Rick Combs, Director
Legislative Counsel Bureau
401S. Carson Street
Carson City, NV 89701-4747

Dear Mr. Combs:

Pursuant to NRS 439.877{4)(d) (AB280), which requires patient safety committees in medical facilities to report annually on the facilities review, revision, and usage of patient safety checklists and policies, the following is a summary of Siena Heights Surgery Center activities during 2017-2018.

As per the Siena Heights Surgery Center Performance Improvement and Patient Safety Plan, all checklists and policies were reviewed. The Siena Heights Surgery Center Performance Improvement and Patient Safety Plan include the patient safety and policy compliance requirements. Below you will find the specific checklists and policies.

Annually, the Quality Care/Patient Safety Committee reviews patient safety checklists that improve the outcome of patient's health and welcome inwhich are both clinical and non-clinical.

- These checklists are related to treatments, room and environment sanitation, and discharge.
- The minutes will reflect the effectiveness of these checklists or if changes are required to ensure patient safety.
- It is this committee's responsibility to monitor and document the effectiveness of the checklists and to revise to assure current standards are met.
- Current Checklist include:
    - Surgery Time out
    - Daily room inspection checklists
    - Discharge Instructions
    - Crash cart checklist

Annual oversight of patient safety polices including 2 Patient Identifier policy, Hand Hygiene Policy, and ensuring compliance with patient safety checklists by annual review of each identified checklist.

- To ensure compliance with checklists, random spot-checks will be made by the RN, Administrator, the Safety Officer or the Infection Control Officer.

Please do not hesitate to contact me or my staff should you require additional information.

Sincerely,

Kim Lewis

Kim Lewis, RN, Administrator

Siena Heights Surgery Center

REPORT TO THE DIRECTOR OF THE LEGISLATIVE COUNSEL BUREAU PURSUANT TO NRS 439B77(4) (d) – SUBMITTED BY:

Siena Heights Surgery Center
Kim Lewis, RN, Administrator

July 2017 -June 30, 2018

All checklists were reviewed and approved at the Quality Care/Patient Safety Committee

Check Lists Developed Include:	Revisions•	Usage••	Review•••
Related to the following specific types of treatments*			
Minimize risks and hazards of patient care.	11–03-17	Used Daily by Pre-op and OR Nurses	Ongoing
	10-18-17	Used Daily by all Nursing	Healthy Living Instructions and Sepsis information
Surgery Time Out	11-03-17	100% used prior to any procedure	Ongoing
Crash Cart Checklist	10-5-15	Checklist is conducted daily by all nursing units that have a Crash Cart	Updated to include Blue locks intact and dates are not expired
Patient Safety Policies developed include:	Revisions	Usage	Review
Environmental Safety and emergency preparedness.	03-23-18	Used by all clinical units	All policies are reviewed

Hand hygiene nationally recognized standard precautionary protocols	03-23-18	Used by all areas	All policies are reviewed every year by the Governing Board.
Patient Safety checklist & policy compliance	100%	Used by RN Administrator, PSO or ICF	Meetings help PRN following observations.

Summary of Review	Total# developed	Total # revised	Total # Reviewed
Patient Safety Checklists	No new	0	8, 100% annual review
Patient Safety Policies	No new	None	2, 100% review occurred in 2017, no changes

*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 units/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.

•• R e p o r t s are due on or before July 1 of each year, address report to:

Director LCB
Rick Combs (2016)
director@lcb.state.nv.us
Copy to: Megan.Comlossy@lcb.state.nv.us
Carson City, NV 89701

SIENA SURGERY CENTER
2865 Siena Heights Drive, Suite 200
Henderson, NV 89052

PATIENT SAFETY POLICY

PURPOSE:

To ensure every patient receives the highest quality of perioperative nursing care in every surgical or invasive procedure setting. To mandate all health care providers collaborate and strive to create an environment of patient safety. To improve healthcare outcomes of patients at SSC.

POLICY:

ADMISSIONS:

1. Patient is identified by photo I.D. i.e. (driver's license, state issued I.D., military I.D. etc.) or by parent. Two patient identifiers will be used. Identifiers include but are not limited to patient name and date of birth.
2. Patient face sheet/demographics are verified.
3. Allergies identified and verified.
4. Surgical Scheduling form verified.
5. Posting Sheet verified.
6. Consent Form verified.
7. Patient arm band information verified.
8. Complete patient safety checklist form (attached).

