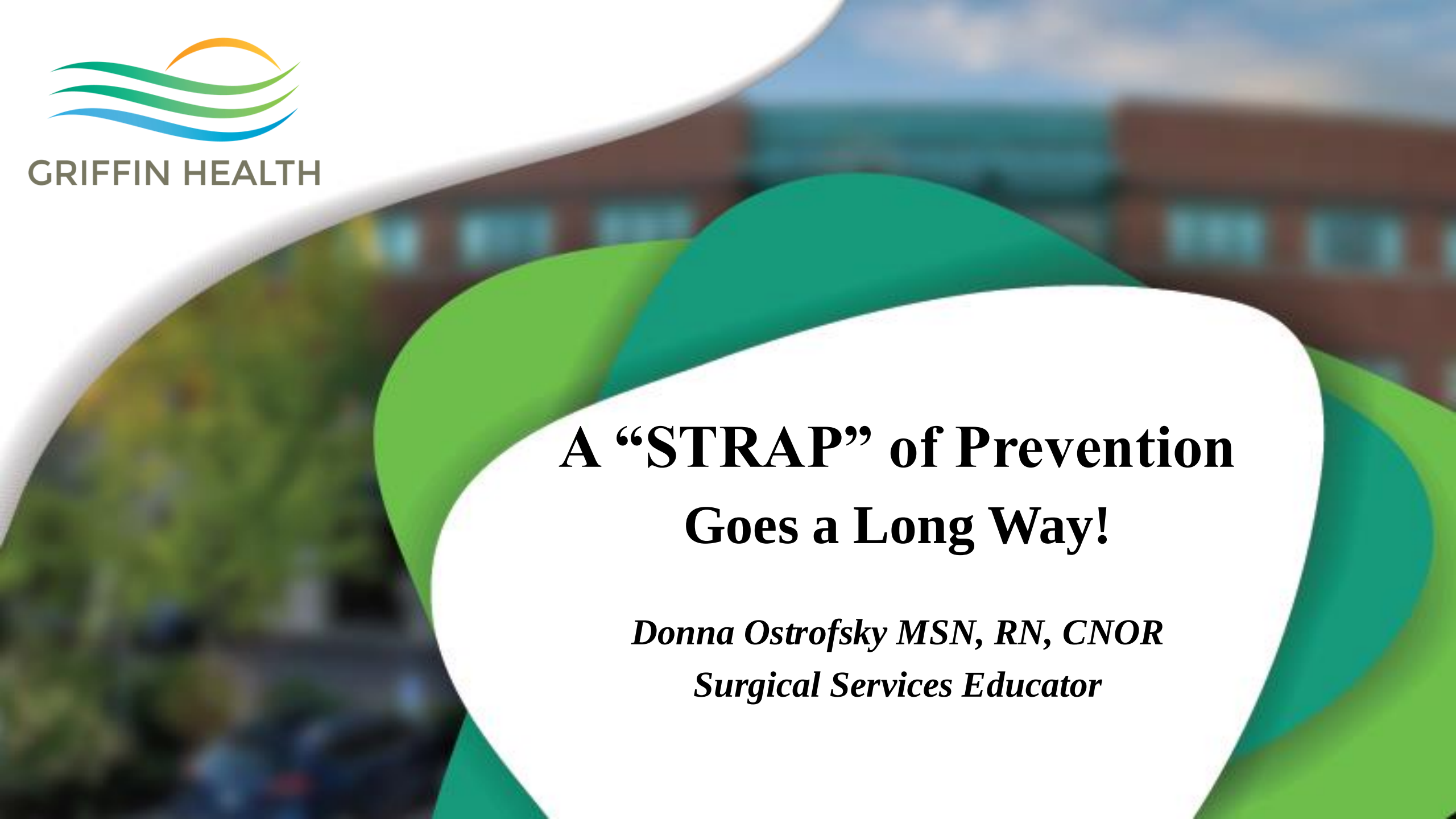

GRIFFIN HEALTH

A “STRAP” of Prevention Goes a Long Way!

