

Safety in Office Based Practice

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Objectives

- Name the components of the Presidential Task Force on Patient Safety in the Office Setting
- List the areas of office safety addressed by the Safety Certification for Outpatient Practice Excellence (SCOPE) program
- Understand the process for achieving SCOPE recognition

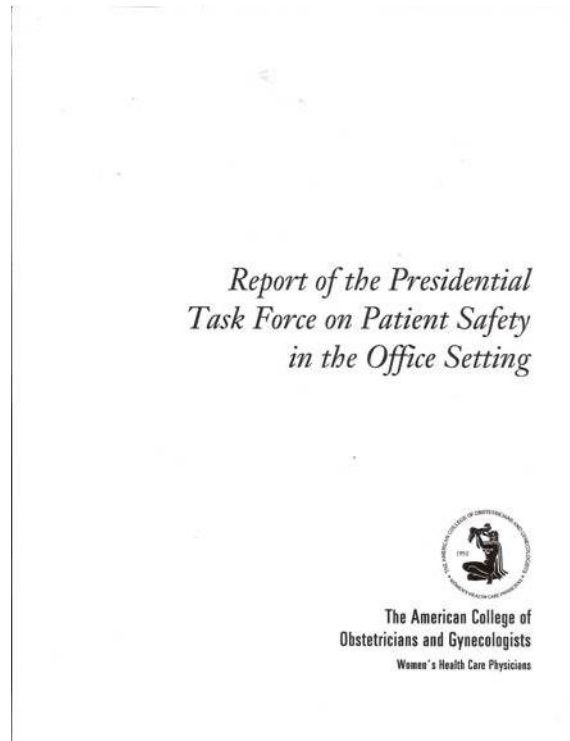
Office Safety – ACOG Leads the Way

- 1/9/2012 AMA notes “widespread patient safety problems in ambulatory care such as incorrect prescribing, misdiagnosis, and poor communication”
- NQF action to expand its serious-reportable events list to cover office-based settings

Focus on Office Safety

- Begun under ACOG presidency of Dr. Douglas Kirkpatrick
- Response to increasing movement of surgical procedures into the office setting
- Presidential Task Force convened in 2008

Release of Task Force Report



Areas Addressed

- Office Medical Director
- Time-outs and checklists
- Mock drills
- Policy and Procedure manual
- Anesthesia and ability to rescue
- Credentialing, privileging and accreditation

Office Surgery Checklist

Patient Name: _____ Primary Diagnosis: _____ Date: _____
 Date of Birth: _____ Procedure: _____

Preoperative (Before Anesthesia/Analgesia)

Patient identity, site (marked), procedure, and consent confirmed
 Current history and physical on chart
 All medications taken previously that day reviewed and recorded
 Patient's escort driver confirmed
 No change in medical condition since last office visit, if changed, indicate here: _____
 Nil per os (nothing by mouth—NPO) status confirmed
 Preoperative instructions followed confirmed by patient
 Known allergies reviewed
 Any indicated lab work confirmed (eg, glucose level assessment in a diabetic patient or pregnancy test)
 Preoperative vital signs documented
 Pulse oximeter on the patient and functioning
 Airway or aspiration risk assessed
 Anesthesia and medication check is complete
 Essential imaging is displayed

Preoperative (Before Incision)

Time-out (provider/patient/site/procedure)
 Antibiotic prophylaxis given within 60 minutes of incision
 Critical events anticipated:

<input type="checkbox"/> Critical or nonroutine steps	<input type="checkbox"/> How long case will take
<input type="checkbox"/> Anticipated blood loss	<input type="checkbox"/> Patient specific concerns
<input type="checkbox"/> Sterility	<input type="checkbox"/> Equipment issues

Intraoperative	Postoperative		
<input type="checkbox"/> Intraoperative medications recorded <input type="checkbox"/> If sedation implemented, oxygen saturation, blood pressure, pulse, and level of alertness monitored and documented every 5 minutes <input type="checkbox"/> For hysteroscopic procedures: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Cavity assessment recorded per manufacturer's guidelines</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Fluid balance documented</td> </tr> </table>	<input type="checkbox"/> Cavity assessment recorded per manufacturer's guidelines	<input type="checkbox"/> Fluid balance documented	<input type="checkbox"/> Instrument, sponge, and needle counts completed <input type="checkbox"/> Specimen labeling confirmed <input type="checkbox"/> Equipment problems documented <input type="checkbox"/> Key concerns for recovery and management of patient documented
<input type="checkbox"/> Cavity assessment recorded per manufacturer's guidelines	<input type="checkbox"/> Fluid balance documented		

Discharge

Vital signs recorded and returned to within 20% of baseline
 Adequate level of consciousness, pain control, ability to tolerate liquids by mouth, and ability to void (if appropriate for the procedure) documented
 Discharge instruction sheet that includes how to recognize a postoperative emergency and steps to follow should one occur after discharge (eg, hemorrhage) discussed and given to patient
 Appropriate postoperative follow-up appointment scheduled
 Complications recorded
 Follow-up call 24–48 hours after procedure assigned

Office Patient Safety Assessment (OPSA)

- OPSA workgroup formed April 2009
- Create an evaluation tool for assessing patient safety in office-based women's healthcare
- Recommend ways to collect data from ACOG Fellows
- OPSA self-assessment survey

Purpose of OPSA

- Gather data and establish baseline
- Indicate areas to address
- Provide feedback
- Raise awareness about patient safety concerns in the office
- Encourage fellows to embark on a path of improved office safety

OPSA Sections

- Office Demographics
- Safety Culture
- Practice Management
- Medication Safety
- Procedural Safety

National Results

- Areas for possible improvement
 - Granting of surgical privileges and monitoring competency (41% compliance)
 - Quarterly drills for emergency response to untoward events (39% compliance)
 - Logging of dispensed medication samples (43% compliance)
 - Tracking whether patients referred to other physicians were actually seen and a report received (43% compliance)

Next Evolution

- Using what was learned both from the Presidential Task Force on Patient Safety in the Office Setting and the OPISA survey, the **Women's Health Office and Out-Patient Safety** certification program was created.

WHOOOPS

certification

Next Evolution, Take Two

- Using what was learned both from the Presidential Task Force on Patient Safety in the Office Setting and the OPISA survey, the Women's Health **Safety Certification for Outpatient Practice Excellence (SCOPE)** program was created.



- Congress activity
 - Allows certifying function
- Falls within Division of Practice Activities
 - Administered by Department of PS&QI
- Two-step certification process:
 - Complete an application for certification
 - Participate in an on-site validation visit with a SCOPE office site reviewer

SCOPE Application

- Information requested:
 - Provider identification
 - Practice characteristics
 - Patient population
 - Quality and safety measures within the practice
 - Submission of relevant office materials
 - Paper
 - Electronic

SCOPE Application Sections

- Demographics
- Office management and administration
- Documentation and reporting
- Medication safety
- Office surgical procedures
- Equipment
- Quality improvement
- Women's health specific modules

Demographics

- How many total office sites are incorporated in your practice?
- How many physicians see patients at this practice site?
- What is the total number of patients seen per week at this office site?
- Is this office site affiliated with a larger entity (hospital, university, medical center, health plan, multispecialty group, etc.)?

Office Management & Administration

- Does the practice have a designated medical director for patient safety issues?
- Is formal education, training, licensure, and board certification of staff verified?
- Is there a system in place to allow staff to report if they observe potentially unsafe practices?
- Upon arrival to the office, do office staff verify two patient identifiers (i.e. patient name and date of birth) for each patient?

Documentation & Reporting

- If there is an electronic health record system, please describe how it is used.
- Are referrals to health care providers tracked, noting whether the patient has visited with the health care provider and whether the health care provider's report has been filed in the chart?
- Is there a system for documenting all incoming patient phone calls (and emails, if applicable) and responses?

Medication Safety

- Do all patient records include a complete medication list of OTC and prescribed medications taken which is reviewed at each office visit?
- Does the office practice have a system to check for contraindications when medications are prescribed?
- Does the office site maintain a log of drug samples dispensed?

Office Surgical Procedures

- Are written preoperative and post-operative instructions provided and discussed?
- When a procedure is performed, is a checklist used that includes a time out to identify the patient, site (marked), confirm consent and procedure, allergies, and pregnancy status if relevant?
- Do staff and providers conduct quarterly drills on emergency response to untoward events that may happen during a procedure and log these drills?

