REPORT TO THE DIRECTOR OF THE LEGISLATIVE COUNSEL BUREAU PURSUANT TO ASSEMBLY
BILL 280 OF THE 2011 LEGISLATIVE SESSION – SUBMITTED BY:

G. Lasta, RN

(Las Vegas Regional Surgery Center)

3560 E. Flamingo Rd. Las Vegas NV 89141

Glenda Lasta , R.N.

(YEAR – time frame captured such as 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>(date of revision) X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(name of treatment types)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Room &amp; Environment Sanitation</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Discharge</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(name of check list developed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Instructions - General</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Safety Policies developed include:**

<table>
<thead>
<tr>
<th>Policy Name</th>
<th>Revisions</th>
<th>Usage</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Identification before providing treatment</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hand hygiene nationally recognized standard precautionary protocols</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Patient Safety checklist &amp; policy compliance</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

| Procedure Verification Form                                | X         |       |        |

**Summary of Review**

<table>
<thead>
<tr>
<th>Summery of Review</th>
<th>Total # developed</th>
<th>Total # revised</th>
<th>Total # Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety Checklists</td>
<td>1</td>
<td>X</td>
<td>10</td>
</tr>
<tr>
<td>Patient Safety Policies</td>
<td>1</td>
<td>X</td>
<td>10</td>
</tr>
</tbody>
</table>

*Checklists and Patient Safety Policies were reviewed for the stated time period. Need for revision is noted by the date the revision was made.

**Usage outlines the unit/departments the checklists are used in.

***As part of the annual review any required revisions will be identified. If revisions are required this is noted in the revision box. Any additional patient safety checklists or policies identified will be noted in this (review) column. If the annual review reveals no changes are required this box will be marked with an “X”. An “X” means that the checklists and policies were reviewed but no changes were required.

❖ Reports are due on or before July 1 of each year
**Las Vegas Regional Surgery Center**
3560 East Flamingo Road, Suite 105
Las Vegas, Nevada 89121-5000

**Procedure Site Verification Form**

At the time of admission, all patients are asked to name and locate the area of their procedure. All site references are in relation to the body of the patient.

<table>
<thead>
<tr>
<th>Patient to complete the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure name:</td>
</tr>
<tr>
<td>Body location:</td>
</tr>
<tr>
<td>(Body location) (side)</td>
</tr>
<tr>
<td>Patient Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

To ensure your safety, you will be asked to confirm this information separately and additionally by the Nurse who admits you pre-operatively and the Circulating Nurse in the Operating/Procedure Room. The anesthesia provider will confirm with the surgeon prior to beginning the procedure. Repeated verification ensures your safety.

**Pre-Op Confirmation**

The chart agrees with the patient’s verbal and written site of procedure?  □ Yes □ No
If NO, please explain: ________________________________________________
Pre-Op Nurse: _______________________________________________________

**Operating/Procedure Room Confirmation**

The chart agrees with the prepared procedure site?  □ Yes □ No
If NO, please explain: ________________________________________________

Circulating Nurse: ___________________________________________________
Verbally confirmed with Surgeon and anesthesia provider: Time Initials
DISCHARGE INSTRUCTIONS – GENERAL

1. You were administered general anesthesia during the procedure so you will be sleepy for the rest of the day and, maybe, tomorrow.
   After general anesthesia, you should breathe deeply and cough vigorously each waking hour in order to keep your lungs clear.
   DO NOT drive, operate any machinery or do anything requiring coordination for the rest of the day.
   DO NOT sign any legal documents or make any important decisions in the next 24 hours.
   If you are a smoker, you may experience a rise in body temperature tomorrow.
   Resume your home medications.
   Activities as tolerated but remember to take it easy.
   You should have a responsible adult be with you for the rest of the day and during the night for your protection and safety.

2. DIET - For the next 24 hours we recommend a clear liquid to light diet today. Avoid milk, spicy or greasy foods.
   DO NOT drink any alcoholic beverages for 24 hours after your procedure and while you are taking pain medication and Valium.

3. PAIN MEDICATION- If medication has been prescribed for your discomfort, take as prescribe. It may not provide total relief. DO NOT take aspirin and aspirin products.
   ANTIBIOTIC MEDICATION- Take as prescribed until gone.

4. DO NOT change your dressing or get it wet unless instructed to do so by your doctor. Take a sponge bath until you see your doctor at this office.
   Ice packs for the first 72 hours (20 minutes on/20 minutes off). If wearing a wrap, leave the pack on until the ice is melted or room temperature.
   Wash your hands thoroughly and dry with a clean towel before touching your incision(s) and dressing.

