CHUBB

Perioperative Self-assessment Tool

Hospital name: _____

Date of assessment: _____

Person completing the assessment: _____

Patient Selection	Yes	No	Comments
1. Are surgical patient selection protocols in writing, and are they regularly reviewed and revised?			
2. Do selection protocols reflect the organization's capabilities and staff competencies?			
3. Do all surgical procedures comply with applicable state and federal surgery regulations and clinical restrictions, especially regarding blood loss, fluid shifts and sedation?			
4. Are patient selection decisions governed by written criteria, factoring in the patient's diagnosis and underlying medical condition, as well as potential risks posed by anesthesia?			
5. Do written criteria address patient age, health status and high-risk factors, including obesity, respiratory, and cardiac disease, and other physical disabilities?			
6. Are contraindications to patient selection noted in facility policy, including potentially life-threatening conditions, such as brittle diabetes, clotting disorders, unstable angina, asthma, or co-morbidities?			
7. Is there a system in place to resolve questions regarding the appropriateness of patient selection?			
8. Are selection criteria regularly reviewed and modified during peer, quality and performance improvement reviews of high-risk surgical case data and complication rates?			
9. Are patient records checked for compliance with surgical screening criteria during periodic quality improvement reviews?			

Provider Credentialing	Yes	No	Comments
1. Does the surgical privileging process comply with state statutes, Medicare regulations and recognized accreditation standards?			
2. Does each physician, surgeon and advanced practice provider complete an application covering education, training, certification programs and professional experience?			
3. Do credentialing procedures address the minimum supervision requirements for each practitioner who is permitted to provide anesthesia services?			

Provider Credentialing	Yes	No	Comments
4. Is proof of licensure verified for all applicants, as well as drug enforcement agency history, malpractice record and professional liability insurance coverage?			
5. Does the written application delineate the privileges requested, specifying requested procedures and type of anesthesia?			
6. Are all credentials verified and approved by the organization's governing body before a provider operates on patients or delivers anesthesia?			
7. Are providers re-credentialed at regular intervals, e.g., every two years?			
8. Does the re-credentialing procedure include ongoing performance review, including surgical outcomes, continued education and compliance with organizational policies?			

Nursing Competency	Yes	No	Comments
1. Are the required skills of perioperative nursing personnel formally defined and regularly reviewed			
2. Are nurses assessed upon hire for competency levels, and are findings and deficiencies documented?			
3. Do credentialing procedures address the minimum supervision requirements for each practitioner who is permitted to provide anesthesia services?			
4. Are job descriptions for all nursing personnel reviewed and updated as necessary to maintain and enhance continuity of care?			
5. Does the perioperative nursing staff receive specialized training on assessing and managing the following: • airway patency • body positioning • level of consciousness • pain • nausea/vomiting • hypo/hyperthermia • surgical site intactness • hemorrhage • DVT prevention • patency of drainage tubes and intravenous infusions • equipment safety • circulation/sensation in extremities • emergency protocols •Fire safety			
6. Are all nursing personnel trained to manage acute operative events, including airway obstruction, hemorrhage and unstable hemodynamics?			
7. Are annual continuing education requirements established for all levels of nursing staff, and is attendance at sessions documented in employment records?			

Nursing Competency	Yes	No	Comments
8. Do all nursing personnel undergo annual job performance review, encompassing compliance with the following: • informed consent process? • patient identification/verification protocols? • operating room (OR) safety provisions? • site preparation and verification requirements? • care provisions for high risk patients, e.g., obese patients, orthopedic patients? • monitoring and documentation requirements? • positioning guidelines? • surgical count mandates?			

Nurse Staffing	Yes	No	Comments
1. Do patient selection criteria reflect available nursing skills?			
2. Does written policy define actions to take when patient care requirements exceed internal capabilities?			
3. Are staffing ratios set for all areas of surgical care based on state regulations, professional association guidelines and accreditation standards (e.g., 1:1 for ORs, 1:2 for post-anesthesia care units)?			
4. Are staffing ratios established for specific procedures?			
5. Are nursing staff members cross-trained in at least two phases of operative care (e.g., pre- and postoperative)?			
6. Are staffing levels analyzed regularly, according to these nursing-sensitive patient outcomes: •shock? •hemorrhage? •reintubations? •bloodstream infections? •pneumonia? •failure-to-rescue occurrences? •malignant hyperthermia? •transfer to an acute care setting? •thirty-day mortality rates?			
7. Do RN circulators delegate, monitor and evaluate the activities of the surgical team?			
8. Does written policy designate more than one RN circulator for cases involving high patient acuity level?			
9. Are RN circulators authorized to initiate a pause in surgical procedures until the surgical team resolves actual or potential problems?			

