

In This Issue:

- [E-Form Training Begins](#)
- [Reporting Update](#)
- [Patient Safety Awareness Week, March 8-14](#)
- [Surgical Safety Checklist](#)

Our North Star Goal:

Oregon will have the safest health care system in the country by 2010.

Contact Us

[Commission website](#)

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E-Form Training Begins!

Registration E-mails to be Sent March 3rd

We're pleased to announce that webinar training for adverse event reporting will be available in several sessions during March.

Training objectives include:

- Review reportable adverse events
- Learn how to submit reports using the new E-form
- Understand reporting requirements (make your reports complete, thorough and credible)
- Engage with other participants; ask questions of Field Coordinator Amy Gryzic

To allow the greatest possible participation, we've scheduled three webinars. Sign up for only ONE as it fits your schedule:

- Wednesday, March 18, noon-1:00 pm
- Thursday, March 26, 10:00 a.m.-11:00 a.m.
- Tuesday, March 31, 4:00 p.m.-5:00 p.m.

You'll receive *three* E-mails from Amy on Tuesday, March 3 announcing each session; **it is only necessary to reply to the one for the session you prefer.**

If you are unable to attend one of these sessions, please contact Amy. She will gladly add another training session. She is also available for one-on-one training.

Please contact Amy if you have any questions.

[Return to Top](#)

Reporting Update

The Commission has received several adverse event reports from participating ASCs. Thank you! Your active participation is what makes this program successful and useful for all.

An E-mail with the subject line, "Patient Safety E-Form Attached" was sent to each participant on December 10. The email included an individualized reporting form, with the confidential ASC code pre-entered, and a guide to reporting. The email asked each participant to review incidents from the 4th quarter of 2008 and then submit reportable events to the Commission.

If you have not already done so, please review incidents from the 4th quarter and submit any reportable serious adverse events to the Commission, using the new E-form, by Friday, March 13. We will publish our first annual ASC report by the end of March.

We look forward to receiving your 2009 adverse event reports within 30 days of discovery. Thank you for your active participation. [Return to Top](#)

Patient Safety Awareness Week, March 8-14

One Partnership, One Team

PATIENT SAFETY AWARENESS WEEK
Sponsored by National Patient Safety Foundation® 

Each year, the National Patient Safety Foundation recognizes the importance of patient safety during Patient Safety Awareness Week. This week is an opportunity for you to educate your staff, patients and families about patient safety. You are encouraged to plan events that promote and share your commitment to patient safety. Some ideas include:

- Begin using the WHO Safe Surgery Checklist ([attached below](#), or Email [Amy](#) if you'd like the checklist as a separate document)
- Conduct the ASC Employee Satisfaction & Culture of Safety Survey (found [here](#) on our website; *enable macros to run the survey*)
- Include a reminder about Patient Safety Awareness Week & safety tips in bills & paychecks; let your staff & patients know that you are a Commission participant
- Start a safety suggestion box for staff, patients & families
- Use the Commission's in-service game, "Who Wants to be a (Patient Safety) Millionaire" during a staff meeting in March

The Commission is eager to hear about your safety successes. What have you done to improve your safety culture this year? How have you made measurable improvements in safety resulting in fewer post-operative infections, a decrease in falls, an increase in reported incidents, etc.? Please send your safety successes to [Amy](#).

For more information about Patient Safety Awareness Week and a FREE toolkit, please visit the [National Patient Safety Foundation website](#).

This newsletter is being sent to you because you are a participant in the Oregon Patient Safety Commission's adverse event reporting program for nursing homes. Your E-mail address will not be shared or used for any purpose unrelated to the program. If you wish to unsubscribe, please send an E-mail to linda.goertz@oregonpatientsafety.org titled "Nursing Home Unsubscribe."

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SURGICAL SAFETY CHECKLIST

BEFORE INDUCTION OF ANESTHESIA
(Nurse or anesthetist reads out loud)



BEFORE SKIN INCISION
(Nurse or anesthetist reads out loud)



BEFORE PATIENT LEAVES ROOM
(Nurse reads out loud)

Has the patient confirmed his/her identity, site, procedure, and consent? <input type="checkbox"/> Yes
Is the site marked? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Is the anesthesia machine and medication check complete? <input type="checkbox"/> Yes
Does the patient have a: Need for beta blocker (SCIP) <input type="checkbox"/> No <input type="checkbox"/> Yes
Known allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes
Difficult airway/aspiration risk? <input type="checkbox"/> No <input type="checkbox"/> Yes and equipment/assistance available
Risk of >500ml blood loss (7ml/kg in children)? <input type="checkbox"/> No <input type="checkbox"/> Yes and two IVs/central access and fluids planned
Risk of hypothermia (operation >1h)? <input type="checkbox"/> No <input type="checkbox"/> Yes and warmer in place
BEFORE INDUCTION check complete

<input type="checkbox"/> Everyone please state name and role. <input type="checkbox"/> Invitation to speak up with concerns at any time
To surgeon, anesthetist and nurse: <input type="checkbox"/> What is this patient's name? <input type="checkbox"/> What procedure is planned? <input type="checkbox"/> Where will the incision be made?
Has antibiotic prophylaxis been given within the last 60 minutes? (SCIP) <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
Is venous thromboembolism prophylaxis needed? (SCIP) <input type="checkbox"/> Yes, and boots/anticoagulants in place <input type="checkbox"/> Not applicable
Anticipated Critical Events
To surgeon: <input type="checkbox"/> What are the critical or unexpected steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? <input type="checkbox"/> What implants/equipment are needed?
To anesthetist: <input type="checkbox"/> Are there any patient-specific concerns?
To nursing team: <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns?
Is essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable
BEFORE SKIN INCISION check complete

Nurse verbally requests from the team: How shall I record the name of the procedure? Are the instrument, sponge and needle counts complete? How shall I label the specimens (including patient name)? Are any equipment problems to be addressed?
To surgeon, anesthetist and nurse: <input type="checkbox"/> What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Discontinue prophylactic antibiotics (SCIP) <input type="checkbox"/> Post operative 6 am glucose control (SCIP) <input type="checkbox"/> VTE prophylaxis (SCIP)
BEFORE LEAVING ROOM check complete

Based on the WHO Surgical Safety Checklist developed by:

