Revised & Approved

Bassam Alasmari
Rania Almutiri

PATIENT SAFETY TEAM

MED439
KING SAUD UNIVERSITY

11 Patients Safety & Invasive Procedures

Objectives:

1. The main causes of adverse events in surgical and invasive procedural care.
2. How the use of guidelines, verification processes and teamwork can facilitate the correct patient receiving the correct treatment at the appropriate time and place.
3. The verification processes to avoid wrong patient, wrong side and wrong procedure errors (e.g. ID Wristband, a surgical checklist).
4. Adhere to practice techniques that reduce risks and errors (e.g. time-outs, briefings, debriefings, stating concerns).

Color index:

Slides

Important

Doctors notes

Extra

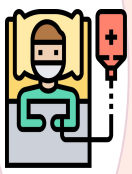
The Main Causes of Adverse Events Associated With Invasive Procedural and Surgical Care

1

Poor Infection Control Methods

The implementation of safer infection control practices such as:

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



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.
- Inadequate resources.
- Overwork.
- 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.

The Main Adverse Events Due To Inadequate Patient Management Associated With Surgical Care

Infection and postoperative sepsis (Most important)

Cardiovascular complications

Thromboembolic complications

Respiratory complications

The 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	Protocol	Checklist
Systematically derived statements that help practitioners to make decisions about care in specific clinical circumstances. (These should be research or evidence based).	Is a set of sequential steps that should be followed in a particular order, enabling the task to be completed.	Is used to ensure that certain mandatory items are not forgotten, such as (timeout).

Examples for The Verification Processes for Improving Surgical Care

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 risk that may be involved.
- The primary purpose of the consent form is to provide evidence that the patient gave consent to the procedure.

- **Done by who?**
  Physicians **(consultants/senior)**

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 and communication.

- **Done by who?**
  Nurses

Examples for The Verification Processes for Improving Surgical Care cont..

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, debriefing.

- **Done by who?**
  Nurses, surgeons, anesthesiologists.