Pre-operative Assessment	Yes	No	Comments
1. Are pre-operative assessments conducted by both the surgeon and anesthesia provider prior to the scheduled procedure, and fully documented in the patient care record?			
2. Do the pre-operative and anesthesia evaluations include a thorough medical history, physical examination, known allergies (including to latex), pertinent laboratory values and risk factors for DVT and PE?			

Pre-operative Assessment	Yes	No	Comments
3. Is there a process to ensure that the treatment team receives all pertinent information prior to preparing the patient for treatment?			
4. Are physicians notified promptly when pre-surgical assessment indicates the need to cancel a scheduled procedure?			
5. Are advance-directives identified prior to surgery and noted on the pre-operative assessment form?			

Informed Consent Documentation	Yes	No	Comments
1. Is the informed consent discussion conducted before the patient has received any sedation?			
2. Does a physician or certified registered nurse anesthetist (CRNA) discuss with the patient the diagnosis, prognosis and proposed treatment, as well as the risks and benefits associated with the proposed treatment, alternative treatments and refusal of treatment?			
3. Is a separate consent form for anesthesia presented, outlining the risks and benefits associated with anesthesia care?			
4. Do the surgical and anesthesia informed consent forms comply with regulatory requirements, i.e., the Centers for Medicare & Medicaid Services?			
5. Is there a system in place for obtaining consent for minors, as well as for adults with impaired cognition?			
6. Is the patient asked to repeat the planned procedure and the area to be operated on?			
7. Does the consent form address special situations, such as blood administration; tissue use and disposal; photography or videotaping; and the presence of students or other non-licensed personnel including licensed vendors, in the OR?			
8. Is the patient given time to ask questions prior to signing the consent form?			
9. Does a healthcare professional witness the patient's signature on the consent form?			

Anesthesia Safety	Yes	No	Comments
1. Is a pre-anesthesia evaluation required by written policy on all patients who receive general, regional or modified anesthesia?			
2. Does written policy require the presence of the attending surgeon or CRNA prior to anesthesia induction, as well as the continued presence of a qualified anesthesia provider throughout the procedure?			
3. Is a pre-anesthesia checkout procedure performed by an anesthesiologist or CRNA, verifying that •patient suction is available? •monitors are on and alarms properly set? •vaporizers are adequately filled and filler ports are tightly closed, if applicable? •the carbon dioxide absorption system is functioning? •the breathing system pressure is confirmed and leak testing completed? •gas flow is present through the breathing circuit?			

Anesthesia Safety	Yes	No	Comments
4. Does the patient care record contain documentation of a postoperative anesthesia assessment, ongoing patient monitoring and compliance with discharge criteria?			
5. Does anesthesia equipment meet American Society of Anesthesiologists (ASA) basic standards, and is it tested in compliance with manufacturer recommendations and ASA standards?			
6. Are surgical suites equipped with anesthesia equipment to manage all patients that meet selection criteria, including children requiring pediatric supplies and equipment and patients with significant body mass index (BMI)?			

Patient Verification and Pre-incision Checks	Yes	No	Comments
1. Is verification of the correct person, procedure and site documented at the following points in time: •when the surgery/procedure is scheduled? •upon admission to the hospital or surgical facility? •when the patient is awake and coherent? •before the patient leaves the pre-operative area? •when responsibility for care is transferred to another surgeon or caregiver?			
2. Is the following information reviewed prior to the start of the surgery: •medical history and physical exam? •consent form? •notation of the system or device to be implanted/ removed, if applicable? •harvest and donor site facts, if applicable? •special equipment requirements for the surgery/procedure?			

Site Marking and Confirmation	Yes	No	Comments
1. Is the incision or insertion site marked by the individual performing the surgery/procedure? •in a clear and unambiguous manner? •with three legible initials, rather than an X? •at operative sites only? •in areas visible after patient prepping and draping? •with an FDA-approved “permanent” marker?			
2. Are the following precautions taken when marking sites: •use of radiographic techniques for marking vertebral levels? •confirmation by patient and/or family member? •final verification during the time-out before incision? •alternative approved measures for patients who refuse site marking?			

Time-out Procedure and Discrepancies	Yes	No	Comments
1. Does the entire surgical team pause immediately prior to the initial incision, in order to confirm the correct: •patient? •side and site? •procedure? •body position? •implants and special equipment, if relevant?			

Time-out Procedure and Discrepancies	Yes	No	Comments
2. Does the patient care record reflect the actions that are taken if disagreements arise, including: • suspend all activity until the problem is resolved? • follow organizational policy and parameters for conflict management including chain of command? • document all actions taken and decisions made to resolve the situation?			