All information is verified with the patient, legal guardian or parent.

PRE-OP:

1. Area is sanitized prior to incoming patient per policy.
2. Patient is identified using two patient identifiers.
3. Allergies are verified
4. Pre-Op Orders.
5. Posting Sheet verified.
6. Surgical Consent Forms reviewed and signed by Patient/Legal Guardian or Parent, Registered Nurse and Physician.
7. Anesthesia Consent Forms verified and signed by Patient/Legal Guardian or Parent, Registered Nurse and Anesthesia.

8. Current History and Physical within 7 days or updated H &P day of surgery.
9. Review Labs/ EKG and Medical Clearance.
10. Complete patient safety checklist (attached).
11. Surgical Site verified.
12. Medications are administered using 5 patient rights.
13. Antibiotics Prophylaxis given in last 60 minutes. (World Health Organization)
14. Complete patient safety checklist (attached).
15. "Hand Off" communication to Circulating Registered Nurse. See "Hand Off Communication" Policy.

ANESTHESIA:

1. Patient is identified using two patient identifiers.
2. Pre-Anesthesia questionnaire reviewed.
3. Patient interviewed and examined.
4. Labs/EKG/Medical Clearance and all diagnostic tests reviewed.
5. Difficult airway/ aspiration risk assessment.
6. Anesthetic plan discussed \with patient. Risk/benefit/ alternatives explained, questions answered and patient wishes to proceed \with anesthetic.
7. GEN Regional MAC Peripheral Nerve Block discussed anesthetic care team.
8. ASA score assigned.
9. History and Physical performed on Podiatry patients.

OPERATING ROOM:

1. Area is sanitized prior to incoming patient per policy.
2. Patient is identified using two patient identifiers.
3. Allergies are verified.
4. Pre-Op Orders.
5. Posting Sheet verified.
6. Surgical Consent Forms reviewed and confirmed signed by Patient/Legal Guardian or Parent, Registered Nurse and Physician.

7. Anesthesia Consent Forms reviewed and confirmed signed by Patient/Legal Guardian or Parent, Registered Nurse and Anesthesia.
8. Current History and Physical within 30 days or updated H & P day of surgery.
9. Review Labs/ EKG and Medical Clearance.
10. Surgical Site verified.
11. Circulating Registered Nurse verifies surgical site has been marked by both patient and surgeon.
12. Implants verified prior to surgery (if applicable)
13. Sterility of instruments confirmed.
14. Medications are administered using 5 patient rights.
15. Antibiotics Prophylaxis given within 60 minutes. (World Health Organization).
16. Label all medications, medication containers (syringes, medicine cups and basins), and other solutions on and off the sterile field in the perioperative area and all other departments.
17. "Time Out" conducted and verified in the presence of OR staff i.e. (Surgeon, Assist, Anesthesia, RN, MA, ST, other), to include but not limited to patient identity, the correct side, correct site and correct procedure.
18. Second "Time Out" conducted and verified for Bilateral and Multiple Surgical Procedures.
19. Circulating Registered Nurse performs an initial instrument sponge/needle counts and end count.
20. All specimens are properly labeled and identified with a patient label.
21. Complete medical device reporting form. (If applicable, See attached variance report form)
22. Surgeon, Anesthesia and Circulating Registered Nurse review any key concerns for recovery and management of patient.
23. Complete patient safety checklist (attached).
24. "Hand Off' communication to PACU Registered Nurse. See "Hand Off Communication" Policy.

PACU RECOVERY:

1. Area sanitized prior to incoming patients per policy.

SIENA SURGERY CENTER
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Henderson, NV 89052

Siena Surgery Center

PATIENT SAFETY CHECKLIST

Please confirm & initial items below;	Admitting	Pre-op	OR	PACU
1) Area sanitized prior to incoming patient per policy.				
2) Identify Patient				
3) identify Allergy s				
4) Procedure Verified 'Through:				
JI) Patient _____				
B). l) Physician Pre-Op Orders _____				
.2) Posting Sheet _____				
3) Consent(s), (RNs check if signed) _____				
C) Current H&P (within 7 days)				
5) Reviewed Labs/ EKG/ Medical Clearance				
6) Surgical Site verified				
7) Site marked by Patient with a "YES" or "Y"				
II) Surgeon confirms pt.'s marks & Initials Site				
9) Anesthesiologist interviewed & assessed pt				
10) Antibiotic Prophylaxis given in the last 60 minutes.				
11) Implants/ Biological verified prior to surgery (if applicable)				
12) Sterility of instrument confirmed.				
13) Time out performed:				
a) With the presence of: (!Please circle applicable staff)				
Surgeon Assist, Anesthesiologist RN MA CST Other				
b) Time out conducted & verified: Correct patient_____Side & Site____Procedure ___				
c) Time out conducted & verified: Correct patient_____Side & Site____Procedure ___				
(Bil & Multiple Surgical Procedures)				
d) Implants (if applicable)				

