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Long-Term Care Newsletter

Most Important Patient Safety Concerns in 2012 By Michael Khalili

Linda Homan, BSN, CIC, clinical and professional services for Ecolab, Jan Davidson, RN, MSN, the AORN perioperative education specialist focusing on ambulatory surgery centers, and Anne Dean of The ADA Group share the 10 top patient safety issues that will impact healthcare facilities in 2012. (Fields, Rachel. "10 Top Patient Safety Issues in 2012." ACSREVIEW Dec 2011. 19 December 2011. <http://www.beckersasc.com/asc-accreditation-and-patient-safety/10-top-patient-safety-issues-in-2012.html>)

10. Properly Trained Staff: Medicare is concerned over the pervasiveness of improperly trained operating room ("OR") staff in the surgery center industry. For instance, 3-5 years OR experience for an OR supervisor would be sufficient;

9. Housekeeping: Are housekeeping services and staff in 2012 compliant with ASC standards? Some housekeeping staff members may not be aware that they have to do things like clean the wheels on the OR equipment by rolling them

through a germicidal solution. They may have even been told not to touch the equipment which is troubling. Administrators should also completely eliminate the practice of home laundering from their facilities (i.e. some surgery centers still have staff wearing scrubs home and laundering them at home);

8. Distractions in the OR: Cell phone use, movie watching, or simply failing to pay attention during crucial moments like time-outs (continued on pg. 2)

Recent Changes in Nebraska's Guardianship and Conservatorship Laws By Katherine Vogel

As Nebraska's elderly population continues to grow, the need for guardians and conservators will continue to increase. In response, the Nebraska legislature has adopted new laws which went into effect on January 1, 2012. These laws are designed to provide the courts with more information on the individual who seeks appointment as guardian or conservator and about the ward's assets before the nominated guardian or conservator has access to the ward's financial assets, and interested parties will receive copies of documents filed with the court.

Highlights of the new laws include:

- The definition of "interested person" has been revised to increase the number of persons monitoring the actions of a guardian or conservator.
- A court may enter an ex parte order upon application of an interested person upon the filing of an affidavit showing the court that the safety, health or financial welfare of the ward or protected person is at issue.

- A guardian or conservator may not move a ward outside of Nebraska without first obtaining permission from the court.
- Copies of all essential reports must be mailed to all listed interested parties which increases oversight and monitoring of the guardian or conservator.
- A guardian or conservator must notify the court regarding changes in the ward's address or demise. These new laws should permit skilled care facilities to (continued pg. 3)



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Day

2012 Patient Safety Concerns (continued from pg. 1)

are prevalent problems and significant distractions.

There are instances when circulators announce time-outs and the rest of the staff — the surgeon, the scrub tech, the radiology tech and the equipment tech, keep performing their individual tasks without stopping for the time-out. The circulator should raise his/her voice and really insist on the time-out to promote patient safety. As the circulator, you are the patient's advocate, and you are also protecting the surgeon by ensuring that you're performing surgery on the correct site and that nobody is going to end up hurt;

7. Burns: There has been a recent increase in the number of burns in various surgery centers. Many of the burns were electrosurgical-related and the problem should be a "quick fix" for most surgery centers. Surgery centers should re-train physicians not to set hot holsters on the patient's drapes.

Care-providers should understand that inadequate contact between the skin and the grounding pad can cause fires. The grounding pad should be placed so that the entire surface of the pad is in uniform contact with the pad site. The pad site should also be free from lotions, oils or other fluids;

6. Dependence on safety tools: The lack of critical thinking among OR provid-

ers is a major issue for 2012. For example, the dependence on tools such as checklists before the patient goes into surgery can make people forget to think for themselves. With the introduction of mandated safe surgical checklists, providers should be even more aware of the need to evaluate patients based on experience and instinct;

5. Wrong-site Procedures: The process for preventing wrong-site surgery should start at scheduling. When the physician scheduler calls the ASC scheduler, they should communicate about the site of the procedure. Then, when the patient's history arrives at the surgery center prior to surgery, the person putting the chart together should check the history against the information from scheduling.

