Clinical Departments: Surgery and Operating Room

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Always/ Yes	Sometimes	Never/ No	N/A	
				DEPARTMENT MANAGEMENT
☐	☐	☐	☐	1. There is a designated medical director or chief of the department.
☐	☐	☐	☐	2. The organization has an on-call policy for surgeons.
☐	☐	☐	☐	a. The required response time for emergency calls is designated in the policy.
☐	☐	☐	☐	b. The process for locating a back-up surgeon is outlined in the policy.
☐	☐	☐	☐	3. The organization maintains an on-call roster for nurses who are available to respond in the event of staff shortages or emergencies.
☐	☐	☐	☐	4. There is a policy for reading back verbal or telephone orders or critical test results by the person who receives the information.
☐	☐	☐	☐	5. The organization supports open communication among all members of the surgical team.
				6. There is a process in place to delay or cancel surgery if:
☐	☐	☐	☐	a. the patient's required history and physical, consent forms, and diagnostic workups are not on the medical record prior to surgery; or
☐	☐	☐	☐	b. the scheduled procedure is outside the scope of privileges for the surgeon.
☐	☐	☐	☐	7. The hospital policy designates who has the authority to cancel surgery.
☐	☐	☐	☐	8. There is a written code of conduct policy that defines acceptable and unacceptable behavior and outlines the consequences of unacceptable behavior.
				9. Policies are in place for the perioperative administration of:
☐	☐	☐	☐	a. prophylactic antibiotics,
☐	☐	☐	☐	b. prophylactic treatment for thromboembolism, and
☐	☐	☐	☐	c. beta-blockers.
☐	☐	☐	☐	10. Procedures are in place to safely identify and manage high-risk patients. (Reference: American Society of Anesthesiologists Physical Status Classification System)
☐	☐	☐	☐	11. There are written policies/procedures on surgical site identification that follow established references such as The Joint Commission's Sentinel Event Alert and the World Health Organization's Surgical Safety Checklist.

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☐	☐	☐	☐	12. There is a procedure in place to halt surgery if the surgical verification process fails.
☐	☐	☐	☐	13. Major surgical procedures that require a second surgeon to be in attendance are defined.
☐	☐	☐	☐	14. Count policies are in accordance with Association of periOperative Registered Nurses (AORN) standards.
☐	☐	☐	☐	a. The policy identifies procedures that don't require counts.
☐	☐	☐	☐	b. The count sheet is made a part of the permanent medical record.
☐	☐	☐	☐	c. If there is a discrepancy in the count, an x-ray is taken and an incident report is completed.
☐	☐	☐	☐	15. There are written policies and procedures to address the presence of observers, including vendors, in the OR during surgical procedures.
☐	☐	☐	☐	16. The department has an emergency response plan for natural and man-made disasters.

HUMAN RESOURCES

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	17. OR staff can access an up-to-date list of privileges granted to each physician and allied health professional.
☐	☐	☐	☐	18. Information is available to the surgical supervisor on physicians who must be proctored during the first few cases of a new procedure before they are granted full privileges. The information includes the number of procedures that must be proctored and the name of the proctor.
☐	☐	☐	☐	19. OR staff is given an initial orientation and an annual competency evaluation.
☐	☐	☐	☐	a. Training is provided for OR personnel concerning the use and operation of instruments, equipment, and supplies specific to procedures performed at the hospital.
☐	☐	☐	☐	b. Staff members receive training on fire safety in the OR.
☐	☐	☐	☐	c. Training is provided on responses to natural and man-made disasters.
☐	☐	☐	☐	d. Periodic training includes simulations of emergency situations (fires in the OR, hemorrhage, respiratory arrest, equipment malfunctions, etc.).
☐	☐	☐	☐	e. A debriefing of simulation exercises is conducted to help staff identify areas for improvement in teamwork, department processes, and individual knowledge and skill.
☐	☐	☐	☐	f. Training is documented.

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☐	☐	☐	☐	20. Training is required and documented before a physician or care provider uses a new device.
☐	☐	☐	☐	21. Training on communication is provided, and a policy sets forth the communication tools for the OR team to utilize (SBAR, for example).
☐	☐	☐	☐	22. The organization has provided education to the department related to team training.

MEDICATION MANAGEMENT

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	23. Medications, including anesthesia drugs, are secured between cases.
☐	☐	☐	☐	24. Emergency medicines are immediately available in all patient care areas.

PATIENT CARE

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	25. There is a time out conducted immediately before the start of the procedure with all members of the team present for final verification of the correct patient, procedure, site, and, when applicable, implants.
☐	☐	☐	☐	26. Only RNs circulate.

DOCUMENTATION

27. The perioperative record contains the following information (please check against the perioperative record form):

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	a. Patient position, including extremities
☐	☐	☐	☐	b. Padding/supports/restraints, if used
☐	☐	☐	☐	c. Placement of grounding pad
☐	☐	☐	☐	d. Tourniquet use, location, and time
☐	☐	☐	☐	e. Skin preps and agents used
☐	☐	☐	☐	f. Skin condition pre- and postsurgery
☐	☐	☐	☐	g. Medications given
☐	☐	☐	☐	h. Specimens collected, including site
☐	☐	☐	☐	i. Implant information

INFORMED CONSENT

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	28. There is evidence in the medical record that the physician explained the procedure, benefits, risks/complications, alternatives, and expected outcome to the patient and that the patient has consented to the procedure.