Infection Control	Yes	No	Comments
1. Do infection control procedures comply with the Centers for Disease Control and Prevention guidelines for the prevention of surgical site infections?			
2. Do perioperative infection prevention and control surveillance activities include appropriate staff attire directives, flash sterilization requirements, specimen labeling guidelines and traffic flow protocol?			
3. Do surgical team members receive training on proper attire and donning procedures, as well as scrub protocols?			
4. Are universal precautions adopted, including work practice controls that eliminate or minimize exposures to blood, potentially infectious materials and sharps hazards?			
5. Is third-party access to the operative and post-anesthesia care areas limited to authorized persons only?			
6. Do environment of care checklists include temperature, air quality, mold prevention, and filtration?			

Surgical Counts	Yes	No	Comments
1. Does a written policy regarding surgical counts adopt a multidisciplinary approach to counts, as well as the use of technological innovations, such as barcoding and radio frequency identification?			
2. Does the policy encompass sponges, sharps, and instruments?			
3. Does written policy emphasize the importance of accurate counts during surgeries involving multiple openings or stages, patient obesity, emergency procedures and poor visualization of the surgical site?			
4. Does written policy require the surgical staff document any item intentionally left in a cavity and the rationale for not performing a count, if applicable?			
5. Are all surgical counts audibly reported, witnessed, and verified by the team, and documented on the operative record?			
6. Are count discrepancies reported through quality assurance and performance improvement channels?			

Safety Preparedness	Yes	No	Comments
1. Are life safety capabilities addressed, including emergency protocols, training, and equipment and patient transfer arrangements (if surgery is conducted in an ambulatory setting)?			
2. Does the organization perform emergency drills on a regular basis?			
3. Does the organization have a documented protocol for handling surgical emergencies?			

Safety Preparedness	Yes	No	Comments
4. Is emergency equipment routinely tested, and are the testing and results documented?			
5. Is all clinical staff trained in CPR, at a minimum?			
6. Are adult and pediatric provisions available on emergency carts, where required?			
7. Is there a written agreement with a local hospital for emergency transfers if surgery is conducted in an ambulatory setting?			
8. Are staff members trained in fire and life safety on an annual basis, and does it encompass the use of electrocautery units and lasers?			
9. Are staff members trained to recognize the early signs of a fire, and do they undertake immediate steps to control the hazard, i.e., stop the flow of breathing gases, extinguish burning materials, protect the patient's airway, provide first aid and evacuate the OR?			
10. Are fire drills performed in the operating setting on an annual basis, at a minimum?			

Patient Handoffs	Yes	No	Comments
1. Is a written policy in place governing patient handoff practices?			
2. Does policy require a "read-back" of critical information between at least two caregivers during a patient handoff, such as test results, vital signs, blood loss, etc.?			
3. Are handoff report formats used at the following critical moments: •coverage breaks? •transfer of care from one physician to another? •initiation or cessation of respiratory support? •transfer from pre-operative area to OR? •transfer from surgical areas to the post-anesthesia unit or recovery unit? •discharge home, if applicable? •transfer to an acute care facility, if applicable?			

Patient Discharge	Yes	No	Comments
1. Is a written discharge criteria protocol and scoring system used to gauge patient readiness?			
2. Do post-anesthesia assessment requirements include an evaluation of patient consciousness, activity, respiratory function, circulatory status and oxygen saturation?			
3. Are written discharge protocols reviewed by the anesthesia department on an annual basis?			

Ambulatory Surgery Discharge	Yes	No	Comments
1. Is the need for an adult escort discussed with the patient pre-operatively, and are the criteria for a "responsible adult" in writing?			
2. Does policy require that a procedure be postponed, or proceed under local anesthesia, if an escort fails to appear?			

Ambulatory Surgery Discharge	Yes	No	Comments
3. Are discharge instructions reviewed with the patient or a designated adult, and are language fluency and level of health literacy taken into consideration?			
4. Is a post-operative call made to surgical patients 24 hours after discharge from the surgical setting, and are chief findings documented in the patient care record?			

Quality Assurance	Yes	No	Comments
1. Does the surgery/anesthesia department(s) have a quality plan that is supported by executive leadership, and which includes the regular review of patient outcome and peer review data?			
2. Are there two-way lines of communication between executive leadership and the surgical/anesthesia department(s)?			
3. Are evidence-based practice guidelines utilized for common surgical procedures and interventions, such as physician orders, pre- and post-operative monitoring, pharmaceutical management and discharge preparation?			
4. Are root-cause analyses conducted following deviations from written policy or adverse patient events?			
5. Are remedial action plans documented, along with necessary revisions to policies, procedures and protocols?			

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