**PHYSICIANS’ SURGERY CENTER OF NEVADA**

Report to the Director of the Legislative Counsel Bureau Pursuant to Assembly Bill 280 of the 2011 Legislative Session

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Carson City, NV 89703  

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June 1, 2011 – June 1, 2012

<table>
<thead>
<tr>
<th>Check Lists Developed Include:</th>
<th>Revisions*</th>
<th>Usage**</th>
<th>Review***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related to the following specific types of treatments*</td>
<td>(name of checklist)</td>
<td>(date of revision)</td>
<td>(Unit/Department)</td>
</tr>
<tr>
<td>Patient Room &amp; Environment Sanitation</td>
<td>Safe Environment Audit</td>
<td>Approved 12/16/2011</td>
<td>Entire ASC</td>
</tr>
<tr>
<td>Discharge</td>
<td>Post-Operative Nursing Record</td>
<td>Approved 12/16/2011</td>
<td>Post –Op</td>
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<tr>
<th>Patient Safety Policies developed include:</th>
<th>Revisions</th>
<th>Usage</th>
<th>Review</th>
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</thead>
</table>
| Patient identification before providing treatment      | Admission and Patient Flow Procedure  
Patient ID Bracelet | Approved 12/16/2011  
Admitting | Entire ASC | X |
| Hand hygiene nationally recognized standard precautionary protocols | Hand Hygiene Policy | Approved 12/16/2011 | Entire ASC | X |
| Patient Safety Checklist and policy compliance         | Comprehensive Surgical Checklist | Approved 12/16/2011 | Pre-Op/OR | X |

<table>
<thead>
<tr>
<th>Summary of Review</th>
<th>Total # developed</th>
<th>Total # revised</th>
<th>Total # reviewed</th>
</tr>
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<tbody>
<tr>
<td>Patient Safety Checklists</td>
<td>3</td>
<td>0</td>
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</tr>
<tr>
<td>Patient Safety Policies</td>
<td>4</td>
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</tbody>
</table>
PHYSICIANS' SURGERY CENTER OF NEVADA

CLEAN & SAFE ENVIRONMENT AUDIT

<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>SAFE ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDICATOR</td>
<td>INSPECTION OF FACILITY (done once a quarter)</td>
</tr>
<tr>
<td>INSTRUCTIONS FOR DATA COLLECTION</td>
<td>Walk through the facility, once a quarter, as the patient flows. Look at each area and evaluate the following data. If you identify something in the waiting room, note that in comments. If you need more room, use the back of this sheet, or staple a new sheet to this one. Answer all questions as you see them. If something looks dirty, unsafe, out of place, etc., document it. This is a tool to help us improve our patient care. We must identify all areas needing attention.</td>
</tr>
<tr>
<td>DATE/DATA COLLECTOR</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carpet appears intact, smooth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallways are free of obstacles.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSDS sheets readily available.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sharps containers in place with no sharps protruding from top.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ramps to enter building intact.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Wheelchairs available, with working parts, (brakes working).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All lighting in working order.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All furniture free of breaks; furniture legs in order and sturdy.</td>
<td></td>
<td></td>
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<tr>
<td>All exit doors fully lighted and designated.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>All Exit lights tested for 30 seconds every month and documented (once a year must be for 90 minutes)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>All exit doors fully accessible.</td>
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<tr>
<td>All unnecessary equipment out of hallways.</td>
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<tr>
<td>Fire extinguisher in place with current inspection date. (must be inspected and documented on back of tag every month)</td>
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</tbody>
</table>
POST OPERATIVE NURSING RECORD

Date
PACU Arrival Time: ____________________________

Allergies
Per: Gurney Other

Operative Eye: Right Left Eye Shield Intact Patch/Shield Intact None

IV Site Intact IV Dc'd Skin intact, no redness or swelling Pressure dressing applied

Other: ______________________________________

| Time | B/P | Pulse | Resp | SaO2 | Temp | Pain 0-10 | Aldrete Score | Activity | Respiration | Circulation | Consciousness | O2 saturation | TOTAL |
|------|-----|-------|------|------|------|-----------|--------------|----------|-------------|-------------|--------------|--------------|-----------|-------|

Medication Administration:
Med/Dose/Route/Time/Initials: ______________________________________________________

Nurse’s Notes: ________________________________________________________________


Outcome Goal: Patient will be kept as comfortable as possible. Patient verbalizes relief of pain.