The patient should never be in the OR when the surgeon discovers the information on the consent form doesn't match the information on the H&P. That conversation needs to be stopped at the front desk and should go no further than pre-op. The pre-op coordinator should be involved in talking to the OR supervisor and the scheduling coordinator to determine the correct site of surgery before the patient enters the OR;

4. Surface Disinfection: Providers may skimp on

surface disinfection because it may not be visibly dirty and staff forgets to wipe the area down. Providers may also be in a hurry and forget required steps such as wiping the blood pressure cuff down between patients. These are issues that centers are cited for in accreditation and OSHA surveys, so it's critical to remind surgery center staff of the standard.

Technology can assist surgery centers in promoting environmental hygiene. Monitoring products such as fluorescent markers can identify whether an OR suite has been cleaned properly after surgery. Surgery center administrators should also invest in tools that are proven to clean surfaces more effectively, such as microfiber, which is better at picking up organic material on surfaces but takes no more time to use;

3. Patient Selection Criteria: Medicare has emphasized the importance of patient selection criteria in surgery centers in 2012. Because surgery centers are not appropriate for all types of patients — including those with morbid obesity, cardiac problems and other co-morbidities — surgery centers must employ a strict patient selection criteria to prevent hospital transfers.

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Recent Law Changes

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bring their concerns or problems about a guardian or conservator to the court's attention, as well as keep the facilities informed about the financial status of the ward through receipt of copies of most documents that the guardian or conservator files with the court.

Ultimately, having a larger safety net monitoring the lives and finances of these vulnerable individuals should ensure that they are properly protected.



"Dream as if you'll live forever, live as if you'll die today."

James Dean



CLASS Act Repealed by Tammy Schroeder

On January 18, 2012, the House Ways and Means Committee voted 23-13 to repeal the CLASS Act. H.R. 1173, Fiscal Responsibility and Retirement Security Act, is now expected to reach the floor of the House of Representatives in February.

The vote comes after the Department of Health and Human Services issued a statement saying that the CLASS Act could not be implemented and the Congressional Budget Office issued a ruling that al-

lowed the repeal of the act.

Republicans argued that the Act needed to be repealed, stating that if left on the books it would allow the Obama Administration to try and revive the Act and even open the White House up to lawsuits. A Congressional Research Service report states that by not implementing the CLASS Act, the Department of Health and Human Services is violating the healthcare law.

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Surgery centers increasingly admit patients of ASA classes III and IV, compared to the recommended classes of I and II. ASCs should develop strict patient selection criteria with physicians and anesthesiologists and then share that "checklist" with schedulers, OR supervisors and pre-op coordinators to make sure the ASC suffers no unnecessary hospital transfer;

2. Safe Surgery Checklists: CMS is expecting surgery centers to use a safe surgical checklist for the entirety of 2012, with compliance beginning on Jan. 1.

Due to this mandate, safe surgery checklists should be top on every ASC administrator's safety priority list. The use of safe surgical checklists sometimes meets with resistance from nurses, physicians and other providers, who believe that the information on the safe surgical checklist is already documented elsewhere in the patient's chart.

Administrators should remind providers that the safe surgical checklist is a requirement and that having all the information on one page can improve patient care. It will be easier and

safer for the patient to use the safe surgical checklist than to thumb through different pieces of paper; **AND**

1. Hand Hygiene: Year after year hand hygiene tops the list of patient safety issues and 2012 is no exception. Despite a continued push for adequate hand hygiene, providers still fail to sanitize properly when they're in a hurry. ASC administrators can improve hand hygiene among their staff by tracking compliance with technology. We now have technology that lets you track compliance as people enter and exit a

room, and you can track that information to the individual level, by geographic location and by physician versus other healthcare providers.

Old standards also work: Providers should be washing their hands for as long as it takes to sing the "happy birthday" song twice, as well as washing all the way up to the elbow with alcohol-based disinfectant (or soap and water with an alcohol-based disinfectant if hands have been grossly contaminated).

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