





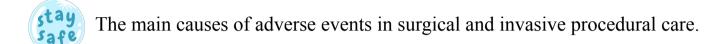
Patients Safety & Invasive Procedures

Patient Safety Lecture no. 11

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- Main Text
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- Male Slides
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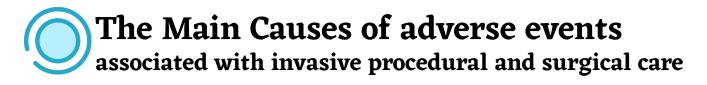
How to use the guidelines, verification processes and teamwork to facilitate the correct patient receiving the correct treatment at the appropriate time and place.

The verification processes to avoid wrong patient, wrong side and wrong procedure errors (e.g. ID Wrist band, a surgical checklist)..

Adhere to practice techniques that reduce risks and errors (e.g. time-outs, briefings, debriefings, stating concerns).

This lecture was presented by Dr. Yasser Sabr.

For the required reading **from Blackboard** click here



1. Poor infection control methods

The implementation of safer infection control practices such as:

- 1. Administration of prophylactic antibiotics
- 2. Hand hygiene (5mts) has reduced postoperative
- 3. Personal protective equipment

mts= minutes

2. Inadequate patient management

- Inadequate implementation of protocols or guidelines
- Poor leadership and poor teamwork
- Conflict between different departments/groups
- Inadequate training and preparation of staff eg. The nurse working in operating room is different from the nurse working in outpatient department so she has no knowledge or experience on how to handle invasive procedures
- Inadequate resources eg. Problem with equipment
- Overwork eg. someone having night duty & in the morning they have to perform number of surgeries, so they may harm the patient cause they're tired and lack concentration
- Lack of a system for managing performance

3. Failure to communicate effectively before, during and after procedures

to communicate effectively before, during and after operative procedures

(e.g. insufficient use of SBAR & Miscommunication).

Proper communication= eliminate the possibility of mistakes and adverse events



Types of communication failure associated with doctors

Type of failure	Definition	Illustrative example
Occasion	Problems in the situation or context of the communication event	The staff surgeon asks the anesthesiologist whether antibiotics have been administered. At this point, the procedure has been under way for over an hour.
Content	Insufficient or inaccurate information being transferred	As they are preparing for the procedure, the anesthesia fellow asks the staff surgeon if an ICU bed has been reserved for the patient. The staff surgeon replies that the "bed is probably not needed, and there is not likely one available anyway, so we'll just go ahead Complex cases are at high risk
Audience	Gaps in the composition of the group engaged in the communication	The nurses and the anaesthesiologist discuss how the patient should be positioned for surgery without the participation of a surgical representative Eg. Position of the patient, the patient should be positioned by the group engaged (nurse, anesthesiologist, surgeon). And usually it should be done

before the surgeon starts the procedure.



The Main adverse events Due to inadequate patient management associated with surgical care team



Infections and postoperative sepsis

Respiratory complications

+ (

Cardiovascular complications

Thromboembolic complications



Verification processes for improving surgical care

 A verification process ensures that the correct procedure is performed on the right patient, right side, site and the right organ. Effective methods exist, such as evidence-based guidelines, protocols or checklists, to support health-care providers achieve safer care

Guidelines

Systematically derived statements that help practitioners to make decisions about out care in specific clinical circumstances. These should be research or evidence based.

Protocol

Is a set of sequential steps that should be followed in a particular order, enabling the task to be completed. Protocols are developed from guidelines

Checklist

Is used to ensure that certain mandatory items are not forgotten. Such as (timeout). Checklists are developed from Protocols

-Surgical consent form-

a form **signed by a patient** prior to a medical procedure to confirm that he or she agrees to the procedure and is aware of any risks that might be involved. The primary purpose of the consent form is to provide evidence that the patient gave consent to the procedure.

-Pre-operation checklist-

Tool to promote patient safety in the perioperative period. Intended to give teams a simple, efficient set of priority checks for improving effective teamwork & communication.

-Surgical safety checklist

Communication tool that is used by a team of operating room professionals (nurses, surgeons, anesthesiologists, and others) to discuss important details about a surgical case at three distinct stages or phases during surgery: Pre-induction, Time out, and Debriefing

Done by whom?

- Surgical consent form: Physician (Senior/ consultant).
- Pre-operation checklist: Nurses.
- Surgical safety checklist: Nurses, Surgeons, Anesthesiologists.

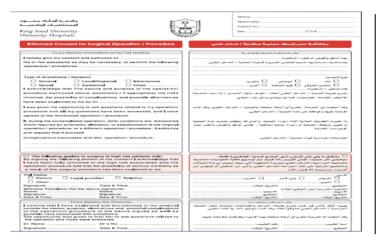


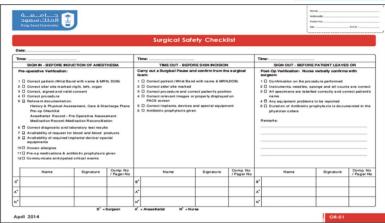
Consent forms & checklists

Surgical consent form

Surgical safety checklist







Surgical safety checklist (parts)







Practice\Techniques in Operating Room that Reduce Risks and Errors

Comply with the surgical checklist

Participating in team briefings and debriefings

Appropriately sharing information

Asking questions & Teaching

Stating or sharing intentions

Managing workload



Summary

- Adherence to infection control policy & Importance implementation of surgical guidelines
- Health-care professionals need to understand the reasons for the guidelines
- O Protocols and verification steps can minimize mistakes in patient identity
- The use if everyday techniques can improve communication and minimize errors



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