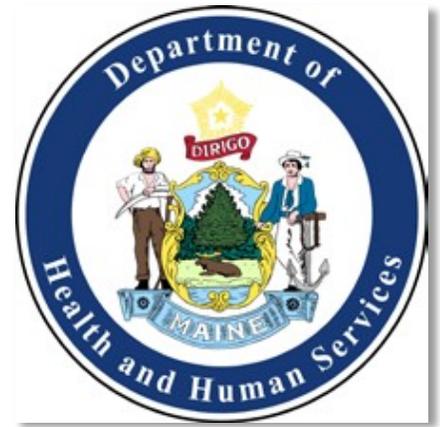


Sentinel Event Newsletter

Division of Licensing and Certification
Maine Department of Health and Human
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Coronavirus Update

On April 24, 2020, Governor Mills signed an Executive Order extending the 45-day reporting requirement to 120 days for filing an RCA following a Sentinel Event set forth in 22 M.R.S. **This Order remains in effect.**

Find the latest information about Maine's response to the 2019 novel Coronavirus, or COVID-19, and resources for Maine people on the Maine CDC website.

<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus.shtml>

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Steps to Avoid Patient Transfers from Surgery Centers

Implement an efficient prescreening process – Patients should be screened to make sure they can safely be treated in an Ambulatory Surgery Center (ASC). Screening should include the type of procedure planned, the patient's current medical condition, and medical history. Screening should begin at least four to seven days prior to the procedure. This allows time for additional tests (if needed), time for the patient to review educational materials, and time to arrange for at home assistance and rides to and from the center. Attention should be paid to the elderly who often have comorbidities or may be fragile. Many facilities use a pre-screening RN. This provides continuity and accountability. The nurse identifies potential risks, initiates discharge plans, and works with the anesthesiologist if further testing, screening, or discussions with health care providers are needed.

Review the medical record – An anesthesiologist should review the patient's record at least two days prior to any procedure. Working with the pre-screening RN, the doctor will have time to gather additional information or order testing. The patient might be asked to come in for an exam. These are the kinds of things that might prevent a last minute cancellation and save money.

Deal with language barriers – Patients who do not speak English may need the assistance of an Interpreter. If translation services are not available, they may need a family member to assist them during the pre-screening appointment or the day of their procedure. There are companies that provide these types of services for a fee. One might start by identifying which languages and cultures are prominent in your communities. Having these services set up may save time and money for the facility.

Be prepared for unexpected outcomes – Many situations can be safely handled at the ASC if staff are educated and have the equipment and medication needed available. Respiratory difficulty, anxiety attacks, and allergic reactions are examples of some of these conditions. Tracking and trending of common occurrences can help with being prepared.

Investigate and learn from each transfer incident – A strong quality-improvement program can support learning from incidents. Review of data, tracking trends for commonalities, and case review can identify opportunities for improvement in care and service. Benchmarks are available for ASCs to utilize when comparing their performance with that of others. The goal is to identify areas for improvement. For example, the 2012 ASCA Fourth Quarter Benchmark for Patient Transfers was one patient transfer per 1,000 patients. ASC Internal benchmarks and goals are also useful. Historical data can be utilized to monitor one's own practice.

Patient Falls and Patient Safety

According to the Institute for Quality Improvement, a fall is “defined as a sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object excluding falls resulting from violent blows or other purposeful actions.”

Costs associated with patient falls approach \$50,000 on average per patient in the first year.

Thousands of patients fall in healthcare facilities each year. Up to 50 percent of those that fall are injured. Patient falls often add to the cost of the patient stay. Average fall-related costs are approximately 14,000 per patient stay. Most falls are related to:

- Inadequate assessment;
- Communication failures;
- Not following safety policy and procedures;
- Staff orientation, supervision, skill mix; or
- Physical environment risks.

Many elderly patients are having surgery in the outpatient setting. Some are having major surgical procedures like total hip and knee replacements. According to Girish P. Joshi, MD, professor of anesthesiology and pain management, University of Texas Southwestern Medical Center, Dallas, the same emphasis given to inpatients now needs to be given to outpatient populations. Often, anesthesia and surgical influences on falls include lower extremity surgery and lower extremity nerve blocks.

Institute for Quality improvement www.health.state.mn.us/dlvs.us

Gerontologist, 2012, Mar 8.

The Joint Commission puts spotlight on falls-Are you doing all you can for patient safety?, 12/2015 Sentinel Event Alert 2015

“The ambulatory surgical setting is dangerous for individuals with poor health literacy because they are expected to engage in self-care rapidly despite often brief encounters with healthcare providers, according to a *Journal of the American Geriatrics Society* study. When patients go home on the day of surgery, “a lot is required of them to take care of themselves, and it’s beyond the capability of a lot of older individuals,” according to Gildasio De Oliveira Jr. , lead author of the *Journal of the American Geriatrics Society*.

“They have to administer opioids and monitor themselves for emergency problems such as bleeding or infection.”

Journal of the American Geriatrics Society, 2013

Reducing Falls in Ambulatory Surgery Centers

In 2019, the patient fall rate was 1.45 per 10,000 ASC admissions.

Some interventions to decrease the chance of patients falling:

- Discuss risk factors with patients, caregivers, and staff.
- Assess the need for a translator to communicate with patients and families.
- Educate patients about gait and balance. Have patients use ambulatory devices/aids.
- Review medications. Consider modifying medications, especially those that may cause a drop in blood pressure.
- Prevent/treat hypotension.
- Evaluate the environment and consider modifications. Locking movable equipment, providing adequate lighting, and avoiding clutter help to decrease fall hazards.
- Provide assistance when patients need to use the toilet.
- Implement a process to identify patients at risk for falls, i.e., colored bracelets.

Beckersasc.com/asc-accreditation-and-patient-safety/November 2013

Www.ASCquality.org/qualityreport

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