariatric pts.			
Events			
Skin			
Pre and Post op assessments			
Medication			
Storage			
Handling			
Security			
Labeling			
No bulk medication			
Iv admixture outside of pharmacy			
Read-back used for all verbal order and critical value reports			
Medication reconciliation at each phase			
Sterile product use from patient to patient			
Safety Culture			
Can staff speak up?			
Education			
Reinforcement			
Near misses			
Transparency			
Surveys			
Staff Competency Assessments			
Documentation			

Area Reviewed	#1	#2	#3
Event Reporting			
Documentation			
Trending			
Action taken			
Near Misses			
PACU Emergencies			
Rapid response			
Infection control			
Pre-op shower			
Hair clipping			
Antibiotics in within 60 minutes of incision and redosed in long procedures			
Supply and return air registers clean and free of lint and dust			
General housekeeping appear to be a priority			

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Surgical Services Safety Assessment Chart Review Template

(Directions: Write comments on findings in each chart reviewed
Charts can be randomly selected or batched based on your criteria,
e.g. time of day, surgical suite used, surgical team, etc.)

Chart Reviewed	#1	#2	#3
CDC Class:			
ASA Class:			
Date/Time:			
Procedure:			
Surgeon:			
Anesthesiologist:			
MR#			
Pre-operative			
History and Physical present			
Shower with approved scrub			
Hair clipped-not shaved, <i>if needed</i>			
Pre-procedure checklist completed and all items are present in medical record			
If on Coumadin, INR obtained			
Informed consent blood, anesthesia, procedure			
Pre-anesthesia evaluation			
<i>Abnormal values lab, x-ray, ekg addressed before surgery</i>			
Antibiotic within 60 minutes prior to incision			
Documented equipment check prior to use			
Universal Protocol-documented			
<i>Correct patient, site, procedure</i>			
<i>All items required on checklist present</i>			
<i>Site Marked</i>			

Chart Reviewed	#1	#2	#3
<i>Time out with all required parties</i>			
Evidence of DNR status . documentation of what is to be done if cardiopulmonary arrest occurs in perioperative period			
Intraoperative			
Documentation of initial and periodic vital signs, as defined by ASA: BP, pulse, EKG, breath sounds, pulse oximetry, temperature (peds and cases longer than 30 min)			
Death or cardiopulmonary event . intra-operative			
Blood products transfused			
Endotracheal intubation: clinical assessment and CO2 in expired gas, end tidal CO2			
Documentation of blood samples taken-ABGs			
Documentation of patient positioning and repositioning			
Documentation of specimens sent to pathology and clear instructions of tests to be performed on each specimen			
Documentation of intra-procedure antibiotic, if procedure > time specified in policy			
Required documentation of implants			
Post procedure surgical note with required elements completed			
Post procedure anesthesia note completed			
Unintended tear, laceration or organ removal			
Count correct or appropriate action taken			
Aspiration			
PACU			
Patient extubated prior to PACU arrival			
Documented use of pulse oximetry in immediate recovery period			
No evidence of hypothermia			
Documented initial and periodic vital signs according to PACU policy			
Documented eval of pat recovery . using defined clinical variables; endtidal CO2			

Chart Reviewed	#1	#2	#3
Evidence of timely response to pat condition . whether in-pat or out- pat			
Use of reversal agents			
Unplanned transfer to Critical Care			
Unplanned return to surgery			
Discharged per criteria			
Unplanned reintubation			
Post-Operative Period			
DVT/PE prophylaxis with anticoagulation *see guidelines below			
Vital sign monitoring as ordered or per surgical routine			
If pre-op beta blocker, continued post op			
Infection related to central line			
If urinary catheter, UTI			
Prophylactic antibiotic discontinued at 24 hours or 48 hours for cardiac surgery			
If patient on ventilator, ventilator bundle adhered to			
Death or cardiopulmonary event with 48 hrs procedure			
Unplanned transfer to ICU			
Post Operative MI			
Pneumonia			
Surgical site infection			
Post Operative DVT, PE			
Unplanned return to OR- If yes, please list reason in comments			
CNS deficit within 48 hrs of completion of anesthesia admin			
Post anesthesia evaluation is completed and documented by the qualified anesthesia provider in the patient's record (excludes sedation patients)			
If photography, consent present			