

*Department of Anesthesia Services*  
Joint Commission Fact Sheet

**Reminders due to most recent Audit:**

- **PRIMARY FOCUS of Audit: Prevention and Minimization of Cross Contamination and Infection.**

1. OR Attire:
  - a. COMPLETELY cover non-disposable scrub hats with disposable hats
    - Remove upon departure from the OR suite
  - b. Protective eyewear is to be worn
  - c. Undergarments may not be visible, at any time
  - d. Wear Lab Coats when leaving the 4<sup>th</sup> floor
  - e. Masks are single use only (on or off only)
  - f. Arms must be covered with a jacket that is to be completely closed
  - g. Stethoscopes are not to be placed around the neck
  - h. Wear Lab Coats when leaving the 4<sup>th</sup> floor
2. Fluids must have a "change" label affixed.
3. Scrub the Hub! Rub for 10 to 15 seconds; allow it to dry.
4. Medications may not be carried in pockets or clothing. Please place meds (in syringes or vials/ampoules) in a bag prior to placement in a pocket.
5. Remove gloves (**clean and dirty**) and sanitize hands before using the computer or touching/handling stored supplies and equipment, when possible.
6. Upon case completion, wipe down all reusable items, cart, anesthesia machine (special attention to handles and knobs/ switches) and the computer keyboard. (In the event it was touched with soiled hands to prevent cross contamination.)
7. PDI Super Sani-Cloth wipes are used to clean anesthesia equipment that remains on the unit. After wiping items, it must remain WET and undisturbed for **2 (two) minutes**. ALSO REFERRED TO AS "WET TIME".
8. Close ALL bins on the anesthesia cart to prevent cross contamination.
9. All carts are to remain locked when not in use (even when present).
10. Blades should not remain connected to handles after checking the light/battery.
11. Do not open supplies or equipment if there is not a case pending.
12. All supplies and equipment (laryngoscope blades) with broken seals are discarded every morning by 0900.
13. Actively participate in the TIME OUT; if you must turn away from surgical field to confirm the MR#, face the field for the remainder of the time out and **verbalize** concern(s), antibiotics, agreement, etc. **Additionally, state your name and role.**
14. **All medications/syringes/needles should be discarded in accordance with the Pharmaceutical Waste Guide.**

**OVERALL GOAL: Patient Safety**

1. Patients are assessed AT LEAST twice before a procedure:
  - Pre-anesthetic evaluation are COMPLETED the day of surgery (i.e. NPO is added, changes are noted; therefore, it's completed the DAY OF SURGERY)
  - In Pre-Post/ OR – before the scheduled case/ within 48 hours prior to any surgery or procedure
  - In the OR immediately before induction

**WHY** do we assess no less than twice? To determine if there has been any change in the patient's status; so that the best possible care can be administered.

2. Wall supply of Air, Nitrous Oxide, and Oxygen are housed on the first floor and are maintained by Facilities (Engineering Department)
3. Nitric Oxide: **Maintained by the Respiratory Department.**
4. Gas shut off valves are located outside each Operating Room, by the scrub sinks. In the event of an airway fire/emergency – the CRNA/MDA delegates the physical function of turning off the gas(es) to a specific person in the OR, when necessary.

5. Fire Extinguishers consist of carbon dioxide (and are inspected monthly); please make note of the various exits from the OR Suite and review the Hospital's Fire Plan on the U:drive. The Safety Coordinator for the Perioperative Area (to include Anesthesia) is Karen Wiedemann; Hospital-wide it is Robert Arnold.
6. In the event of an emergency (fire, power outage, etc), if unassigned to a patient, please report to the OR desk for instructions, if you can get there safely.
7. Performance Improvement: The Department of Anesthesia Services audits:
  - Pre-anesthetic assessments
  - Hand off (Report) and if an opportunity was given to the receiving nurse to ask questions and have those questions answered.
  - Time Out (conducted for ALL invasive procedures (i.e. arterial line placements, peripheral blocks, etc)
  - Trach cases (airway fire safety)
  - Staffing effectiveness
  - Antibiotics
  - Hypothermia