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Surgical Services Educator

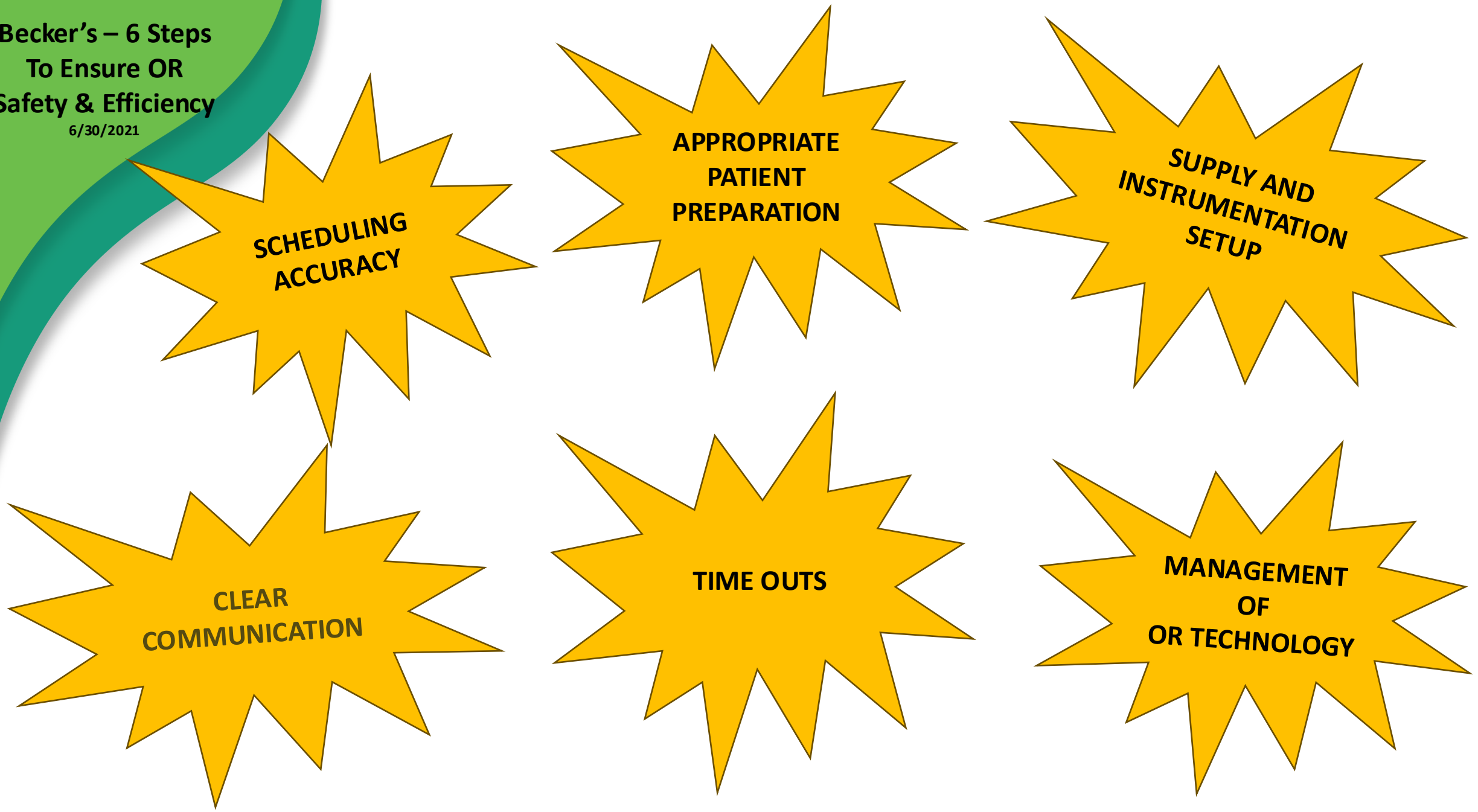
MAJOR CONCERN

In the Perioperative Environment

ENSURING PATIENT SAFETY

Becker's – 6 Steps To Ensure OR Safety & Efficiency

6/30/2021



Operating Rooms

MACHINES

All moving parts must be alert, careful, and calm

Relies on several moving parts to conduct surgery SAFELY & EFFICIENTLY

Protocols could use a tune-up

ENSURING PATIENT SAFETY

Health Services

Medical Errors

Diagnostic Errors

Missed Diagnosis

Medication Errors

Inappropriate Prescribing

Medication Reconciliation

Near Miss, Healthcare

- Begins before patient enters the operative suite
- Paying attention → all types of preventable medical errors
- Being aware surgical errors → unique to this environment