Practice\Techniques in Operating Room that Reduce Risks and Errors

Comply with the surgical checklist

Asking questions

Participating in team briefings and debriefings

Stating or sharing intentions

Appropriately sharing information

Teaching

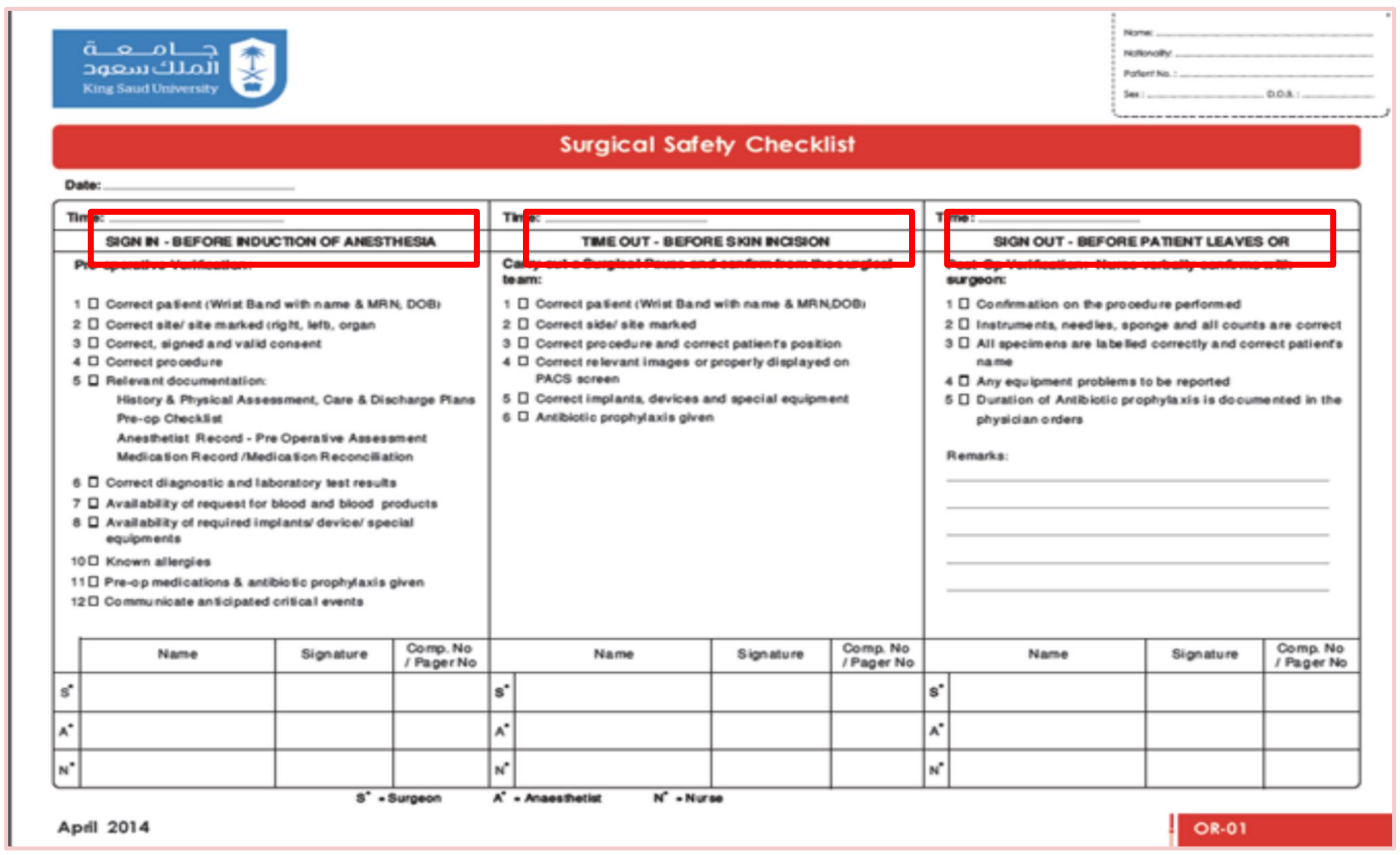
Managing workload

Types of Communication Failure Associated With Doctors

Type of Failure	Definition	Illustrative Example
Occasion	Problem 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.
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.

Surgical safety checklist

Male slides



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King Saud University

Name:
Nationality:
Patient No.:
Sex: D.O.B.:

Surgical Safety Checklist

Date:

SIGN IN - BEFORE INDUCTION OF ANESTHESIA	TIME OUT - BEFORE SKIN INCISION	SIGN OUT - BEFORE PATIENT LEAVES OR
Time:	Time:	Time:
Pre-operative Verification:	Call out: Surgical Pause and confirm from the surgical team:	Post-Op Verification - Nurse verbally confirms with surgeon:
1 ☐ Correct patient (Wrist Band with name & MRN, DOB)	1 ☐ Correct patient (Wrist Band with name & MRN,DOB)	1 ☐ Confirmation on the procedure performed
2 ☐ Correct site/ site marked (right, left, organ	2 ☐ Correct side/ site marked	2 ☐ Instruments, needles, sponge and all counts are correct
3 ☐ Correct, signed and valid consent	3 ☐ Correct procedure and correct patient's position	3 ☐ All specimens are labelled correctly and correct patient's name
4 ☐ Correct procedure	4 ☐ Correct relevant images or properly displayed on PACS screen	4 ☐ Any equipment problems to be reported
5 ☐ Relevant documentation: History & Physical Assessment, Care & Discharge Plans; Pre-op Checklist; Anesthetist Record - Pre Operative Assessment; Medication Record /Medication Reconciliation	5 ☐ Correct implants, devices and special equipment	5 ☐ Duration of Antibiotic prophylaxis is documented in the physician orders
6 ☐ Correct diagnostic and laboratory test results	6 ☐ Antibiotic prophylaxis given	Remarks:
7 ☐ Availability of request for blood and blood products		
8 ☐ Availability of required implants/ device/ special equipments		
10 ☐ Known allergies		
11 ☐ Pre-op medications & antibiotic prophylaxis given		
12 ☐ Communicate anticipated critical events		

	Name	Signature	Comp. No / Pager No	Name	Signature	Comp. No / Pager No	Name	Signature	Comp. No / Pager No
S*									
A*									
N*									

S* = Surgeon A* = Anaesthetist N* = Nurse

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Summary

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

Leaders

Abdulaziz Alrabiah

Nourah Alklaib

Members

Abdulaziz Alderaywsh

Abdulaziz Alomar

Abdullah alhumimidi

Abdulrhman Alsuhaibany

Abeer Alawwad

Alaa Alsulami

Alia Zawawi

Arwa alqahtani

Dana Naibulharam

Faisal alosaimi

Ghada Alothman

Haya Alanazi

May Barakah

Mohammed Beyari

Noura Alkathiri

Raed Alnutaifi

Raghad alasiri

Raghad Soaeed

Rand AlRefaei

Sarah Almuqati

Sarah AlQuwayz

Shayma Alghanoum

Yasmine alqarni