-- Time Out:

  - Anesthesia personnel will verify the surgical consent and confirm the correct procedure, side, structure or level before sedating the patient.
  - Will take place after the patient is prepped and draped and "immediately" before incision or the procedure is initiated. The entire room is involved (circulating nurse, surgical tech, surgeon and anesthesia provider).
  - **ALL OTHER ACTIVITY CEASES DURING THIS TIME**
  - **World Health Organization** asks that everyone state their name and role

--HOW are deficiencies corrected? Deficiencies are corrected via employee education executed:

  - via department specific orientation
  - during Monday morning meetings
  - via emails – individual and group
  - via posting in WILMA
  - via one on one sessions
8. Empty labeled syringes are not permitted at any time, for any reason. This is monitored:
  - every weekday by Anesthesia Technicians that inspect ORs
  - by the CRNAs on duty
  - by the Director or designee.
9. Operating Rooms are inspected weekly by the Tech and CRNAs to identify supplies that need to be removed. The goal is to remove all supplies one month before the expiration date.
10. Anesthesia Policy and Procedure Manuals are located in WILMA. All policies are reviewed / revised annually.
11. Storage:: nothing is to be stored under a sink at any time, or within 18 inches of the ceiling.
12. Reusable anesthesia equipment is cleaned and/or sterilized in accordance with Anesthesia Policy # A-128:
  - Devices that touch mucous membranes need high level disinfection or sterilization - will be cleaned or disinfected by Central Sterile Processing.
  - Items that do not touch the patient or only touch intact skin are non-critical and need low level disinfection - will be cleaned thoroughly with SANI-CLOTHS and will remain undisturbed for two minutes.



13. Point of Care Testing (POCT): refers to the Hemocue and Accucheck machines. Quality control checks are performed every 24 hours; **Hemocue QC solutions are replaced every 30 days and Accu-check QC solutions are replaced every 3 months.** Cuvettes (Hemocue) are good for 3 months when stored in air tight container. Accucheck strips are good until the manufacturer's expiration date when they remain in the air tight container. If problems are encountered: call Core Lab at 702-3495.

14. 2015 National Patient Safety Goals (NPSG): Please review the complete list. Examples of how goals are incorporated into our daily practice:

- Goal 1: Identify patients correctly
  - Two patient identifiers are used (name, dob, MR#, etc)
  - Typenex Band
  - Time Out
- Goal 2: Improve staff communication:
  - Get important test results to the right staff person on time
  - Hand Off (report) including an opportunity for the RN receiving the patient to ask questions
- Goal 3: Use medicines safely:
  - Label medicines in syringes where meds are set up
  - Extra care with patients taking medicine blood thinners
  - Record/communicate info about medications
- Goal 6: Use alarms safely
  - Ensure that alarms are heard and responded to timely.
- Goal 7: Prevent infection:
  - Comply with current World Health Organization's (WHO) and the CDC's hand hygiene guidelines.
    - Waterless hand sanitizer provides several advantages over traditional hand washing unless the hands are visibly soiled. Benefits of waterless hand sanitizers:
      - require less time than hand washing
      - act quickly to kill microorganisms on hands
      - are more accessible than sinks
      - reduce bacterial counts on hands
      - do not promote antimicrobial resistance
      - are less irritating to skin than soap and water
      - some can even improve condition of skin
  - Hand Hygiene:
    - How long should one rub hands when a waterless sanitizer is used? Rub hands until dry.
    - How long should soap be agitated when one washes hands? Soap should be worked vigorously on hands for 10-15 seconds.
    - (new) After the 5<sup>th</sup> use of waterless sanitizers, hands should be washed with soap and water.
  - Use guidelines to prevent:
    1. infections from central lines
    2. infections after surgery

15. **Universal Protocols Preventing Wrong Patient, Site and Procedure via Universal Protocol:**