__Met __Not met, reason __________

Nursing Diagnosis II: Anxiety related to knowledge deficit regarding home care. Plan: Assess emotional status. Provide with complete discharge instructions, verbal and written, specific to surgeon.

Outcome Goal: __Met __Not met, reason __________

Discharge Criteria Met:
__Alert/oriented x3 __other __________
__Tolerating activity as per pre-op status __Other __________
__Vital Signs Stable/ Other __________
__Minimal nausea & vomiting/Other __________
__Pain Assessment (0-10) __________
__Eye shield intact __Eye patch/shield intact __N/A __Other __________

DISCHARGE SUMMARY: Post-op Eye Kit given: Yes No
Printed Instructions reviewed/copy to patient/significant other Yes No
Follow-up Appointment instructions: Yes No
Verbal understanding of instructions: Yes No Other __________
Discharged per: Ambulatory W/C Other __________

Discharged To: ____________________________ Time: __________ Nurse’s Signature: ____________________________

Patient was evaluated for LOC, vital signs stable prior to discharge per M.D. Patient was discharged in good condition with a responsible adult.

09/05/08

Patient Label
# Comprehensive Surgical Checklist

## Preprocedure Check-In

**Pre-Op**

- Patient/patient representative actively confirms with Registered Nurse (RN):
  - Identity: [ ] Yes
  - Procedure and procedure site: [ ] Yes
  - Consent(s): [ ] Yes
  - Site marked: [ ] Yes [ ] N/A
  - by person performing the procedure

- RN confirms presence of:
  - History and physical: [ ] Yes
  - Preadmission assessment: [ ] Yes
  - Diagnostic and radiologic test results:
    - [ ] Yes [ ] N/A
  - Blood products:
    - [ ] Yes [ ] N/A
  - Any special equipment, devices, implants:
    - [ ] Yes [ ] N/A

- Include in Preprocedure check-in as per institutional custom:
  - Beta blocker medication given (SCIP) [ ] Yes [ ] N/A
  - Vascular thromboembolism prophylaxis ordered (SCIP) [ ] Yes [ ] N/A
  - Normothermia measures (SCIP) [ ] Yes [ ] N/A

The JC does not stipulate which team member initiates any section of the checklist except for site marking. The Joint Commission also does not stipulate where these activities occur. See the Universal Protocol for details on Joint Commission requirements.
PHYSICIANS' SURGERY CENTER OF NEVADA

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>ADMISSION AND PATIENT FLOW PROCEDURE</th>
</tr>
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<tbody>
<tr>
<td>Section:</td>
<td>Admissions</td>
</tr>
<tr>
<td>Policy #:</td>
<td></td>
</tr>
<tr>
<td>Purpose</td>
<td>To establish protocol</td>
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<tr>
<th>Approved Date</th>
<th>Reviewed Date</th>
<th>Revised Date</th>
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<tr>
<td>12/11/11</td>
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POLICY:

BEFORE PROCEDURE DAY:

When scheduling the surgical procedure, the scheduler will instruct the patient regarding the surgical day, time, lab requirements, etc. They will also be informed to bring someone with them who can drive them home after discharge, unless patient will not be sedated.

ADMISSION TO CENTER:

When the patient arrives at the center:

They will register with the receptionist.

The receptionist will prepare the chart and copy insurance information if needed.

