

Clinical Anesthesiology



ISSUE: NOVEMBER 2012 | VOLUME: 38:11

[printer friendly](#) | [email this article](#) | [0 Comment\(s\)](#)

A Surgical Checklist for the Office Setting

by Tinker Ready

A checklist designed for an office-based plastic surgery practice improved documentation of key safety measures, researchers have found.

Despite being used routinely in many hospitals and ambulatory surgery centers, checklists have neither gained the same attention nor have been extensively tested in the office-based surgery settings, said co-author Richard Urman, MD, MBA, staff anesthesiologist at Brigham and Women's Hospital in Boston, who led the study.



"This is an area that has not been explored enough. There is a huge need, given all the safety concerns in office-based settings," Dr. Urman said.

Dr. Urman and co-author Fred Shapiro, DO, staff anesthesiologist at Beth Israel Deaconess Medical Center, also in Boston, presented their findings at the 2012 annual meeting of the International Anesthesia Research Society (abstract NO S-03). Drs. Urman and Shapiro are the co-founders of the Institute for Safety in Office-Based Surgery, a Boston-based nonprofit group.

The researchers reviewed charts for 219 patients treated at the plastic surgery clinic to determine baseline rates for each checklist item, as well as various adverse outcomes of surgery. The baseline rate of adverse events was 15%, suggesting a need for the checklist approach, they said.

The researchers customized the list, based on the World Health Organization's model checklist, after meeting with the practice's surgeons, anesthesiologists and nurses.

Most Read

Most Emailed

Comments

Twitter

- [Tablet-Based Technology Gauges Surgical Blood Loss](#)
- [New Data Bolster Concept Of Surgical Homes Led By Anesthesiologists](#)
- [Seeking Solutions To Failed Extubation](#)
- [Nearly 30% of ICU Deaths Have Missed Diagnoses](#)
- [Dramatic Rise in Hospital Visits for *C. Difficile*](#)

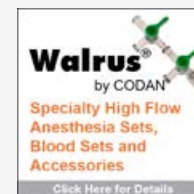
Podcasts

Meetings

Digital Editions

CME

- [Milestone: Three Decades of the PreAnesthetic Assessment](#)
 Elizabeth Frost, MD,
- [Residual Paralysis: a Conversation With Mayo Clinic's Sorin Brull, MD](#)
 Sorin Brull, MD
- [Pediatric Airway Rounds](#)


[Click Here for Details](#)

"The prerequisite is that all members of the office, both medical and nonmedical, are willing to adapt the checklist to their setting," said Dr. Shapiro, who has studied office-based anesthesia extensively.

Dr. Shapiro said it is equally important that staff understand the rationale for the various items in a checklist. These might include the following:

- Has the procedure complexity and sedation/analgesia been reviewed?
- Is the case-specific equipment available?
- What critical events are likely?
- Has a policy for emergency medical service (EMS) been confirmed on the day of the procedure?
- Are there concerns about local anesthetic toxicity?
- Have written instructions been given to the patient for postoperative medications, care and follow-up?

The increased anticipation of critical events demonstrates a subtle but important change in the operating room environment because improved communication and teamwork are critical for patient safety, Dr. Shapiro noted.

The researchers tallied prechecklist documentation rates for each item, as well as postsurgery adverse outcomes, through a review of 219 charts. After an education program, the researchers performed a chart review.

At baseline, 90% of charts were missing documentation of three or more checklist items. The adverse event rate was 15%, and included cases of uncontrolled pain (3.7%) and bleeding/bruising (3.2%). The measurable rate of adverse events "suggests potential for improvement," the researchers concluded.

After the introduction of the checklist, several key safety indicators and practices increased to 90% to 100%. These included the presence of case-specific equipment, confirmation of EMS policy and precautions for local anesthetic toxicity.

Use of the checklist also resulted in improvement of surgical site and side markings and the discussion of patient preparation and critical events, which "demonstrate an important change in the operating room environment because improved communication and teamwork are critical to any patient safety endeavor," according to the researchers.

John A. Dilger, MD, president of the Society for Ambulatory Anesthesia, noted that even in hospitals, where standards of practice are in place and should be followed, items may be missed.

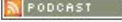
"The checklist may be even more important in an office setting where Joint Commission standards may not be in place," said Dr. Dilger, assistant professor of anesthesiology at Mayo Clinic, in Rochester, Minn.

The checklist is a good idea, he said, but added that the study does not measure whether missed and unchecked items led to an increase in near misses or morbidity.

Dr. Shapiro said the goal of this study was to determine if the checklist increased the

 Cheryl K. Gooden, MD

- NJ Spine Doc Case: Conversation with Andrea Trescot, MD

 Andrea Trescot, MD

[+ more podcasts](#)



documentation of the use of quality and safety indicators. Larger, prospective studies will be needed to determine if the list improves mortality and morbidity and reduces cost. The researchers also plan to adapt the checklist for other specialties, including interventional radiology, podiatry and dentistry.

 [printer friendly](#) |  [email this article](#) |  [0 Comment\(s\)](#)

Comment on This Article

Disclaimer: This board is intended for non-commercial reader comments. The posting of advertisements or solicitation of any kind is prohibited. Contributors are expected to conduct themselves in an appropriate manner, refraining from personal attacks and profane, coarse or abusive language. Hit the "Report Abuse" button to report comments that violate the rules and spirit of this board. www.anesthesiologynews.com reserves the right to remove without any notice comments that violate the intentions of this board. It is not intended to provide specific medical advice or to take the place of written law or regulations. The owners of www.anesthesiologynews.com assume no liability for the comments made on this board.

More in Clinical Anesthesiology

[SAMBA's Registry Yields Initial Findings on Surgery Outcomes](#)

ISSUE: NOVEMBER 2012 |  0

[Drug Trials Fail To Ease Postoperative Delirium](#)

ISSUE: NOVEMBER 2012 |  0

[IV Lidocaine Useful for Ambulatory Surgery Patients](#)

ISSUE: NOVEMBER 2012 |  0

[Post-op Cognitive Changes Tied to Brain Anatomy](#)

ISSUE: NOVEMBER 2012 |  0

A Surgical Checklist for the Office Setting

ISSUE: NOVEMBER 2012 |  0

[+ more Clinical Anesthesiology](#)



Buyer's Guide 2012
Summer/Fall

- Airway Management
- Anesthesia Machines
- Blood Analyzer
- Carts
- Monitoring Systems & Devices
- Pain Management

[about](#) | [archives](#) | [register](#) | [print subscription](#) | [e-Newsletter](#) | [contact info](#) | [advertise](#) | [rss feed](#) | [podcast rss feed](#) | [mobile app](#)

Copyright © 2004 - 2012 McMahon Publishing unless otherwise noted.
Anesthesiology News and AnesthesiologyNews.com are part of McMahon Publishing.
All rights reserved. Reproduction in whole or in part without permission is prohibited.