Please confirm & initial items below;	OR	PACU
14) Surgical Procedure confirmed at the End of Case.		
15) Sponge and Needle Count Correct.		
16) Specimens labeled & identified properly (if applicable).		
17) Implant/Explant Log completed (if applicable).		
18) Medical D/C report completed (if applicable).		
19) Discharge instructions given.		
20) Medication Reconciliation completed and RX's given.		

Initials and Signature:

	Initial	signature	Initial	Signature
Admitting:	_____	_____		
Pre-Op:	_____	_____		
O.R.	_____	_____	_____	_____
PACU	_____	_____		

- Initial

Signature

SIENA SURGERY CENTER
2865 Siena Heights Drive, Suite 200
Henderson, NV 89052

PATIENT SAFETY PLAN

1. Introduction

The Patient Safety Plan supports and promotes the mission, vision and values of Siena Surgery Center through organizational prioritization of patient, visitor, and employee safety.

The patient safety plan is implemented through the Patient Safety Committee and is supported by leadership's promotion of a safety culture that:

- Encourages recognition, reporting, and acknowledgement of risks to patient/visitor and employee safety and medical/healthcare errors
- Initiates/monitors actions to reduce risks/errors
- Internally reports findings and actions taken
- Promotes a blame-free culture facilitating the reporting and follow-up on safety concerns, errors and adverse events
- Educates staff and physicians to assure participation in the program

2. Purpose

The Patient Safety plan is designed to enhance patient care delivery and prevent adverse outcomes of care by utilizing a systematic, coordinated and continuous approach to the improvement of patient safety. This approach focuses on actual and potential occurrences; ongoing proactive risk management; and integration of patient-safety priorities in the development and revision of processes, functions and services.

3. Mission Vision and Values

SIENA SURGERY CENTERS Mission Statement: "We want to sustain a standard of excellence whereby our physicians, patients and employees' consistently perceive Siena Surgery Center as being uniquely qualified to deliver our services in a manner which clearly differentiates us."

In support of the mission, vision and values of this organization the Patient Safety Plan promotes:

- Collaboration among staff members, physicians and other providers to deliver comprehensive, integrated and quality health care

- A focus on comprehensive, integrated quality service
- Open and honest communication to foster trust relationships among staff members, physicians, other providers and patients.

4 Objectives

The objectives of the Patient Safety Program are to:

- Encourage organizational learning about adverse or potential adverse events
- Incorporate recognition of patient safety as an integral job responsibility
- Provide patient safety education
- Involve patients in decisions about their health care and promote open communication
- Collect and analyze data, evaluate care processes for opportunities to reduce risk and initiate proactive measures
- Report internally the findings and actions taken to reduce risk
- Support sharing of knowledge to effect change

5 Organization and Function

The Patient Safety committee, which due to limited staffing is incorporated into the PI/QI committee, provides a multidisciplinary forum for the collection and analysis of risk to patient safety and the dissemination of information on identified risk for the purpose of improving patient care. It shall review reports on occurrences including near misses to sentinel events. It shall identify those individuals or groups best situated to perform a root cause analysis and develop and implement an action plan for identified issues. It shall review, analyze and disseminate the information it receives, as appropriate, to the Medical Executive Committee and Governing Board. It shall provide recommendations concerning identified risks, approve plans for corrective action and evaluate the implementation of corrective actions taken.

The patient Safety Team will be chaired by the designated Patient Safety Officer.

- The Patient Safety Officer will report to the Director of Quality Resources Management/Risk Manager.