- Conducting Pre-Procedure Verification Process (pre-op assessment)
- Marking the procedure site
- Performing a Time-Out: confirm right patient, right site, right procedure, right test reports & equipment available

16. What is FMEA? How is the Department of Anesthesiology compliant?
- FMEA means Failure Mode and Effects Analysis.
  - The Department of Anesthesia performs a FMEA for equipment safety. Every 6 months our Anesthesia Machines and Vaporizers are analyzed to avoid problems. Additionally, anesthesia equipment is monitored by Bio-Med to ascertain safety on a pre-determined schedule.
17. Interim Life Safety Measures (ILSM): Health and safety measures that are put in place to protect the safety of patients, visitors, and staff who work in the hospital. In simple terms we are talking about things like exit signs and pathways to an egress point, fire protection systems including smoke detectors, fire suppression, fire extinguishers and fire alarm systems, smoke barriers, emergency evacuation plans, in addition to many other items that contribute to the well being and safety of occupants in the hospital or healthcare facility.
18. How are Medications secured?
- The Surgery Suites are (2<sup>nd</sup> and 3<sup>rd</sup> floor) are considered secured areas. In addition to medications housed in the secured area, they are stored in locked medication trays which are locked in anesthesia carts or in the medication/supply room.
  - Medications are aspirated into syringes, THEN, labels are affixed and completed with concentration, date, time and initials.
  - All medications are wasted upon completion of each case.
  - **Schedule IV Medications:**
  - How are Schedule IV Medications handled? All Schedule IV Medications are accounted for at all times. Prior to administration, they are the responsibility of the provider that removed them from the Pyxis or the provider that documented accepting the medication. The medication is NEVER left unsecured. Controlled medication “waste ... will be recorded ... in the automated dispensing system” (Policy 5028).
  - What happens when one forgets to dispose of Scheduled Medications at the end of a shift? The medication is returned to the unit, wasted in the Pyxis and an Incident Report is completed and given to the Director or designee.
  - What does one do if a Scheduled Medication is found? Any scheduled medication found will be given to the Director or designee with an initiated Incident Report. The Director or designee will investigate in an attempt to determine what provider is responsible for the medication and the Incident Report will be completed. Medication successfully investigated will be wasted in the Pyxis; in unsuccessful investigations, the medication will be brought to pharmacy by the Director or designee, for witnessed disposal.
19. Central Line Insertion Infection Prevention Checklist: This checklist is followed every time a central line is placed and an entry is made to document adherence in the EHR (electronic health record)
20. PACU pain orders: are completed by the Anesthesiologists
21. Cart keys: are located in the Pyxis under “cart key”.
22. Competency is assessed annually via observation, discussion and web in-services.
23. All supplies and equipment (laryngoscope blades) that have had their seals broken the previous day are to be discarded every morning by 0900.
24. No open syringes are maintained in the Trauma Operating Room.
25. The Infection Control Manual is located on the U:drive (U:drive -Infection Control).
26. MSDS (specific to anesthesia) are on the U:drive. Go the MCL shortcuts and select “MSDS Online”.
27. Please review the hospital’s Fire Plan (U:drive. Select ILH Fire and Life Safety)

10/5/2015

28. Please date and time all Consents and be sure that all signatures are obtained. Scan and label the consent in EPIC with name of procedure to be performed.

**NOTE:** If you are asked a question by an Auditor, and “can’t remember”, telling them that you can’t remember, but you know where you can look it up – is acceptable. It’s on the U: drive.

**\*\*\*\*\* Points of interest \*\*\*\*\***

1. **BLADES AND HANDLES MUST BE DETACHED AFTER THE LIGHT IS CHECKED.**
2. **Blades MUST REMAIN in packaging until it is an actual use.**
3. **Time out (all must stop and participate).**
4. **Identifiers must be used when meeting patient for the first time.**
5. **Complete drug labels on syringes with concentration, month, date, year and provider’s initials.**
6. **Hand washing prior to and after patient care.**
7. **Syringes are single use ONLY. Immediately discard empty used syringes.**