FIRST IN PATIENT SAFETY

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Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	29. There is a separate consent form for anesthesia obtained by the responsible anesthesia provider.
☐	☐	☐	☐	30. All participants in the surgical procedure, including physician extenders and residents, are listed on the consent form, and their roles are discussed with the patient during the informed consent conversation.
☐	☐	☐	☐	31. There is a written policy and procedure for managing specimens and explants that addresses labeling, provision to patient upon request, and documentation in the record.
☐	☐	☐	☐	32. There is a consent form for blood and blood products (may be included in surgical consent form).

FIRE SAFETY IN THE OPERATING ROOM

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	33. There is a policy or procedure to vent surgical draping to avoid fires. (Heavy draping placed over a patient's head without proper venting can lead to excessive oxygen concentrations.)
☐	☐	☐	☐	34. The anesthesiologist or surgeon evaluates the patient to determine if low flows and less than 30 percent supplemental oxygen or air and not 100 percent oxygen could be used for facial, mouth, and throat surgery to reduce the risk of fire.
☐	☐	☐	☐	35. Fire-resistant endotracheal tubes are used for mouth/throat surgery when lasers and electrocautery units are used near the endotracheal tube.
☐	☐	☐	☐	36. Physicians and nurses routinely place electrocautery units in the holsters rather than on surgical draping.
☐	☐	☐	☐	37. The operating room suite is evaluated for fire safety and electrical safety on a semi-annual basis.
☐	☐	☐	☐	38. Safety training for OR staff includes fire safety and safe use of ignition sources in an oxygen-enriched atmosphere.

LAPAROSCOPIC SURGERY AND LASER SURGERY

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	39. Physicians who perform laparoscopic surgery are specifically credentialed for those procedures.
☐	☐	☐	☐	40. Surgeons provide documentation of advanced training in the operation of laser and radio frequency devices before being allowed to use the devices in the OR.
☐	☐	☐	☐	a. There is a warning sign posted regarding the use of lasers.
☐	☐	☐	☐	b. Protective eyewear is available to staff who operate lasers.
☐	☐	☐	☐	c. Patients wear protective eyewear during laser procedures.

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☐	☐	☐	☐	41. A written consent is obtained for both a laparoscopic procedure and, should it become necessary, an open procedure.
☐	☐	☐	☐	42. Two circulating nurses are assigned, one for laser operation and the second for patient care and other responsibilities.
☐	☐	☐	☐	43. Documentation on the medical record includes a description of the laser (manufacturer, model, serial number, laser settings, and mode of delivery).
☐	☐	☐	☐	44. Laparoscopic electrical instruments are equipped with active electrode monitoring (AEM) to prevent stray electrosurgical burns.
☐	☐	☐	☐	45. Laparoscopic electrical instruments are checked on a regular basis to ensure that insulation is not damaged.

ASEPSIS AND STERILITY

☐	☐	☐	☐	46. Sterilization equipment is appropriate for the needs of the department, and checks are documented.
☐	☐	☐	☐	47. There is a policy regarding the procedures to be followed if the chemical indicators show that sterilization conditions were not met.
☐	☐	☐	☐	48. The practice of using flash sterilization for entire trays of equipment between surgeries is used only in rare instances.
☐	☐	☐	☐	49. If devices designated for single use are reused, reprocessing is done by a facility or vendor according to the manufacturer's specifications.

ENVIRONMENT OF CARE

☐	☐	☐	☐	50. The following equipment is available to the OR: cardiac monitor, resuscitator, defibrillator, aspirator, and tracheostomy set.
☐	☐	☐	☐	51. Emergency supplies are readily available and checked per protocol.
☐	☐	☐	☐	52. Procedures are established for checking all surgical equipment and/or supplies prior to surgery, including equipment owned by the surgeon.
☐	☐	☐	☐	53. Staff is prohibited from disabling clinical alarms.
☐	☐	☐	☐	a. Alarms are routinely tested.
☐	☐	☐	☐	b. Alarm systems undergo routine maintenance.
☐	☐	☐	☐	54. All equipment is scheduled for routine maintenance.
☐	☐	☐	☐	55. Surgical suites have battery-powered emergency lights.

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☐	☐	☐	☐	56. Equipment involved in an adverse event is impounded until the investigation and testing are complete.
☐	☐	☐	☐	57. Equipment, technology, and supplies capable of accommodating morbidly obese patients are available.

PROCESS IMPROVEMENT/PATIENT SAFETY

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	58. Adverse events and near misses are reported according to policy.
☐	☐	☐	☐	a. The department provides constructive and timely feedback on each reported adverse event and near miss.
☐	☐	☐	☐	b. Staff members are able to describe how information on adverse events and near misses is used to improve patient safety.
☐	☐	☐	☐	59. The department has a patient safety plan with specific goals and objectives.
☐	☐	☐	☐	60. The department collects data needed to track progress toward meeting the department patient safety goals.
☐	☐	☐	☐	a. Staff members are able to describe how they use data to determine which safety projects to adopt.
☐	☐	☐	☐	b. Staff members are able to describe how they use data to improve patient care.