

May 17, 2008 (Saturday)

7:30AM-8:30AM

MULTI-SPECIALTY NETWORKING (RC Salon K)

FACILITATOR/SPEAKER: DAVID SHAPIRO, MD

TOPICS FOR DISCUSSION:

- I. Advances in Computer Program and Challenges / IT Program
- II. HUMAN RESOURCES (HR), State Regs and Changes
- III. Clinical Areas - New technology (changes what we do in ASC)

Questions/Discussions:

1. Legal Issues

A. Facility practices in discharging patients – An issue: patient was transferred to the hospital for a broken elbow?

- Walk pt. to car
- Escort to front door
- Assist Pain Management patients in the same manner as above (either walk to the front door or to the car)
- Assist older patients to the car

**The most appropriate way to discharge a patient is via a wheelchair and assist to the car.

For pediatric patients, have the patient sit on the parent's lap/or RN's lap via wheelchair and assist to the car.

**The importance of EDUCATION: Educate the patient. / Explain the importance of Safety and the importance of the pt. Educate staff and get the staff on board

B. Facility procedures when patients plan intentionally to go home without a responsible adult?

- Patients are instructed (pre-op and post op) to have an assigned driver – keep a legal record/documentation of assigned driver.
- Call police- if not compliant
- Get a cab/taxi
- Assign a facility driver

** The above action is to protect the patient and public in general

** Risk Mgt. stand point- documentation that pt. understood procedure and attestation of the assigned driver. Ensure that the patient is clear on the importance of assigning a responsible adult/ driver (this is explained to the patient during pre-op and again during discharge instructions).

2. NPO Status compliance of patients?

- Use of Website with general instructions- to include NPO instructions and the need of Responsible adult
- Educate both patients and parents (communication with patients and family is important)
- Communicate with direct and standardize instructions (Regarding NPO, Medications etc)
- Establish a relationship with the pt. – IDEAL is physically seen and examine patient pre-op.

3. Contacting patients before the procedure, whose responsibility?

- Pre-op calls for pre-op assessment, pre-op instructions, and patient compliance
- Issue: MD claims facility did not contact patient or did not want to contact patient pre-op

** It should start with the MD's office instructing the patient and followed up by the facility by means of a pre-op call/assessment/instructions

** Tell the patients of the consequences of non compliance and stick to it during your pre-op call (e.g. non compliance of the NPO status will lead to cancellation of the procedure). Or patient to understand the presence of responsible adult is not only to drive them home but also take care of them, non adherence to, will lead hospital admission.

4. Nursing Staffing Shortages/Retention Issues:

- Hire from Nursing floors / colleges – provide a training program (for those with the right attitude)
- Hire staff from Hospitals around you (Espionage e.g. work in the neighboring hospital to get to know their staff and get them interested to work for your ASC)
- Utilize Community Nursing programs/ Mentor them over the summer
- Use the Referral system- Network with physicians (they work at other hospitals and know who are the potential staff for the ASC)

5. Medication and Medication Reconciliation practices?

- Medication Reconciliation is a comprehensive list of patient medications (includes dose and frequency). It is done by the pt. and reviewed by pre-op RN (AAAHC and JCAHO guidelines). Instruct pt to bring Medication list or actual Medications to facility

- Medication list needed specifically for patients on anticoagulants pre-op.

- Review Facility Policy and Procedure Re:
 - a. Screening of all patients on the phone and on the day of the procedure of the use of anticoagulants, so coagulation testing could be done.
 - b. Parameters for critical action and when to notify MD / report back the result.
- MD order is needed on the Standard number of days (when to stop pre op and start again post op) of anticoagulants depending on the procedure.

** Communicate with provider of his order/preference regarding stopping of anticoagulants and the number of days for the patient to stop the anticoagulant preoperatively. (It is the physician's decision whether to stop the anticoagulants pre-op and how long to stop pre-operatively. It is also the physician's responsibility to instruct and educate patient pre-op regarding medications). Make sure this is reflected in the facility policy and procedure.

** Create a standing pre and post op orders (this directs when to stop medications pre-op and when to resume post op).

6. Interpreters? (look at the State Law)

- Offer an interpreter (deny family member as interpreters)
- Create a Policy and Procedure -Provision of an interpreter
- Provide waiver of languages

- Provide a translator phone
- Family MAY interpret
- Provide an interpreter and cost to patient (language line at 4 dollars per min.)

Overall Suggestions of the above issues:

- Evaluate the process- go back to the Center
- Protections for that population serve. Always go back to the Mission Statement – Is the Mission statement “to make money” or “quality care and pt. satisfaction”.
- Governing Board to address issues -practices that put profitability before patients.