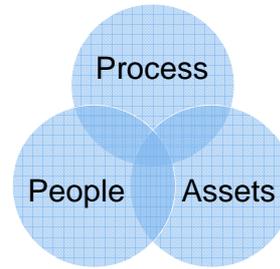


Administration of Operating Room: the Patient Safety Perspective

Dr Chow Yu Fat
April 2018

Highlight



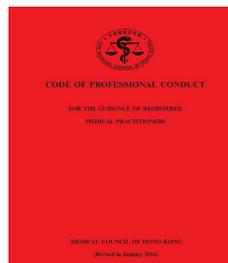
Safety Culture
A way of Life

Process / Patient Journey

Patient Journey

- Informed Consent
- Surgical Safety Check List
- Preventing mistakes in surgery
- Infection Control / Hand Hygiene
- Medication: DDA
- Emergency Preparedness
- Continuity of care

Informed Consent Communication



The screenshot shows the PILIC (Patient Information Leaflet Information Consortium) website. The header includes the PILIC logo and the text 'A Register of Patient Information Leaflets for Informed Consent'. Below the header, there is a navigation menu with an 'A-Z Index' and a list of medical specialties. The main content area displays a list of patient information leaflets, each with a title, a date, and a language indicator (English or Chinese). Examples include 'Abdominal Myomectomy 子宮肌瘤剝除術', 'Acetabular Reconstruction in Total Hip Arthroplasty using Cup Cage Construct', and 'Angioplasty/Stenting for Carotid Stenosis'.

Surgical Safety Checklist

Patient Safety

Before induction of anaesthesia
(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?
 Yes
 No

Is the site marked?
 Yes
 Not applicable

Is the anaesthesia machine and medication check complete?
 Yes

Is the pulse oximeter on the patient and functioning?
 Yes

Does the patient have a:
Known allergy?
 No
 Yes

Difficult airway or aspiration risk?
 No
 Yes, and equipment/assistance available

Risk of >500ml blood loss (high in children)?
 No
 Yes, and two IV/central access and fluids planned

Before skin incision
(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.
 Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?
 Yes
 Not applicable

Anticipated Critical Events

To Surgeon:
 What are the critical or non-routine steps?
 How long will the case take?
 What is the anticipated blood loss?

To Anaesthetist:
 Are there any patient-specific concerns?

To Nursing Team:
 Has identity (including indicator results) been confirmed?
 Are there equipment issues or any concerns?

Is essential imaging deployed?
 Yes
 Not applicable

Before patient leaves operating room
(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

The name of the procedure
 Completion of instrument, sponge and needle counts
 Specimen labelling (read specimen labels aloud, including patient name)
 Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. Revised 17/2009 © 2009, 2010

Standard Precautions

These are to be used at all times when working with patients.

Personal protective equipment (PPE) is to be used when contact with blood and body fluids is anticipated:

Personal Protective Equipment (PPE):

- Gowns
- Goggles
- Face Shields
- Masks
- Gloves



Chapter:	134	DANGEROUS DRUGS ORDINANCE	Gazette Number	Version Date
		Long title		30/06/1997
To amend and consolidate the law relating to dangerous drugs.				
[17 January 1969] L.N. 6 of 1969				
(Originally 41 of 1968)				
Part:	1	SHORT TITLE AND INTERPRETATION		30/06/1997
Section:	1	Short title		30/06/1997
This Ordinance may be cited as the Dangerous Drugs Ordinance.				
Section:	2	Interpretation	2 of 2012	17/02/2012

Kowloon Central Cluster
Hospital Authority

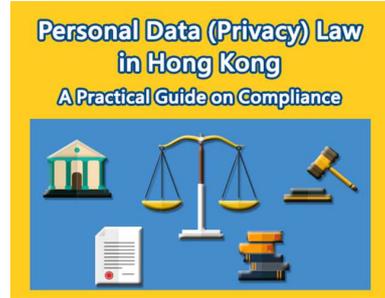
Queen Elizabeth Hospital

Guidelines on the Handling of Injection Preparations for multiple or for single use

Document No.	KCCQEDTCIDTCIGL0002		
Department	GEH Drug Therapeutics Committee (DTC)		
Type of document	Guideline	Version	1 JUL17
Risk Rating	Medium		
First Issue Date	01/07/2014	Document Owner:	Dr Wilson LEUNG, KCC
Last Review Date	15/06/2017	Signature:	SHIPHARY / GEH SPPHAR
Effective Date	24/7/2017	Approval Officer:	Dr Jodie LAM, DTC Chairman
Next Review Date	24/7/2019	Signature:	

Emergency Preparedness

Resuscitation: BCLS / ACLS
Hospital Transfer and Escort



Continuity of Care

- Discharge Summary
- Transition
- Handover
- Follow up



People

Training for Competence

MILLER'S PRISM OF CLINICAL COMPETENCE (aka Miller's Pyramid)

It is only in the "does" triangle that the doctor truly performs



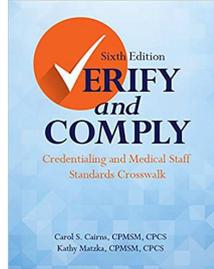
Based on work by Miller GE. The Assessment of Clinical Skills/Competence/Performance. Acad Med 1990; 65(9): 63-67. Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)

Training

- surgical, nursing, assistive staff
 - Procedures
 - Monitoring
 - Resuscitation
 - Infection Control

Credentialing / Privileging

- Ensuring the right provider for the right job
- Accountable care



Governance

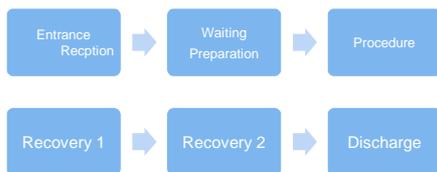
- Management of physician services;
- Management of nursing services;
- Management of pharmaceutical services;
- Management of laboratory and radiologic services (if applicable)

Assets

Facilities Management

- adequately designed and equipped space, safe environment for patient and staff, proper maintenance
 - Patient preparation area
 - Operating Room
 - Recovery Room
 - Administrative area / Support area / Education and training area

Unidirectional Flow: safety and efficiency



Equipment / Instrument / Devices

- Proper maintenance and functioning
- Consumables



Clinical Waste Management



Quality Assurance

Thank You!