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## Oregon Patient Safety Commission News

This is the first edition of an e-newsletter from the Patient Safety Commission to its ASC participants. Our objective is to provide you with regular updates regarding the Commission's work. We also want this newsletter to be useful for **you**, our participants. Please give us feedback. What do you want to know more about? Contact Amy Gryziec with your comments and suggestions.

## Benefits of Commission Participation

The Commission's mission is to reduce the risk of serious adverse events in Oregon's health care system (ASCs, hospitals and nursing homes) and to encourage a culture of patient safety. The Commission primarily executes its mission through a confidential adverse event reporting program. One goal of the program is to learn about the types of adverse events that occur. Another goal is to determine and share (confidentially) factors that contributed to the events and action plans put in place to prevent recurrence.

The Commission is also available to help you with your patient safety and quality improvement questions; all you have to do is ask. We'll use recent journal articles, evidence-based practices, local and national safety and quality improvement experts and other resources to find the information you need. We'll also share the information with all ASC participants; the identity of the person/ASC requesting information will remain confidential. Please contact Amy if you have a question that the Commission can help you answer! [Return to Top](#)

## An Inquiry Regarding Interscalene Block



Recently, we received the following question about interscalene block,

*"In the event of a questionable pneumothorax post interscalene block, is standard practice to immediately get a portable chest x-ray or noncontrast CT scan or is standard practice to immediately transport the suspicious patient to the closest hospital for definitive evaluation and treatment?"*

In an effort to better answer this question from a consensus standpoint in Oregon, please reply to the following question via email to Amy [here](#). All responses will be kept confidential and summarized in the next newsletter. Any additional comments on the subject are welcome.

*In the event of a questionable pneumothorax post interscalene block, do you:*

- a) Immediately get a portable chest x-ray*
- b) Immediately get a noncontrast CT scan*
- c) Immediately transport the suspicious patient to the closest hospital?*
- d) Other (please explain)*

AAAHC replied to the question by stating the following,

*There are no AAAHC standards of care directly and exclusively referring to interscalene block (ISB). However, there are AAAHC standards relating to governance and provider privileging, anesthesia, surgical procedures, and quality of care that would apply. AAAHC would anticipate that an accreditable organization would have written policy and procedures in place to address unanticipated events and unplanned patient transfers, and to address quality/risk management issues.*

An Anesthesiologist & Medical Director of an ASC in Oregon replied to the question with,

*We don't have a policy & procedure on any pain blocks including interscalene brachial plexus block. Pneumothorax is a known complication of interscalene brachial plexus block. What the physician does to diagnose and treat the patient depends on the severity of the pneumothorax and the symptoms of the patient. A physician needs to be given privileges in performing nerve blocks. During the credentialing process, the committee evaluates the "training, experience and proficiency" of the particular privilege. Within those parameters, it is understood that the physician needs to know how to handle complications arising from the block or any procedures. The Medical Director and the Director of Nursing are responsible for ensuring that equipment and personnel are available to handle emergencies and to stabilize the patient before transfer.*

We appreciate your reply to the interscalene block question and look forward to sharing the answers with you. [Return to Top](#)

## Web-Based Reporting Form Coming Soon

The Commission is in the final stretch of completing its new and improved web-based adverse event reporting form. Three ASC participants piloted this form. Each used it for two adverse events. Feedback was positive; "the form is user-friendly," said one.

The web-based reporting form will be simpler for participants to access and use. Going to a secure website to complete the form eliminates the need for secure/certified email. The form, an Adobe document, uses drop-down menus and gives the user the ability to save and/or print the completed version. All of the data will be securely downloaded into a database, making quarterly reports easy to access and distribute.

We expect that the web-based reporting form will be finalized and ready for use by mid-July. Amy will then begin training participants to the form and distributing a quality and patient safety reference manual.

