

Medical Staff Update

August 2013

Surgical Services Value Imperative Improves Safety in the OR

The goal of the Surgical Services Value Imperative is to achieve greater efficiencies in the operating room — using resources more cost-effectively and designing better processes to improve quality of care.

One recent success took place at St. Jude Medical Center (SJMC), which recently implemented a new pre-operative process in the OR to improve patient safety. According to Joanne Bonnot, RN, MSN, NE-BC, director, surgical services at SJMC, the new process ensures that patient safety concerns are immediately communicated, escalated and resolved before any further action can take place. The process is called the C.U.S. Safety Check:

"C"

I have a concern.

"U"

I am uncomfortable.

"S"

STOP.
A safety check is needed.

The C.U.S. process provides a structure to make sure that every team member's voice is heard and respected. "When a staff member in the OR expresses a safety concern, the C.U.S. process is implemented, and everything stops for a safety check," Bonnot said. "The concern is escalated right away to either a manager or another physician, depending on the issue. That person will evaluate the situation and resolve it before anything else can move forward."

While there are already many safety measures in place, including a surgical checklist and other mechanisms, "we want to establish all the barriers to errors that we can, because mistakes, while very rare, still happen," she said.

In a recent situation, a nurse raised a concern but was over-ruled by the surgeon, resulting in the wrong lesion being removed from a patient's scalp. The patient had to return for a second surgery. Had the C.U.S. process been in place, this could have been avoided. Bonnot said the new process has been well-received, and has been shared with the other St. Joseph Health ministries. "We want to provide Perfect Care to our patients, and having a culture of safety is an important part," she said.

Wrong Site Surgery Protocol: Key Points

Before Surgery: Surgeon reviews all supporting documentation and confirms the surgical site/side with the patient and/or authorized patient representative. If the patient is unwilling or unable, and there is no authorized representative, the Pre-Operative RN will confirm the site with the surgeon.

The circulating RN will notify anesthesia if relevant images are not available. No anesthesia/procedure will begin until all relevant images are displayed.

Site marking is required for all procedures with laterality including obvious pathology and lesions. Surgeon initials appropriate site with indelible marker that will be visible after the patient is anesthetized, positioned, prepped and draped (if applicable).

In the OR: After induction of anesthesia and prepping/draping, and immediately prior to the start of each surgical procedure, a "Time Out" will be performed during which all distractions are eliminated. The time out will be initiated by the surgeon with active involvement by all members of the team. The physician has ultimate responsibility to ensure the time out is performed.

Any discrepancy of responses from team members during the time out will require immediate resolution before proceeding. All relevant documents including History and Physical, Imaging or Diagnostics Studies, Pre-operative Checklist, Surgeon or consult notes will be used to reconcile the discrepancy. The surgical procedure will not begin until the discrepancy has been resolved. Universal agreement among Surgeon(s), Anesthesiologist and Nursing Staff, Scrub Tech, and the entire surgical team is a mandatory pre-requisite prior to beginning the surgical procedure.

Clinical Documentation Takes Center Stage

Accurate and complete documentation has never been more important – for physicians and hospitals.

Metrics such as severity of illness (SOI) and risk of mortality (ROM)—and outcomes such as mortality rate and readmission rate—are among the elements compiled by CMS and other payers into “report cards” for hospitals and physicians. Public reporting and increased transparency are determining the choices made by businesses and potentially patients for selecting their health plans. The same information is used by health plans to determine contracting and reimbursement with individual physicians and medical groups.

“The stakes continue to get higher,” explains Despina Kayichian, M.D., Clinical Documentation Medical Director. “It is both more essential and more urgent that physicians pay attention to the details of medical records documentation. Our department is here to help.”

The Clinical Documentation Improvement (CDI) Program recently replaced paper “queries” with electronic ones, making it easier for physicians to respond to questions about documentation. Instead of a paper “query” in the patient’s chart, questions now appear in the Electronic Medical Record (EMR) under “Notes.”

Increasing the need to get it right is the transition from ICD-9 to ICD-10, which will involve expanding medical diagnosis codes from the current 14,000 to more than 67,000, and procedure codes from 13,000 to 85,000 – a transition that must be completed by October, 2014.

“It is difficult at times for a busy physician to find any value in answering a CDI query,” explains Dr. Kayichian, “but, hopefully, more physicians are beginning to understand why this process of ensuring accurate documentation is only growing in importance.”

Medical Staff News

For more information,
call (714) 992-3000, ext. 3775.

Medical Staff Meetings:

All meetings held in
Erickson Educational Center

8/1 – Pharmacy & Therapeutics
Committee: 7:30 a.m.

8/15 – Pt. Safety & Performance Improvement
Committee: 7:30 a.m.

8/20 – Medical Executive Committee: 6 p.m.

8/23 – Physician Informatics Advisory
Committee: 7:30 a.m.

8/27 – One Committee: 7:30 a.m.

8/27 – Quality Committee Board: 12:30 p.m.

New Physicians On Staff:

Michelle Fujimoto, D.O., Family Medicine
Fariba Gharaj, M.D., Cardiothoracic Surgery
Eugene Kim, M.D., Emergency Medicine
Sammie T. Cheng, M.D., Hospitalist
Bang Nguyen, D.O., Hospitalist
Muhammad Umer, M.D., Family Practice