Other Policies that are based on Patient Safety Include but are not limited to

- Hands off communication
- Plan for Assessment of patients
- General Principles of Aseptic Technique
- Medical Device Reporting Policy
- Preventive and regular maintenance policy for Sterilizers
- Sponge, Sharps and Instrument counts
- Sharp Device Safety Policy
- Surgical Site Marking
- Systemic Approach criteria for pre-operative evaluation
- Admitting a patient to the operating room/surgical time out
- Housekeeping in the OR/Housekeeping requirements
- Cleaning Steam Sterilizer
- Packaging, processing and storage of sterile supplies

Monthly Audits and daily logs are done to ensure your safety in our facility. These include but are not limited to

- Monthly Infection Control Checklist
- Safety/Security Checklist
- Refrigerator temperature monitor
- Room temperature monitor
- Humidity log
- Warmer log
- Checklist for scopes in the OR and Pharmacy
- Medical Gases log
- Radiation Safety Trend Sheet
- Biological Storage Temperature log
- Sterilization log
- Janitorial Housekeeping log

All policies and logs available upon request

- The responsibilities of the Patient Safety Officer include compliance with patient safety standards and initiatives, evaluation of work performance as it relates to patient safety, reinforcement of the expectations of the Patient Safety Plan, and acceptance of accountability for measurably improving safety and reducing errors. These duties may include listening to employee and patient concerns, interviews with staff to determine what is being done to safeguard against occurrences, and immediate response to reports concerning workplace conditions.
- Team membership includes services involved in providing patient care, i.e., Infection Control, Nursing and support staff. Committee members include at least one physician, Infection Control Nurse (ICN), pharmacy representative, sterile processing representative and Director of Nursing (DON).

The severity categories of health care errors include:

- No Harm Error -an unintended act, either of omission or commission, or an act that does not achieve its intended outcome
- Mild to Moderate Adverse Outcome -any set of circumstances that do not achieve the desired outcome and result in a mild to moderate physical or psychological adverse patient outcome
- Hazardous Conditions – any set of circumstances, exclusive of disease or condition for which the patient is being treated, which significantly increases the likelihood of a serious adverse outcome
- Near Miss – any process variation which did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome
- Sentinel Event -an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes the loss of limb or function. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome

6. Scope

The type of occurrences to be addressed include, but are not limited to, near misses and actual events related to:

a) Patient safety
b) Adverse drug events (medication errors and adverse drug reactions)
c) Nosocomial infections
d) Patient falls

e) Other patient incidents/unexpected clinical events
f) Unsafe conditions
g) Visitor safety
   - Visitor incidents
h) Environmental safety
   - Product recalls
   - Drug recalls

- Product/ equipment malfunction
- Construction - Infection Control Risk Assessment
- Water quality
- Air quality
- Disaster planning
- Security incidents
- Workplace violence

Data from external sources, including but not limited to:

- Centers for Disease Control and Prevention (CDC)
- Institute for Healthcare Improvement (IHI)
- Institute for Safe Medication Practices (ISMP)
- Occupational Safety and Health Administration (OSHA)
- Association of Peri-Operative Registered Nurses (AORN)

7. Structure

The authority for the Patient Safety plan rests with the Administrator and has delegated the authority to implement and maintain activities described in this plan to the Patient Safety Committee. The surgery center supports a continuous improvement philosophy for medical safety, which promotes ongoing improvement of all processes relating to patient, visitor, volunteer, healthcare worker, and trainee safety. Leadership supports all medical safety efforts. Improvements in medical safety are organizational based. Information flow occurs as outlined in the Quality Improvement Program Review Plan.

8. Quality Review Information

To the extent possible, and in a manner consistent with the protection of confidentiality of quality assurance and patient safety data, pertinent information will be shared between the Quality Improvement Committee and the Patient Safety Committee.

In an attempt to protect quality review information from discovery, all quality review documents must be labeled as a Quality review document. Documents should be in a formal format, handled by a limited number of individuals and secured in a locked file accessible only to designated individuals.

9. Education

Annual staff and physician/provider education includes but is not limited to the following topics:

- Fire drills
- Intruder drill
- Emergency & Disaster drills
- Workplace Violence
- Customer Service
- Creating, Implementing, Achieving, & Maintaining a Culture of Patient Safety
- Risk Management & error Prevention
- CPR drill
- Malignant Hyperthermia drill
- Team Work
- Infection Control/Blood borne Pathogens and Hand Hygiene

10. Safety Improvement Activities

Specify Measures Selected for an Annual Focus: (Examples below)

- Patient satisfaction surveys
- Medical record review, (daily), e.g., if hard copy: documentation is legible, clear, complete, signed. If electronic medical record, e.g., archived entries include date/ti.me stamp, printed copy includes all elements of the EMR, documentation is completed according to protocol
- Complaints and resolution – to improve care and satisfaction, e.g., trend and analyze quarterly
- Confidentiality; ensure patient and employee information is secure

