AAO, OMIC, ASCRS, ASORN, OOSS SAMPLE OPHTHALMIC SURGERY CHECKLIST

Surgical Team Briefings and Checklists Reduce Risk[1]

Communication breakdowns are the primary cause of 70% of serious adverse events reported to The Joint Commission (TJC).[2] Nowhere is clear and consistent communication more important than in the Operating Room. To facilitate the exchange of critical information among surgical team members, the World Health Organization (WHO) introduced a basic surgical checklist in 2008, proposing it as a method to "help ensure that teams consistently follow a few critical safety steps and thereby minimize the most common and avoidable risks endangering the lives and well-being of surgical patients."[3] The checklist divides surgical care into three phases: sign-in before anesthesia, time-out before incision, and sign-out before transfer from the OR to the post-anesthesia recovery room (PACU).

In addition to the elements of the universal protocol (identification of the patient, procedure, site, and side), the WHO time-out and sign-out include briefings from the surgeon, anesthesia provider, and nurse that—if consistently implemented—would prevent many malpractice claims reported to OMIC. The surgeon addresses critical or unexpected steps in the procedure, its planned duration, and the anticipated amount of blood loss. The anesthesia provider relates any patient-specific concerns such as cardiopulmonary diseases, arrhythmias, difficult airway, etc. The nurse confirms the sterility of the instruments and covers any equipment issues.

CMS Mandates the Use of a Surgical Checklist in Ambulatory Surgery Centers

In the 2012 ASC payment rule published last year, the Center for Medicare and Medicaid Services (CMS) outlined its requirements for a new ASC quality reporting program. While the quality measure reporting requirements do not take effect until

---

[1] Excerpted from Menke AM. Surgical Team Briefings Reduce Malpractice Risk. OMIC Digest, Fall 2011. Volume 21, Number 4.

[2] JCAHO. Improving Handoff Communications: Meeting National Patient Safety Goal 2E. Joint Perspectives on Patient Safety. 2006; 6(8):9-15.

[3] World Health Organization. World Alliance for Patient Safety. "Implementation Manual. WHO Surgical Safety Checklist. First Edition. www.who.org. Accessed 10/31/11. This list was enhanced by the Association of PeriOperative Registered Nurses (AORN) to include a pre-procedure check-in that helps facilities comply with TJC universal protocol requirements and national patient safety goals.[3]

October 1, 2012, a requirement that all ASC's begin using a standard surgical checklist was implemented as of January 1 of this year and will be taken into account for determining whether the ASC will be subject to a 2 percent penalty in future years. ASC's must attest later this year that they were using such a list. CMS did not dictate any specific checklist but cited the WHO document as one example of a recommended list. However, the lists suggested by CMS are designed for a broad spectrum of surgical procedures that require more comprehensive anesthesia and patient monitoring then is generally applicable for the ophthalmic ASC.

AAO, OMIC, ASCRS, ASORN, and OOSS Ophthalmic Surgical Checklist Task Force

The American Academy of Ophthalmology and OMIC asked key ophthalmic societies to join them in developing a task force to devise an ophthalmic-specific surgical checklist. We would like to thank the American Society for Cataract and Refractive Surgery (ASCRS), the American Association of Ophthalmic Registered Nurses (ASORN), and the Outpatient Ophthalmic Surgery Society, for their assistance in producing this checklist.