KEY ASPECTS

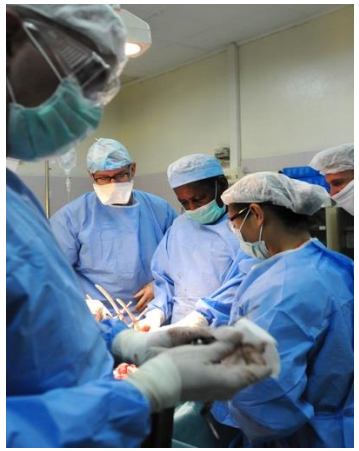
Preprocedural/Preoperative	Intraoperative	Postoperative
1. Conversation between patient & MD occurred & patient understands. 2. MD office sends booking to OR – patient ID, procedure, MD & specialty equipment needed. 3. Procedure booked/scheduled – preference card generated. 4. Equipment, devices & implants are available. **DOS:** 3. Confirm patient ID. 4. Confirm correct procedure, site & side. 5. Confirm consents (surgical, anesthesia) signed, dated & timed. 6. Laterality confirmed & site marked. 7. Confirm nursing assessment, H&P, labs performed. 8. Confirm NPO status & meds taken. 9. Appropriate ABX is available & given.	1. Perform sign-in with anesthesia. 2. Appropriate/proper positioning, padding, & anatomical alignments. 3. Confirm equipment, devices, implants available. 4. Appropriate prepping & allowing for adequate dry time. 5. Perform "Time Out" before start of the procedure. 6. Follow Surgical Safety Checklist – ensuring ↓ risk of error. 7. Preventing medication errors. 8. Performing surgical counts ↓ retained foreign objects. 9. ESU safety. 10. Fire Risk Assessment. 11. Maintaining aseptic/sterile practices. 12. Constant/situational awareness & surgical conscience. 13. Minimizing distractions, nonessential activities & NOISES!	1. Airway management. 2. Continuous monitoring. 3. Monitoring vital signs, O2 SAT & temp. 4. Monitoring neurological status. 5. Pain management. 6. Wound care. 7. Medication management. 8. Fluid & electrolyte balance. 9. Hand-off communication/handovers. 10. Discharge instructions.
10. Equipment, devices & implants are present. 11. Any concerns/Misc issues. 12. Hand-off communication. 13. EHR documentation.	14. Debriefing 15. Any concerns/Misc Issues. 16. Hand-off Communication 17. EHR documentation.	

MAXIMIZING PATIENT SAFETY DURING SURGICAL PROCEDURES

Minimizing risks → CRUCIAL

↓Risk exposure:

1. Anesthesia complications
2. Surgical errors
3. Surgical positioning errors (e.g. patient falls)
4. Postoperative infections



Possess clear understanding of:

Procedure & Right equipment → ***Enables a Seamless Surgical Experience***

placed on **Patient falls** occurring before & after surgery

Potentially serious & often overlooked complication during anesthesia care

Patient falling off Operating Table

Most result in temporary non-disabling injuries

9.5% = sustained permanent severe injury

(Prielipp et alt. 2017)

CONTRIBUTING FACTORS →

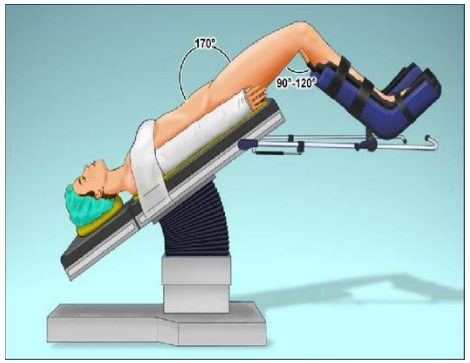
1. OR Tables

- Evolved along with rapid transition to minimally invasive surgeries.

Prioritize Safe Surgical Positioning!!!

- Design, materials & electronic controls of modern tables ↑ speed of changes & expanded range of positioning options.

Steep Trendelenburg



Lateral Tilt

CONTRIBUTING FACTORS →

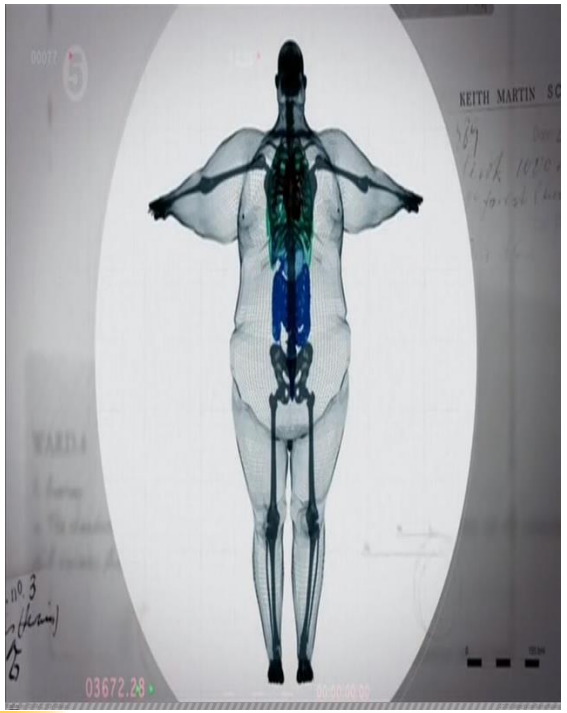
2. Patients

- Become agitated → Altered Consciousness
  (occurs when muscle relaxants not used during GA)

May move or shift during procedures

- ↑ Obese population
  - Results in maldistribution of weight across OR Tables
  - Could reduce margins of safety for common surgical positions
  - Width of tables → not adapted to increase in sizes & weight

Surgical Positioning Errors!!!



