



# Healthcare Risk Resources International

*Essentials of Risk Management in  
Day Surgery*

***Dr Elizabeth Mullins  
Senior Risk Consultant, HRRI***

## Why do we bother with risk management?

- Day surgery is a cost-effective way of caring for patients but the risk still exists for the patient
- Is simple surgery even considered a risk?
- There may be such a thing as a simple procedure...  
....there is no such thing as a simple anaesthetic

The risk follows the patient



**‘...I’ll be back...!’**

©Healthcare Risk Resources  
International

**. : Healthcare Risk  
Resources International**

# High risk areas in procedure unit

## Pre-Procedure

- Pre -op Management
- Patient Identification
- Admission criteria for Day Units
- Doctors Rooms issues
- Staff support and knowledge
- Pre-operative management of day patients
- Patients sight unseen
- Financial Pressures
- Isolation issues

# High risk areas in procedure unit

During procedure

- Informed Consent
- Anaesthesia / Medications
- IV conscious sedation
- Wrong Procedure/Site
- Operation / Procedure
- Use/Processing of Medical Devices
- Surgical Count
- Equipment Failure
- Transfers

# High risk areas in procedure unit

Post procedure or at home

- Post operative care and management
- After hours management
- Wound Infection
- Discharge management
- When and who to call
- Safety at home

# Contributing factors to error

- Unusual circumstances / time constraints
- Environmental / patient issues which alter usual processes
- More than one surgical team during course of care
- More than one procedure on the same patient

## Contributing factors to error (cont)

- Changing prearranged order of the list
- Inadequate pre-operative checking processes:
- Failure to verify operative site immediately pre-op
  - Victorian Surgical Consultative Council, “Correct Site & Correct Surgical Site Surgery Guidelines” ([www.health.vic.gov.au/vsc](http://www.health.vic.gov.au/vsc))
- Inadequate communication among the OT team members

## Contributing factors (cont)

Lack of awareness of and accessibility to current Standards/Guidelines:

- ACORN 2004 ( [www.acorn.org.au](http://www.acorn.org.au))
- ADSNA 2003 ([www.adsna.info](http://www.adsna.info))
- GESA/GENCA 2003 ([www.genca.org](http://www.genca.org))
- ANZCA ([www.anzca.edu.au](http://www.anzca.edu.au))
- RACS, 1998 ([www.racs.org.au](http://www.racs.org.au))
- AS/NZS 4187/2003 ([www.standards.com.au](http://www.standards.com.au))
- Communicable Diseases Network Australia, 2004 ([www.icg.health.gov.au](http://www.icg.health.gov.au))

# Culture of the day unit

- Time = money
- Throughput demands
  - Internally
  - Externally
- No permanent onsite medical staff
- Different standards may exist in different areas – endoscopy unit; cardiac catheter lab; OT; radiology suite – NOT GOOD

# Admission criteria

- Do you know what you can do?
- Do you know what you can't do?
- Establish criteria
  - Endoscopists and anesthesiologists
  - Credential the place and not just the person

# Pre-op management

- Preadmission process often seen as financial check
- Process
  - Telephone
  - Pre admission checklists
  - Pre admission assessment
- Investigation availability
- Role of Anaesthetist
- Role of Proceduralist

# Patient identification

- Correct Patient
- Correct Procedure
- Correct Site
- Correct Side

# Discharge management

- When to discharge?
- Who is responsible for discharge?
- Discharge criteria?
- Doctor presence when recovering?

# Safety at home

Part of initial pre admission criteria – ANZCA

- Suitable transport
- Responsible person overnight
- Understanding requirements
- Within one hour of medical attention
- Access to phone
- Advice about resumption of duties

# After hours management

- Who is responsible ?
  - VMO Physician
  - VMO Anaesthetists
  - Hospital
  - DPU staff
- Make it clear which number for patient to call
- Make sure there is a person on the end of the number

# Equipment failure

- Is there a process?
- Who is responsible?
- Manufacturers warnings and guidelines
- Who 'fixes' a problem?
- Are the anaesthetic machines checked before every case?
- Is it recorded on the patients' notes
- Role of Medical Reps in theatre
  - Do they ever 'do' the procedure
- Electrosurgical equipment – routine checking, ("Fires in the Operating Theatre," [www.health.vic.gov.au/scc](http://www.health.vic.gov.au/scc))

# Reasons for count errors

- Documentation errors are the most common
- Generally occur early in the week in routine surgical cases
- Surgery involving a body cavity is the most likely to result in a counting error
- Multiple factors influence counting errors - staff need to identify the surgical cases in their hospital where these errors are occurring and provide extra care in these instances

*“The factors that contribute to count and documentation errors in counting: a pilot study,”*

*Butler, M. Boxer, E. Sutherland-Fraser, S. ACORN, Autumn 2003:*

# What about instruments?

- Should Instruments be individually counted?
- Should Tray Lists be mandatory?
- What about Loan Sets?
- This is a difficult area as it is a time consuming and logistically challenging process but is this a good enough excuse not to count instruments given all the reported cases of retained items?

# Infection control risks in the OT

- Wound Infection
- Anaesthesia/Medications
- Blood or Body Fluid Exposure Injuries
- Sterilisation Breaches

# Risk of infection

- HIV positive patient - 0.3%
- Hepatitis C positive patient - 3.0%
- Hepatitis B positive patient - up to 30%

# Strategies to manage clinical risks

- Comprehensive reporting systems for clinical and operational issues that are simple, pro-active and meaningful within the organisation
- Management of key performance indicators that evaluate the operational, financial, quality and clinical outcomes
- Clearly defined policies and procedures that are user friendly and orientated to the key processes and systems within the business

# Strategies to manage clinical risks

- Appointment of staff that are multi-skilled, versatile and experienced in their individual roles
- Education and training of staff in all key areas eg infection control new technologies
- Comprehensive clinical review where all staff within the organisation can mark medical records which they would like reviewed if they feel patient care could be compromised

# Strategies to manage clinical risks

- Risk management program that focuses upon all key areas of the organisation including patients, Doctors and governing body