- Informed Consent Doctrine: documented medical record and/or use of a consent form
- Medication management and reconciliation, i.e., allergy information (current), clearly recorded prescriptions
- Written discharge instructions.
- Follow-up post-op calls
- Occurrence review

Give consideration to measures that facilitate safe practices:

- Involve patients in their health care; consider literacy issues cultural values. Partner with patients in developing and planning their care plan
- Use a team approach to safety; hold focused safety meetings, with staff members; convey responsibilities and expectations
- Endorse open effective communication; identify shared values and attitudes among all staff of the surgery center. Interview and/or survey staff for attitudes, perceptions and communication barriers
- Encourage error reporting to include near miss events. Institute non-punitive reporting that is confidential and timely. Consider recognition and rewards.
- Ensure employee and patient information or event reports shared with staff for educational purposes do not identify individuals
- Facilitate communication skills learning, e.g., assertiveness and teamwork training
- Examine physical premises to identify and correct potential hazardous conditions. (See Safety Log)
- Orient physicians and new employees to risk management and patient safety concepts
- Provide staff education on patient safety issues

11. Methodology

A. Structure:

- Proactive risk prevention strategies
- Identification of High Risk Area
- General Incidences
- Potential or Actual Adverse Event

Malfunction – equipment or product did not function as designed. Not first time use.
Wrong Equipment - wrong equipment was used for the right person.
Other - equipment or product related incident not noted above.

Note: In any incident related to product or equipment, the equipment identification number must be recorded on the variance report.

Miscellaneous

AMA/Elopement - patient leaves facility after signing AMA or without permission.
Contraband Possession – possession by any person of contraband such as drugs, alcohol, guns, etc.
Exposure/Biohazardous or Chemical - includes exposures to patients or visitors.
Fire/Thermal - incident occurring because of fire or chemical burning.
Loss/Damaged Property – incident involving lost, damaged or stolen property of patients, visitors, staff or facility.
Patient Abuse – includes any allegation of patient abuse by patient, staff, family or visitor.
Struck Against Object – a broad category that includes bumping, scraping against another object.
Struck by Object – a broad category that includes incidents of being struck by objects such as doors, thrown objects, etc.
Other – any unexpected incident not included in any category above whether or not there is an injury.

F. *MEDICAL TREATMENT* – Check the appropriate boxes as they refer to medical treatment given or offered. Write in the name of the physician or other medical personnel rendering treatment.

G. *NATURE* OF *INJURY* – Check the one entry which most clearly describes the nature of injury sustained. This is not the patient's admitting diagnosis. When in doubt about the possibility of injury, use "Unable to determine." If no injury is visible or there is no complaint, use "None/not applicable".

H. *RELATED FACTORS* - The primary cause of the incident is to be checked.

I. *SEVERITY LEVEL* – Check the level that most closely corresponds to the injury sustained. A "Notice of Potential Claim" form must be completed for a Severity Level 3, 4, or 5 incident.

J. *WITTNESSES* – Record the names, addresses and phone numbers of any witnesses in the case of an employee witness, record name and department.

EMPLOYEE PREPARING REPORT – Print name, date and time of variance report. The report must be signed. Upon the receipt of the Variance Report, the Risk Manager or other staff personnel designated for risk management must sign and date the report.

K. *INVESTIGATION/FOLLOW-UP/CORRECTIVE ACTION* – A brief description of any follow-up or corrective action taken should be written.

3. Upon completion of the Variance Report, the report should be sent to the Safety Officer. The appropriate supervisor should be made aware of incidents occurring in the area. All completed Variance Reports should remain at the facility as part of the facility's Performance Improvement/Risk Management Program.
4. In the case of a patient incident, facts related to the treatment rendered should be documented in the patient's record; however, the Variance Report should never be filed in the patient's medical record. No copies are to be made of the Incident Report.

RESPONSIBILITY:

5. It is the responsibility of the Facility Administrator to ensure compliance of this policy within the facility.

SIENA SURGERY CENTER
2865 Siena Heights Drive, Suite 200
Henderson, NV 89052

STANDING ORDERS

Standing Orders of the Physician will be accepted by the nursing staff at SIENA SURGERY CENTER, if the original is signed by the physician, and the physician signs the order at the time of the procedure.