The receptionist will verify patient name, and procedure, and assess patient’s understanding of the scheduled procedure. A name band will be placed on patient’s wrist.

The receptionist will inform the pre-op area of the arrival of patient.

If necessary, patient will be instructed to wait in the waiting room until taken back to the pre-operative area by a nurse or assistant.

PRE-OP AREA:

A staff member will call patient by name and collect chart and take patient to dressing area.

The pre-operative procedure will then be explained.

A consent form will be signed. The nurse will identify the patient using two (2) patient identifiers (name and birth date).

A Registered Nurse will complete a pre-operative assessment.

The patient will be informed who the care providers are for their procedure to include surgeon and anesthesia provider, if applicable.
PHYSICIANS' SURGERY CENTER OF NEVADA

Policy Name: PATIENT IDENTIFICATION BRACELET
Section: Admission
Policy #: 
Purpose: To establish protocol

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POLICY:

All patients admitted to Physicians’ Surgery Center of Nevada will have an identification bracelet applied.

PROCEDURE:

The admitting area will be responsible for applying out the identification bracelet for the patient. The patient’s name, date of birth and the doctor’s name will be on the ID bracelet.

The ID bracelet will be placed on either arm, making sure the bracelet is on tight enough so it will not fall off, but loose enough so it will not impede circulation.
PHYSICIANS' SURGERY CENTER OF NEVADA

Policy Name: HAND HYGIENE POLICY
Section: Infection Control
Policy #: 
Purpose: To reduce transmission of pathogenic microorganisms to patients, visitors, and healthcare workers.

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POLICY:

The center goes by the WHO (World Health Organization) protocols for hand washing. For routine decontamination of hands in the clinical setting, use an alcohol-based waterless antiseptic. Hand washing with soap and water is still required for specific situations, as described below.

Exclusions:

Hand scrub procedures required by surgery are not covered in this policy.

Hand washing with soap and water (either non-antimicrobial or antimicrobial) is required if contact with spores (e.g. Bacillus spp. or C. difficile) is anticipated. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.

Antimicrobial-impregnated wipes (i.e., towelettes) are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of healthcare workers, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap. They may be considered as an alternative only to washing hands with non-antimicrobial soap and water.

When to wash with soap and water

When hands are visibly soiled or contaminated with blood / body fluids.

After using the rest room.

After using alcohol-based waterless antiseptic approximately 10-15 times (due to a build-up of emollients and thickeners).

Before eating, or drinking.

If contact with spores (e.g. Bacillus spp. or C. difficile) is anticipated.
PHYSICIANS’ SURGERY CENTER OF NEVADA

Procedure

Wet hands first with warm water.

Apply 3-5 ml of soap to hands (either non-antimicrobial or antimicrobial).

Rub hands together vigorously for at least 15 seconds covering all surfaces of the hands and fingers.

Rinse hands with warm water, keeping hand directed down.

Dry thoroughly with disposable towel.

Use clean/dry towel to turn off the faucet.

When to use an alcohol-based waterless antiseptic

For any routine clinical situation, except in situations described above:

Before and after your work shift.

Before and after patient contact. After contact with a patient's intact skin (as in taking a pulse or blood pressure, or lifting a patient).

Before caring for patients with severe neutropenia or other forms of severe immune suppression.

Before donning sterile gloves when inserting a central intravascular catheter.

Before inserting indwelling urinary catheters or other invasive devices that do not require a surgical procedure.

Before eating or drinking.

Before preparing or administering medication.

After blowing nose or covering a sneeze (if visibly soiled must wash hands).

After removing gloves.

After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressing, as long as hands are not visibly soiled.

If moving from a contaminated body site to a clean body site during patient care.

After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

Before donning sterile gloves when inserting an IV.
Procedure (based on manufacturer recommendation)

Apply one pump of product to palm.

Rub hands together covering all surfaces, including nails, until product evaporates.