5. CALL YOUR DOCTOR IF:
   a. you have excessive bleeding. A small amount of blood on the dressing is normal.
   b. you have persistent, severe pain or pain that is not eliminated by your prescription
   c. signs of infection are observed (chills or fever (>100.5), redness, swelling or drainage from surgical area)
   d. you experience persistent nausea or vomiting. A certain percent of patient may experience nausea or vomiting following general anesthesia.

   If unable to reach your doctor go to the nearest emergency room.

   If you do not have an appointment for a follow-up visit, please make an appointment to see him/her in:
   □1 week □2 week’s □other _________ call your Dr. @ (____) _________.

6. A staff member of Las Vegas Regional Surgical Center will be calling you in the next few days. This is a routine call to check on your progress.

7. Special instructions: ____________________________________________________________________________________________
   Yes   No
   Prescription: □   □

   Describe

   I have received and understood these discharge instructions:

   ____________________________________________________________________________________________
   Responsible adult signature ____________ Witness signature ____________ Date ____________ Time ____________
# Surgical Safety Checklist

## Sign In (Pre-Op)
- **Patient has confirmed**
  - Identity
  - Site
  - Procedure
  - Consent
- **Site marked/not applicable**
- **Anesthesia safety check completed**
- **Pulse Oximeter on patient and functioning**
- **Does patient have a known allergy or sensitivity?**
  - Yes – documented in chart
  - No
- **Difficult airway/aspiration risk?**
  - No
  - Yes, and equipment/assistance available
- **Risk of >500ml blood loss (7ml/kg in children)?**
  - No
  - Yes, and adequate intravenous access and fluids planned

## Time Out (Intra-Op)
- **Confirm all team members have introduced themselves by name and role**
- **Surgeon, anesthesia professional, and nurse verbally confirm**
  - Patient
  - Site
  - Procedure
  - Anticipated critical events
  - Surgeon reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss?
  - Anesthesia team reviews: Are there any patient-specific concerns?
  - Nursing team reviews: Has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns?
- **Has antibiotic prophylaxis been given within the last 60 minutes?**
  - Yes
  - No
- **Is essential imaging displayed?**
  - Yes
  - No

## Sign Out (Post-Op)
- **Nurse verbally confirms with the team:**
  - The name of the procedure recorded
  - That instrument, sponge and needle
  - Counts are correct (or not applicable)
  - How the specimen is labelled (including patient name)
  - Whether there are any equipment problems to be addressed

---

Date: 

Patient Name: 

Procedure: 

Checklist completed by: 

Signature: 

Print Name: 
## SURGICAL SAFETY CHECKLIST

### Sign In (Pre-Op)
- **PATIENT HAS CONFIRMED**
  - Identity
  - Site
  - Procedure
  - Consent
- Site marked/not applicable
- Anesthesia safety check completed
- Pulse oximeter on patient and functioning
- **Does patient have a:**
  - Known allergy or sensitivity?
    - No
    - Yes – documented in chart
- Difficult airway/aspiration risk?
  - No
  - Yes, and equipment/assistance available
- Risk of >500ml blood loss (7ml/kg in children)?
  - No
  - Yes, and adequate intravenous access and fluids planned

### Time Out (Intra-Op)
- Confirm all team members have introduced themselves by name and role
- Surgeon, anesthesiology professional and nurse verbally confirm
  - Patient
  - Site
  - Procedure
- Anticipated critical events
- Surgeon reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss?
- Anesthesia team reviews: Are there any patient-specific concerns?
- Nursing team reviews: Has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns?

### Has antibiotic prophylaxis been given within the last 60 minutes?
  - Yes
  - Not applicable

### Is essential imaging displayed?
  - Yes
  - Not applicable

### Sign Out (Post-Op)
- Nurse verbally confirms with the team:
  - The name of the procedure recorded
  - That instrument, sponge and needle
  - Counts are correct (or not applicable)
  - How the specimen is labelled (including patient name)
  - Whether there are any equipment problems to be addressed
- Surgeon, anesthesiology professional and nurse review the key concerns for recovery and management of this patient

<table>
<thead>
<tr>
<th>Date:</th>
<th>Patient Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure:</td>
<td>Checklist completed by:</td>
</tr>
<tr>
<td></td>
<td>Print Name</td>
</tr>
</tbody>
</table>

Signature