_____

SIENA SURGERY CENTER
2865 Siena Heights Drive, Suite 200
Henderson, NV 89052

PATIENT IDENTIFIER POLICY

PURPOSE: To accurately identify each SIENA SURGERY CENTER patient prior to treatment in each department.

POLICY: Each patient admitted to SIENA SURGERY CENTER will be identified using two identifiers.

1. PATIENT NAME (patient will verbalize name, in the case of a pediatric patient or a patient who is incapable of verbal communication the patient guardian will verbalize the patient's name).
2. PATIENT DOB
3. PATIENT NAME BAND: is verified for accuracy by each department.

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SAFETY IN THE OPERATING ROOM

PURPOSE:

To identify and eliminate potential safety hazards thereby reducing risk to patients, personnel and visitors.

POLICY:

Safety refers to a systematic Center-wide program to minimize preventable physical injuries, accidents, and undue psychological stress during their stay. The medical professional standards for safety are as follows:

Patient Identification:

The circulating RN always identifies the patient by checking the wristband with the patient's chart and the operating schedule. In addition, the RN verifies patient identification through verbal communication with the patient.

Patient Observation:

Patients on stretchers or operating tables are never left unattended. Side rails and/or safety straps are utilized.

Special care is ensured by provision of an adequate number of personnel when moving patients to and from the operating table, or when positioning patients on the operating table. When positioning patients, it is essential to provide supportive devices to protect nerves and blood vessels. Limbs are never to be hyperextended.

Dedication to Meticulous Aseptic Technique:

Operating Room team members must know and apply the principles of aseptic and sterile technique at all times to avoid life-threatening postoperative infection.

Execution of Accurate Counts:

The responsibility for accounting for all sponges, instruments, needles and sharps before surgery begins and at the time of closure, rests with the circulating and scrub nurses. The circulating nurse must document on the operative record the outcome of all final counts. Patients are not to leave the operating room until final counts are correct or verification by x-ray denotes the missing item is not located in a patient cavity.

ORIGINAL DATE: 01/17
REVIEW DATE: 01/18

REVISION DATE: _____

Use of Operating Equipment:
All equipment, mechanical devices used to deliver medication and appliances must be set up and used according to the recommendations and instructions of the manufacturer. All new electrical equipment must be inspected prior to use by the Biomedical Services. Electrical equipment must be properly grounded to prevent electrical shock and burns.

Prevention of Burns:
The scrub nurse should immerse all hot instruments in a basin of cool sterile water prior to handing them to the surgeon.

Proper placement of the electrosurgical ground pad is essential to prevent electrical burns. Cautery devices, when not in use, are to be secured in a holster. Coagulation/ cutting settings on the electrosurgical units are set at the lowest setting and gradually increased. Flammable solution (i.e. alcohol) are not to be utilized when electro surgery is in progress. All electrical equipment must be inspected prior to use.

Administration of Drugs:
All drugs used by the surgeon are recorded in the operative record. All drugs transferred to the sterile field are identified by the circulating nurse and the surgical technician. The scrub nurse repeats the name and dosage of the drug when transferring it to the surgeon. If more than one drug is present on the sterile field, each drug must be correctly identified. All drugs on the sterile field must be labeled by Name, Dosage and Expiration Date.

Preparation of Specimens:
All tissue removed from a patient is sent to Pathology and labeled with the site of the specimen.

Fire Safety:
Response of the Operating Room team to a fire is outlined in the Fire/Disaster Manual. Operating Room personnel participate in fire drills as appropriate and review fire precautions in the annual recertification program.

Emergency Preparedness Responses:
Response of the Operating Room team in a disaster situation is outlined in the Safety Manual – Operating Room personnel participate in disaster drills and review emergency preparedness precautions in their annual recertification program.

Equipment Maintenance:
All operating room equipment is inspected for operational integrity by Operating Room personnel prior to each use. Equipment is to be removed from service immediately if repair or malfunction is evident. A repair tag is attached indicating the name of the nursing unit and the source of the malfunction.

Preventative Maintenance:
Preventative maintenance is performed on all equipment by the Biomedical Services.

Disposal of Waste:
All glass items are placed in containers which are marked "glass" (exception: infectious cases). All infectious (biohazardous) wastes, including glass, are single red bagged, placed in the special collection container marked "Biohazardous Waste," and disposed of by Housekeeping personnel.