OPHTHALMIC SURGICAL TASK FORCE MEMBERS

- **AAO**:, Flora Lum, MD, Cherie L. McNett, Kesley Kurth, William L. Rich, III, MD, Trexler M. Topping, MD
- **ASCRS**: Samuel Masket, MD, Joyce D'Andrea, Paula Cooke, , Nancey McCann, Jenny Liljeberg
- **ASORN**: Annquinetta F. Dansby-Kelly, RN, CRNO, Elethia C. Dean, RN, BSN, MBA, PhD, Deborah Ann Ehlers, RN, MSN, Nancy J. Haskell, RN, Diane M. LaRosa, RN, BSN, CRNO, Noreen E. Smith, RN, Mary Nehra Waldo, RN, BSN, CRNO
- **OMIC**: Richard L. Abbott, MD, Steven V. L. Brown, MD, Hans Bruhn, MHS, Denise Chamblee, MD, Andrew P. Doan, MD, PhD, Tamara R. Fountain, MD, Ted V. J. Houle, MD, Anne M. Menke, RN, PhD, Ronald W. Pelton, MD, PhD, Steven I. Rosenfeld, MD, John W. Shore, MD , James B. Sprague, MD, Paul Weber, JD, Harry Zink, MD
- **OOSS**: Robert B. Nelson, PA-C, Lou Sheffler, MPS, Michael Romansky, JD

The task force produced a sample ophthalmic surgical checklist to meet the needs of patients having many kinds of procedures. **Please make any changes necessary to best address the type of patients, procedures, anesthesia, and facility you have.** For example, ASCs whose only procedures are cataract surgery with topical anesthesia may not need many of the listed elements. Check with the physicians, anesthesia providers, nurses, and facility administrators to determine which elements are required under state licensing rules or by accreditation organizations.

April 12, 2012

Surgical Safety Checklist

Before anesthesia ▶▶▶▶▶▶▶▶▶▶▶▶ Before incision ▶▶▶▶▶▶▶▶▶▶▶▶▶▶ Before leaving operating room

SIGN IN

☐ **PATIENT HAS CONFIRMED**
- IDENTITY
- SITE
- PROCEDURE
- CONSENT

☐ **SITE MARKED**

☐ **HISTORY & PHYSICAL REVIEWED**

☐ **PRESURGICAL ASSESSMENT COMPLETE**

☐ **PREANESTHESIA ASSESSMENT COMPLETE**

☐ **ANESTHESIA SAFETY CHECK DONE**

DOES PATIENT HAVE:

DIFFICULT AIRWAY/ASPIRATION RISK?

☐ NOT APPLICABLE
☐ NO
☐ YES: EQUIPMENT/ASSISTANCE AVAILABLE

HISTORY OF FLOMAX/ALPHA 1-A INHIBITOR?

☐ NO
☐ YES

HISTORY OF ANTICOAGULANTS?

☐ NO
☐ YES
- ☐ CONTINUED
- ☐ STOPPED AS INSTRUCTED

TIME OUT

☐ **ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE**

☐ **SURGEON, ANESTHESIA PROVIDER, AND NURSE ORALLY CONFIRM**
- PATIENT
- SITE
- PROCEDURE

☐ **SURGEON AND NURSE ORALLY CONFIRM**
- ANTIBIOTIC
- MITOMYCIN-C/ANTI-NEOPLASTICS
- IMPLANT STYLE AND POWER
- DEVICES
- TISSUE
- GAS
- DYES

ANTICIPATED CRITICAL EVENTS

☐ **SURGEON REVIEWS**
- CRITICAL OR UNEXPECTED STEPS

☐ REVIEWED

☐ NONE ANTICIPATED
- OPERATIVE DURATION

☐ **ANESTHESIA PROVIDER REVIEWS**
- ANY PATIENT-SPECIFIC CONCERNS

☐ **NURSING TEAM REVIEWS**
- STERILITY (including indicator results)
- EQUIPMENT ISSUES
- CONCERNS

SIGN OUT

NURSE ORALLY CONFIRMS WITH TEAM

☐ NAME OF PROCEDURE RECORDED

☐ INSTRUMENT, SPONGE, SHARP COUNT CORRECT
- ☐ YES
- ☐ NOT APPLICABLE

☐ SPECIMEN LABELED (including patient name)
- ☐ YES
- ☐ NOT APPLICABLE

☐ EQUIPMENT ISSUES ADDRESSED

SURGEON, ANESTHESIA PROVIDER, AND NURSE

☐ KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF PATIENT REVIEWED