After every 10-15 uses of alcohol-based waterless antiseptic, hands should be washed with soap and water, to remove build-up of emollients and thickeners.

Skin Care

Lotions may be used to minimize the occurrence of dryness associated with hand washing or hand decontamination.

Only facility-approved lotions may be used, to ensure compatibility with other facility approved products.

Finger Nails

Artificial fingernails or extenders must not be worn when providing direct patient care (direct patient care defined as having direct contact with patients as part of job requirements).

Natural nail tips must be kept less than ¼ inch long. Nail polish must be intact and must not be chipped.

Care providers who provide direct hands-on care in clinical areas which require a 3-minute scrub (e.g. Surgery), should wear no artificial nails or nail polish.

Other Aspects of Hand Hygiene

Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.

Definition of Terms:

Alcohol-based hand rubs. An alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands. In the United States, such preparations usually contain 60%--95% ethanol or isopropanol.

Antimicrobial soap. Soap (i.e., detergent) containing an antiseptic agent.

Antiseptic agent. Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol (PCMX), quaternary ammonium compounds, and triclosan.

Antiseptic handwash. Washing hands with water and soap or other detergents containing an antiseptic agent.

Antiseptic hand rubs. Applying an antiseptic hand-rub product to all surfaces of the hands to reduce the number of microorganisms present.
Cumulative effect. A progressive decrease in the numbers of microorganisms recovered after repeated applications of a test material.

Decontaminate hands. To Reduce bacterial counts on hands by performing antiseptic hand rub or antiseptic handwash.

Detergent. Detergents (i.e., surfactants) are compounds that possess a cleaning action. They are composed of both hydrophilic and lipophilic parts and can be divided into four groups: anionic, cationic, amphoteric, and nonionic detergents. Although products used for hand washing or antiseptic hand wash in health-care settings represent various types of detergents, the term "soap" is used to refer to such detergents in this guideline.

Hand antisepsis. Refers to either antiseptic hand wash or antiseptic hand rub.

Hand hygiene. A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

Hand washing. Washing hands with plain (i.e., non-antimicrobial) soap and water.

Persistent activity. Persistent activity is defined as the prolonged or extended antimicrobial activity that prevents or inhibits the proliferation or survival of microorganisms after application of the product. This activity may be demonstrated by sampling a site several minutes or hours after application and demonstrating bacterial antimicrobial effectiveness when compared with a baseline level. This property also has been referred to as "residual activity." Both substantive and nonsubstantive active ingredients can show a persistent effect if they substantially lower the number of bacteria during the wash period.

Plain soap. Plain soap refers to detergents that do not contain antimicrobial agents or contain low concentrations of antimicrobial agents that are effective solely as preservatives.

Substantivity. Substantivity is an attribute of certain active ingredients that adhere to the stratum corneum (i.e., remain on the skin after rinsing or drying) to provide an inhibitory effect on the growth of bacteria remaining on the skin.

Surgical hand antisepsis. Antiseptic hand wash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora. Antiseptic detergent preparations often have persistent antimicrobial activity.

Visibly soiled hands. Hands showing visible dirt or visibly contaminated with proteinaceous material, blood, or other body fluids (e.g., fecal material or urine).

Waterless antiseptic agent. An antiseptic agent that does not require use of exogenous water. After applying such an agent, the hands are rubbed together until the agent has dried.
REFERENCES:


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<th>Policy Name:</th>
<th>COMPREHENSIVE SAFE SURGICAL CHECKLIST</th>
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<td>Section:</td>
<td>Preoperative</td>
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POLICY:

All Medicare-certified ASCs are required to report using comprehensive surgical checklist. (CMS 2012) Additionally, reporting the use of a safe surgery checklist will be an annual requirement in Medicare’s quality reporting program.

In order to comply with Medicare’s 2012 quality reporting program, the center uses AORN’s Comprehensive Safe Surgical Checklist. All patients admitted will have a completed comprehensive check list in their medical record.