RISK MANAGEMENT IN THE OPERATING ROOM: CO-CREATION OF A MODEL FOR IMPROVED SUSTAINABILITY ‘SAFETY FIRST’

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DISCLOSURE

NO CONFLICTS TO DISCLOSE
SUSTAINABILITY:

MEETING THE NEEDS OF THE PRESENT WITHOUT COMPROMISING THE ABILITY OF FUTURE GENERATIONS TO MEET THEIR NEEDS
SUSTAINABILITY IS COMPOSED OF THREE PILLARS:

ECONOMIC
ENVIRONMENTAL
SOCIAL

or

PROFITS
PLANETS and
PEOPLE

(SOURCE: INVESTOPEDIA.COM) REVIEWED BY MITCHELL GRANT AND WILL KENTON; UPDATED APRIL 16, 2019; ACCESSED MAY 10, 2019)
HEALTHCARE PRINCIPALLY DUE TO ITS INEXORABLE RISE IN COST HAS CONSISTENTLY BEEN LABELED AS UNSUSTAINABLE
THE FOCUS ON UNSUSTAINABILITY OF HEALTHCARE AS OF LATE HAS BEEN ON REDUCING WASTE OF SUPPLIES, EFFICIENCY, ETC. (REDUCING MANAGEMENT THUS FAR HAS BEEN UNTOUCHED)
WE HAVE MET THE ENEMY AND HE IS US.
THE OPERATING ROOM OF HOSPITALS IS BOTH A SUBSTANTIAL REVENUE – GENERATOR AS WELL AS A SOURCE OF HIGH RISK AND HIGH COST
CONSEQUENTLY, ‘THE ELUSIVE PATH TO HEALTH CARE SUSTAINABILITY’ (LEWIN ET AL, JAMA, 310-316, 2013) GOES THROUGH THE OPERATING ROOM (LIKE SHERMAN THROUGH GEORGIA ?)
SAFE, HIGH QUALITY AND EFFICIENT PATIENT CARE IN THE OPERATING ROOM REQUIRES MANAGEMENT OF DIRECT COSTS SUCH AS LABOR, ENVIRONMENT AND SUPPLIES. SUPPLIES MAKE UP AN ESTIMATED 20-30% OF HOSPITAL WASTE AND THUS THE PRINCIPAL EFFORT FOR REDUCTION AS A SUSTAINABILITY FOCUS.
PATIENT THROUGHPUT OR FLOW THROUGH THE OPERATING ROOM SHOULD BE THE FOCUS OF MANAGEMENT
RE-ENGINEERING THE OPERATING ROOM USING VARIABILITY METHODOLOGY TO IMPROVE HEALTH CARE VALUE

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HOWEVER, INDIRECT COSTS INVOLVING ERGONOMICS AND HUMAN FACTORS AND PATIENT SAFETY REPRESENT SIGNIFICANT AREAS OF RISK THAT IMPACT OPERATING ROOM SUSTAINABILITY
RISK MANAGEMENT IN THE OPERATING ROOM CONSISTS OF RUDIMENTARY TOOLS SUCH AS THE ‘SURGICAL SAFETY CHECKLIST’ AND THE TIMEOUT
Surgical Safety Checklist

Before induction of anaesthesia
(with at least nurse and anaesthetist)

- Has the patient confirmed his/her identity, site, procedure, and consent?
  - Yes
  - No
  - Not applicable

- Is the site marked?
  - Yes
  - No
  - Not applicable

- Is the anaesthesia machine and medication check complete?
  - Yes
  - No

- Is the pulse oximeter on the patient and functioning?
  - Yes
  - No

- Does the patient have a:
  - Known allergy?
    - Yes
    - No
  - Difficult airway or aspiration risk?
    - Yes
    - No
  - Risk of >500ml blood loss (7ml/kg in children)?
    - Yes
    - No
  - Is essential imaging displayed?
    - Yes
    - No
    - Not applicable

Before skin incision
(with nurse, anaesthetist and surgeon)

- Confirm all team members have introduced themselves by name and role.
- Confirm the patient's name, procedure, and where the incision will be made.
- Has antibiotic prophylaxis been given within the last 60 minutes?
  - Yes
  - No
  - Not applicable

Anticipated Critical Events

To Surgeon:
- What are the critical or non-routine steps?
- How long will the case take?
- What is the anticipated blood loss?

To Anaesthetist:
- Are there any patient-specific concerns?

To Nursing Team:
- Has sterility (including indicator results) been confirmed?
- Are there equipment issues or any concerns?

Before patient leaves operating room
(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:
- The name of the procedure
- Completion of instrument, sponge and needle counts
- Specimen labelling (read specimen labels aloud, including patient name)
- Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1/2009 © WHO, 2009
THE UTILITY AND VALUE OF THE SURGICAL SAFETY CHECKLIST (WHO) AS A RISK MANAGEMENT TOOL IS CONSTRAINED TO THE START OF THE OPERATION. ANALYSIS OF UNEXPECTED EVENTS THAT OCCUR DURING AN OPERATION ARE HANDLED IN A REACTIONARY FASHION BY MORBIDITY AND MORTALITY CONFERENCES AND/OR SURGICAL QUALITY COMMITTEES THAT CONVENE SEVERAL DAYS AFTER A SENTINEL EVENT.
CONTRAST THIS PROCESS WITH THE UNITED STATES MARINE CORPS (USMC) OPERATIONAL RISK MANAGEMENT ADVISORY THAT IS PART OF EVERY USMC EXERCISE
WE HAVE SOME OF THE MILITARISTIC THINKING BUT LACK THE ROBUSTNESS OF THE USMC APPROACH TO RISK MANAGEMENT
MARINE CORPS INSTITUTE

OPERATIONAL RISK MANAGEMENT
CO-CREATION: BRINGING TOGETHER PATIENTS; HEALTHCARE RISK MANAGEMENT; NURSES (CIRCULATING, SCRUB, CRNA); OR TECHS (SCRUB, ANESTHESIA, RADIOLOGY); PHYSICIANS; ENVIRONMENTAL SERVICES TO JOINTLY ADDRESS OPERATING ROOM RISK
THIS REQUIRES LEADERSHIP CREATING THE ENVIRONMENT FOR LEARNING A NEW WAY TO STUDY RISK IN THE OR
INERTIA
INABILITY
IGNORANCE
I (DON’T CARE–APATHY)
IMPECUNIOUSNESS
INCONSTANCY
INCUMBENCY
THANK YOU!