

SUBJECT: PATIENT SAFETY PLAN	REFERENCE #7002
DEPARTMENT: AMBULATORY SURGICAL CENTER	PAGE: 1 OF: 8
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

- The purpose of the organizational Patient Safety Plan at the ASC shall be to improve patient safety and reduce risk to patients through an environment that encourages:
 - Integration of safety priorities into all relevant organization processes, functions, services, departments and programs
 - Recognition and acknowledgment of risks to patient safety and medical/health care errors
 - The initiation of actions to reduce these risks
 - The internal and external reporting of what has been found and the actions taken
 - A focus on processes and systems, and the reduction of process and system failures through use of failure mode effect analysis
 - Minimization of individual blame or retribution for involvement in a medical/health care error
 - Organizational learning about medical/health care errors
 - Support of the sharing of that knowledge to effect behavioral changes in itself and other healthcare organizations
- The Patient Safety Plan shall provide a systematic, coordinated and continuous approach to the maintenance and improvement of patient safety through the establishment of mechanisms that support effective responses to potential or actual occurrences; ongoing proactive reduction in medical/health care errors; and integration of patient safety priorities into the new design and redesign of all relevant organization processes, functions and services.

SUBJECT: INFECTION PREVENTION AND CONTROL PROGRAM	REFERENCE #9001
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DEPARTMENT: AMBULATORY SURGICAL CENTER	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- The ASC's Infection Prevention and Control Program shall ensure that this organization develops, implements and maintains an active, organization-wide program for the prevention, control and investigation of infections, maintaining a sanitary environment and reporting results to the Governing Body and health authorities as appropriate.
- The Infection Prevention and Control Program shall be systematic, comprehensive and proactive.
- The Infection Prevention and Control Program shall be a fundamental part of this organization's strategic and operational plans.
- Elements of the Infection Prevention and Control Program shall include:
 - Identifying risks in the healthcare organization through a risk assessment annually and when significant changes occur in the organization (See Infection Risk Assessment policy)
 - Implementing policies and procedures to reduce the likelihood and spread of infections
 - Responding to outbreaks
 - Communicating and educating staff, patients and visitors regarding infection prevention and control processes
 - Infection prevention and control processes for the Environment of Care
 - Employee health and safety
- The Infection Prevention and Control Program shall be based on risk assessments and prioritization of those risks which include:
 - Specific risks faced by this organization
 - Treatment, care and services provided
 - Population served

SUBJECT: ACCOUNTABILITY FOR SPONGES, SHARPS AND INSTRUMENTS	REFERENCE #10107
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DEPARTMENT: AMBULATORY SURGICAL CENTER	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- A standardized surgical count system shall be used to ensure patient safety and quality of care for all surgical and invasive procedures.
- All counts shall be performed and documented before the start of the procedure, when additional sponges/sharps/instruments are added to the sterile field, prior to closure of a cavity within a cavity, prior to wound closure, at skin closure and when relief of the CST/Scrub RN and/or Circulating RN occurs.
- All counts shall be audibly and visually performed by the Circulating RN and Certified Surgical Technologist/Scrub RN according to procedure.
- Incorrectly numbered packages of sponges and sharps shall be isolated and not used during the procedure.
- The Circulating RN and Certified Surgical Technologist/Scrub RN shall document and sign the operative record with the results of the counts.
- The Circulating RN and the Certified Surgical Technologist/Scrub RN shall verbally acknowledge verification of the count to the entire surgical team.
- The count form shall list the type and number of each instrument. For instruments having more than one part, the total number of parts shall be accounted for.
- Counts not done due to patient emergency shall be documented on the operative record and incident report filed.
- If the count is incorrect, the surgeon shall be notified, a recount is taken, a search is made for the missing item and, if not found, an x-ray of the patient is taken and that x-ray is read by a radiologist, whenever possible, prior to transferring the patient from the OR.
 - If the item is not found on x-ray, documentation of x-ray results shall be recorded on the operative record. If x-ray indicated item is in the patient, document this fact and the course of action taken. Complete an incident report per policy and procedure.
- Patients shall not leave the OR until missing items are accounted for.

SUBJECT: DRUG DIVERSION - REPORTING OF	REFERENCE #11008
DEPARTMENT: AMBULATORY SURGICAL CENTER	PAGE: 1 OF: 5
APPROVED BY:	EFFECTIVE:
	REVISED:

REFER TO STATE SPECIFIC LAWS AND REGULATIONS. INDIVIDUAL STATE REPORTING REQUIREMENTS MAY VARY.

DEFINITIONS:

- Diversion - Diverting a controlled substance for other than it's intended purpose. The use of prescription drugs for personal or recreational use.
- Controlled substance - Drug or chemical whose manufacture, possession or use is regulated by the United States government. Controlled substances include illegally used drugs and prescription medications.
- Controlled Substance Act -United States drug policy that regulates the manufacture, importation, possession, use and distribution of certain regulated substances. The Controlled Substance Act categorizes drugs into five (5) schedules depending on their potential for abuse, safety and potential for addiction, and any medical benefits they may provide.
- Schedule 1 drugs - Considered the most harmful with no accepted medical use in the United States.
- Schedule 2 drugs - Have high potential for abuse and currently have accepted medical use for treatment in the United States. Abuse may lead to severe psychological and physical dependence.
- Schedule 3, 4 and 5 drugs - Have decreasing potential for abuse and addiction but have accepted use in medical treatment in the United States.

SIGNIFICANT LOSS OR THEFT OF CONTROLLED SUBSTANCES AS DEFINED BY THE DRUG ENFORCEMENT ADMINISTRATION (DEA):

- Specific controlled substance that was lost or stolen has high potential for diversion
- Actual quantity of loss in relation to the type of business
- A pattern of losses over a specific time frame whether the loss appears random or not