Disposal of Needles and Syringes:
Used needles and syringes are disposed of by placement in a rigid sharps disposal container which is present in each operating room. When container is % full, it is capped, and disposed of in the biohazardous waste collection container.

Use of Extension Cord:
Under normal conditions, extension cords shall not be used. Temporary use of extension cords may be permitted under specified conditions and with proper approval.

Power Failure – Extension cords may be used to connect items to limited charged power outlets.
Use of Adapters:
Adapter use within the surgery center is prohibited.

Anesthesia Safety:
Only non-flammable anesthetic agents are utilized in the Operating Rooms. Signs to this effect are posted outside each operating room.

2. Provide the patient and care giver with verbal and written information on the medications the patient should be taking post operatively. Identify and resolve medication discrepancies on the medication reconciliation form. A copy of the medication reconciliation form be given to the patient. (See Medication Reconciliation Form attached). Instruct patient to give the information to their primary care physician.
3. Identify allergies.
4. Provide the patient and care giver with verbal and written information on discharge instructions for post-operative care and follow up.
5. Complete patient safety checklist.

PATIENT IDENTIFIERS:
See Patient Identifiers Policy

HAND HYGIENE:
(See Hand Hygiene Policy)

MALIGNANT HYPERTHERMIA:
See Pharmacy Policy

MEDICATION ERROR:
See Pharmacy Policy

SINGLE USE DEVICES:
See Single-Use Devices Policy

MUTI-DOSE AND SINGLE DOSE VIALS:
See Pharmacy Policy

RISK MANAGEMENT -PERFORMANCE IMPROVEMENT:
See Variance Report

SIENA SURGERY CENTER
2865 Siena Heights Drive, Suite 200
Henderson, NV 89052

STERILIZATION:

See Sterilization Policy and Sterilization Binder

SAFETY AND SECURITY:

Please see Monthly Safety and Security Checklist (Located in Nursing Station)

VENDORS IN THE OPERATING ROOM:

See policy in Operating Room section of Policy and Procedures

Adverse Drug Reactions

Purpose: Adverse drug reactions are unintended or untoward effect of drugs or drug administration techniques attributable to a drug which requires a change in the patient's management. Adverse drug reactions are reported immediately to the physician/practitioner on discovery and recorded in the patient record. An Adverse Drug Reaction Report is completed and reviewed in appropriate committees.

I. Provide adverse drug reaction information for all drugs utilized in the facility:
   1. Manufacturer's literature
   2. Reference texts
   3. Current literature

II. Report suspected adverse drug reactions immediately.

   A. Notify the patient's physician immediately upon detecting a possible adverse reaction.
   B. Request instruction and record on physician's orders for patient follow-up or immediate treatment.
   C. Continue to observe the patient and administer ordered supportive therapy.
   D. Report patient status to the physician as indicated or as needed.
   E. Carefully record in nurses' notes:
      1. Time of reaction
      2. Date of reaction
      3. Patient status (symptoms, vital signs)
      4. Indicated nursing follow-up
   F. Complete an Adverse Drug Reaction Report (physician, nurse, or pharmacist). Include:
      Patient name
      Patient age, sex, weight
      Patient location at the time of reaction
      Date and time of reaction
      Date and time physician was notified
      Drugs or other therapy administered as a result of the reaction
      Patient symptoms during the reaction
      Patient vital signs
      Patient outcome
      Drugs administered to the patient
      Names of persons administering doses or observing and reporting the drug reaction
      Contributing factor (reported allergy, surgery, etc.)
   G. Maintain the adverse drug reaction file (not patient chart) in pharmacy:

1. Send copy to the Administrator.
2. Review ADR reports at appropriate Center committee meetings.
3. Request recommendations, if applicable, from medical staff.

H. The FDA or manufacturer will be notified for any significant or unusual adverse reaction or if a trend develops, in accordance with the ASHP-USP-FDA Drug Product Problem Reporting Program.

Adverse Drug Reaction Report

Patient: _____ Number: _____

Date: __/__/____ Age: _____ Sex: __

Diagnosis: _____

Physician: _____

Drugs Administered to Patient: _____

Vital Signs: Temp: _____ Pulse: _____ Resp: _____ B/P: _____

Reactions: _____

Time: ___ Physicians notified: _____

Treatment: _____

Vital Signs: Temp: _____ Pulse: _____ Resp: _____ B/P: _____

Follow up: _____

I have reviewed this report:

Administrator: _____

Medical Director: _____

Pharmacist: _____