

Cutting Edge Risk Management for Operating Room Nurses

In April, **Susan DePietro, RN, MN, JD** presented “The Knife Stops Here: Reducing Perioperative Nursing Liability” to the Downey chapter of the Association of Perioperative Registered Nurses. The presentation drew much acclaim. Recently, I spoke with Susan about the significance to her presentation to nurses.

KH - What is the current climate of perioperative liability in the US?

SDP - The perioperative area is considered one of the highest risk areas in the hospital along with the Emergency Department, the Critical Care Unit and the Labor and Delivery Department. California is in the top three states for medical malpractice payouts (\$222,926,200) only preceded by New York and Pennsylvania. In those cases, 31% resulted in death. Of those cases, the average award was 1.4 million dollars. In addition, administrative penalties can be levied against the hospital by the California Department of Public Health (CDPH). In the last five years, in Los Angeles County, between 20 and 50% of the fines were penalties for surgical related events (retained foreign objects, burn, and mislabeled surgical tissue). Fines for hospitals start at \$50,000 for the first occurrence and increases for subsequent events. This does not also include the denial of payments for Medi-Cal patients that have an “Other Provider Preventable Condition” or “Hospital Acquired Condition” such as, wrong surgical or other invasive procedure performed on a patient, or on the wrong body part or wrong patient, retention of foreign objects and surgical site infections. The vast majority of surgical error cases involved multiple layers of failure.

KH - What are the 6 things that OR nurses can do to improve patient safety and reduce their liability?

SDP –

Competence - provide oversight and support of staff, review of core competencies including sterile technique, proper cleaning, drying and storing of instruments

Continuous communication – make sure your communication is heard and understood, proper hand-off when transferring responsibility (breaks and lunch), closing the loop, for example, when adding instruments to the field and ensuring they are removed and accounted for, daily huddles at the end of day to review scheduled cases (opiate intolerant) and needs (special equipment) for the following day, phone triage to patient 24 hours prior to surgery

Compassion – ensure that patients know you care by not rushing through assessments, calling patients by name, not procedure (for example, the “chole” in bed 4), staying close to patients, using AIDET (Acknowledge and greet patient by name, Introduce yourself, Duration of time (pre-procedure, procedure, post anesthesia), Explanation (of what to expect), and Thank you.

Charting – document objective and subjective data, if using an electronic medical record, chart in the free text area to add signs, symptoms, reactions, complications. Did you know that ulnar nerve damage is one of the most frequent post-operative surgical complications and that it can be more painful than the surgery itself?

<https://www.aorn.org>

Checklists – Variability is a source for errors. Use the WHO Surgical Safety Checklist. Checklists foster safe patient care and high reliability.

http://www.who.int/patientsafety/safesurgery/tools_resources/SSSL_Checklist_finalJun08.pdf

Culture of Safety - Create a learning culture, not a punitive culture. David Marx “Just Culture” model points us in the right direction that increases reporting of errors, builds trust and improves safety.

http://www.health.ny.gov/professionals/patients/patient_safety/conference/2007/docs/patient_safety_and_the_just_culture.pdf

Susan DePietro, RN, MN, JD is Past-President and currently the Chair of the Governance Committee

Keith Hoshal, MSN, RN-BC, OCN, CHTC is currently President of the Nu Mu Chapter

Neonatal Nurse Practitioner Speaks in San Francisco & Las Vegas & soon in Jackson Hole, Wyoming!

In June of 2013, **Sharon Fichera, RN, MSN, CNS, NNP-BC**, presented at the Neonatal conference sponsored by Contemporary Forums in San Francisco, CA. She presented topics of “Developmental Overview of Cardiac Anatomy and Physiology” and “Multiple Organ Dysfunction” in the preconference sessions. In the main conference, she presented “Sepsis, It’s Not the Same Old Infection Anymore”.

In April of 2014, **Ms. Fichera** again presented at the Neonatal conference sponsored by Contemporary Forums, this time in Las Vegas, NV. She presented in the preconference session on “Developmental Overview of Cardiac Anatomy and Physiology” and “Multiple Organ Dysfunction Syndrome”. During the main conference, she presented “Neuro Alphabet Soup: PVL, IVH, HIE”, “NEC, A New Frontier” and “Surgical Emergencies”. These two neonatal conferences were attended by Neonatal Nurses, Neonatal Nurse Practitioners and Neonatologists.

And coming up in July, **Ms. Fichera** will present at the Obstetric and Neonatal Dilemma conference, also sponsored by Contemporary Forums, in Jackson Hole, WY. The topics at this conference will include “Dysrhythmia Case studies: To Beat or Not To Beat”, “Sepsis, It’s Not the Same Old Infection”, “NEC, a New Enigma” and “Neuro Alphabet Soup”.

Ms. Fichera speaks at several conferences a year at the local and national level. She is an engaging speaker and is an expert in the field of Neonatal Nursing and welcomes sharing with any members!

Dolores Greenwood, RNC, MSN is immediate Past-President and currently Scholarship/Awards Chair of the Nu Mu Chapter