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## The Commission's North Star Goal

*"A dream is a feeling that sticks – and propels."* Jim Collins

In January 2008, the Commission's Board of Directors presented a challenge to Oregon. This challenge, also called a North Star goal, is, "Oregon will have the safest health care system in the country by 2010."

The concept of a North Star goal comes from James Collins' and Jerry Porras' article, *Building Your Company's Vision*, in which they reference a Big Hairy Audacious Goal (BHAG, pronounced bee-hag). "A true BHAG is clear and compelling, serves as unifying focal point of effort, and acts as a clear catalyst for team spirit. It has a clear finish line, so the organization can know when it has achieved the goal; people like to shoot for finish lines." (*Collins and Porras, 1996*)

The Commission, with the Oregon Ambulatory Surgery Center Association (OASCA) and its many other partners, is working on a measurement tool that aligns with the North Star goal. The tool is based on six fundamental patient/resident safety questions with short and long-term measures for ASCs, nursing homes and hospitals. All measures glean data from current sources.

We look forward to working with you to meet our North Star goal..."Oregon will have the safest health care system in the country by 2010." [Return to Top](#)

## An Overview of the Commission, OHPR & HCIAC

*"Who's on First, What's on Second, I Don't Know's on Third."*  
- Abbott & Costello

The Commission, the Office for Oregon Health Policy & Research's Data Reporting Program and the Health Care Acquired Infection Committee are each involved in Oregon's ASC profession. One question the Commission has heard several times is, "What role does each organization play in my ASC?" An overview of these organizations and their program(s) follows.



*The Commission*, a semi-independent state agency, was developed by Oregon's Legislature. The Commission gathers confidential data on adverse events occurring in Oregon's health care system (ASCs, hospitals, nursing homes). We use this data, as a quality improvement organization, to share (confidentially) contributing factors, action plans that prevent recurrence and alerts regarding patient safety issues. Additional benefits of participation include benchmarking, learning from other ASCs and potentially impacting future ASC legislation. Your participation in the Commission's reporting program is voluntary. The fee (\$850.00 annually) is mandatory (ORS 442.280). OASCA supports the Commission's work. Please contact [Amy](#) for more information.

*The Ambulatory Surgery Data Reporting Program* (ORS 442.025 and OAR 409-022) requires all licensed ASCs in Oregon to report patient case data to the Office for Oregon Health Policy and Research (OHPR). Demographics, types of procedure and surgery, lengths of stay and charges are some examples of the information ASCs will provide to OHPR. This data will be summarized in a report and used to impact health policy in Oregon. OHPR last collected this data in 2004 with a report published in 2006. Participation in this state agency's program is mandatory. Fees are associated with the program. OHPR will hold data collection training sessions at the end of June for ASCs. Please contact Erica Hedberg, Data and Analysis Coordinator, at 503.373.2287 or [erica.hedberg@state.or.us](mailto:erica.hedberg@state.or.us) for more information.

*The Health Care Acquired Infection Committee* (HCAIC) is charged with developing a process and rules to execute the mandates of House Bill 2524. This bill established a mandatory health-care acquired infection reporting program for hospitals, ASCs, dialysis facilities and long-term care facilities in Oregon. ASCs will begin reporting data for services provided on and after January 1, 2010 with rules amended no later than July 1, 2009. Health Care Acquired Infection reporting is state-funded; there are no fees assessed on ASCs. The Commission is represented on the HCAIC by Jim Dameron, Administrator. Kecia Rardin, RN, CNOR

represents ASCs on the HCAIC. For more information about the HCAIC, please contact Jim (503 224 9226 or [jim.dameron@oregonpatientsafety.org](mailto:jim.dameron@oregonpatientsafety.org)) or Kecia (503 542 4892 or [keciar@nwasc.net](mailto:keciar@nwasc.net)). [Return to Top](#)

*This newsletter is being sent to you because you are a participant in the Oregon Patient Safety Commission's ambulatory surgery center adverse event reporting program. 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](mailto:linda.goertz@oregonpatientsafety.org) with the Subject "ASC Unsubscribe."*