CONTRIBUTING FACTORS →

3. Provider actions & inactions

- Staff distracted from observing patients during periods when

  Under sedation or awakening → Confused or agitated

- Assumption other healthcare providers are securing the patient
- **Inadequate application/absence of safety restraints**

Among factors leading to

Adverse Events

PATIENT FALLS

Preventable Adverse Events

***** MAJOR CONCERN*****

Ensuring Patient Safety

Ensuring awareness of risk factors that may contribute

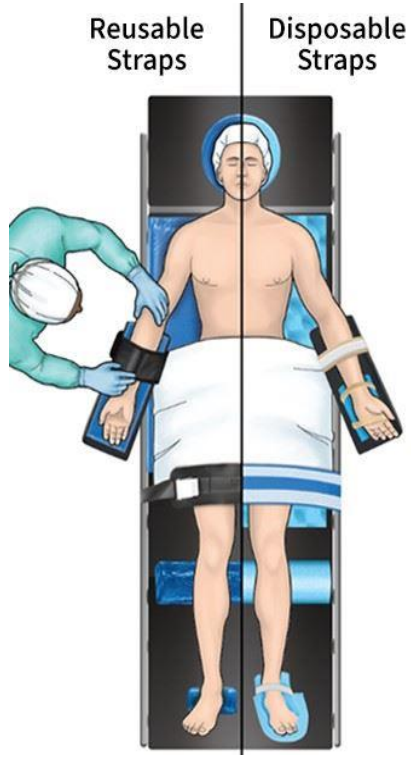
Essential critical element → ***SAFETY STRAP!***

OFTEN GOES UNNOTICED!!

?? OR SAFETY STRAPS ??

- Medical devices → surgical procedures
- Made of strong, durable materials
- Variety of options:

  Full body immobilization → Bariatric → Armboard straps → Sensitive/damaged skin
- Disposable (single-use) & reusable (disinfected between patients)
- Different lengths/widths
- Accommodate patients of any size
- Sensitive or damaged skin
- Different closure types → hook & loop or buckles
- OR tables with or without side rails



?? ROLE/PURPOSE ??

- Designed to secure, immobilize & properly position patients
- Provide safety & stabilization during surgical procedure
- Facilitate access for the surgical team
- Minimize the risk of potential harm → **PATIENT**

↓

Primary Goal = Preservation of Patient Safety

?? BENEFITS ??

- Secure, immobilize & properly position
- Help maintain patient's position
- Ensure no unnecessary movements
- Maintain unobstructed/optimal access to the surgical site

Minimize the risk of complications

Provide patient with best chance for successful surgical outcome

APPLY NOW

- Meet unique needs of each patient & procedure.
- Purpose-built, durable, versatile & strong.
- Guarantee patients remain in correct position.
- Foster a secure environment for surgical team to work effectively.
- Ensure patients are immobilized safely & comfortably.
- Reduce risk of unintended complications & adverse events during surgical procedures.
- Ensure patients receive the care they deserve without compromise.
- Play an integral role in ***Patient Safety***

+

Success of Surgical Procedure

CHOOSE THE RIGHT STUFF!!!

- Variety of types = variety of needs & procedures
- Disposable vs Reusable
- Patient condition (e.g. Bariatric, pediatric, geriatric, sensitive/fragile skin, etc)
- Type of procedure = specific types of table straps
- Different surgical tables → different safety straps (e.g. fracture table)

Correct type of surgical table strap = achieves best possible patient outcomes.

ENSURING PATIENT SAFETY!!

PATIENT SAFETY IN POSITIONING

BEST PRACTICES

- Placing safety straps across patients' thighs as soon as they are transferred to the OR table.

  Reminds them that the bed is narrow!

- Tightening safety straps just enough to secure the patient without impairing superficial flow of blood back to the heart.

  Safety straps should be placed 2 inches above the patient's knee!

Risks of not using safety straps out weigh the risks of using them!!

Not using = serious consequences for both patients and the surgical team!

IN CONCLUSION

- Patient safety in the OR is paramount.
- Surgical errors are unique to this environment + preventing them requires a vigilant team effort by all involved.
- Despite changes in health care – constant concern is to ensure exceptional patient safety & care.
- Patient care must be delivered safely utilizing safety tools and guidelines.
- Recognize → humans make errors + errors are inevitable.

Failures occur by choosing inappropriate methods of care or by poor execution of an appropriate method of care.

- **Not using safety straps:**
  - Jeopardizes patient safety,
  - Compromises surgical precision,
  - Exposes patients and the surgical team to avoidable risks.
- ***Properly securing patients with safety straps is a fundamental aspect of responsible surgical practice.***

ALWAYS PRIORITIZE THE SAFETY & WELL-BEING OF PATIENTS!!

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