Equipment

- Is equipment tested and inspected for function and safety according to manufacturer's recommendations and is this documented?
- Is staff trained in the proper cleansing and sterilization of reusable, non-disposable equipment according to manufacturer's recommendations?
- Is an emergency cart and ventilator support equipment available?

Quality Improvement

- Quality Improvement & Measurement
 - Does the practice currently participate in a quality improvement activity (e.g., outcome improvement tracking, peer review)?
 - Does the practice routinely assess and incorporate patient experience data?

Women's Health Modules

- General Practice – Select Two
- Delivery scheduling
- Smoking cessation
- Vaginal mesh/Pelvic floor surgery counseling

Proposed Women's Health Modules

- Office ultrasound
- Health care for lesbians and bisexual women
- Long-acting reversible contraceptives
- Opioid abuse, dependence and addiction in pregnancy
- At risk drinking and illicit drug use

SCOPE on-site Validation

- The SCOPE office site reviewer will validate the procedures and programs described in the application
- SCOPE reviewer will make a recommendation regarding certification
- The ACOG SCOPE staff will decide to award certification using:
 - information collected in the application
 - findings from the site visit
 - the site reviewer's recommendation

Pilot Program and Roll-Out

- June 2011 through February 2012
 - Application refined by the Advisory Panel
 - Two phases of site visits completed
- SCOPE program launched at ACM
 - May 2012: San Diego, CA
 - Several practices have already gone through certification process
 - Women's Care Florida, Winter Park, FL

What We Have Learned

- We need drills and simulations for the office
- We have variable policies and procedures
- We don't have standard credentialing/proctoring practices
- We don't have standard “emergency” kits or plans (with or without surgeries in office)

SCOPE Web Site

www.scopeforwomenshealth.org



safety certification in outpatient practice excellence for women's health

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About SCOPE

SCOPE is the first women's health-focused safety and quality certification program for individual and group ob-gyn practices.

Participation in the voluntary review program can help institute new processes based on their individual settings and needs to ensure that their offices are operating in line with current patient safety criteria.

What people are saying

Dr. Piper Donelli

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[Take Office Patient Safety Self-Assessment](#)

[Apply For SCOPE Certification](#)



SCOPE Steering Committee

- Mark S. DeFrancesco, MD (Chair)
- Joseph F. Sclafani, MD (Vice-Chair)
- Joanna M. Cain, MD
- Steven J. Fleischman, MD
- John P. Keats, MD
- Jennifer M. Keller, MD
- Philip H. Lahrman, MD
- Sharon T. Phelan, MD
- Robert W. Yelverton, MD
- Barbara S. Levy MD – VP for Health Policy, Advocacy Division



Model Policy and Procedure

Manual

- The Purpose Of A Policy And Procedure Manual
- The Role Of The Medical Director

- Credentialing, Privileging, Scope Of Practice
- Quality Improvement And Peer Review
- General Policies And Procedures For Office Based Surgery
- Scheduling Procedure
- Preoperative Notification And Perioperative Instructions
- Informed Consent
- Anesthesia Policies And Procedures
- Perioperative Checklists
- Safe Culture Policies And Procedures
- Safety Meetings, Patient Safety Goals, Reporting Unsafe Practices, Creating A Safe Practice Environment
- Medication Management
- Medication Review, Logs, Tracking, Communication, Teach-back Techniques
- Patient Communication, Rights, Privacy
- Patient Rights And Privacy Policies, Reporting Rights Violations, Phone Triage, Email Policies And Procedures
- Tracking Policies And Procedures
- Laboratory Findings, Pathology, Referrals
- Emergency Management And Drills

SCOPE Application Questions

- Fees – Sliding scale by practice size
 - \$4,000 - \$6,000 per office site
 - Discounts for multiple office practices
- Time limited
 - Three years
 - Five years in third renewal cycle
- Fulfill state requirements for office practice/office based surgery mandatory oversight?
- Malpractice discount?

Feedback

- Typical Comments:
 - UNIVERSAL comment that “going through the process made a difference”
 - “Identified KEY areas of safety the office was not attending to”
 - “IT WAS FUN!”

For More Information...

- **www.acog.org/goto/scope**
- **SCOPE specialist: Andrea Jones**
ajones@acog.org
 - 1-800-266-8043
 - 1-202-863-2514
- **List serve**
 - **<http://suse.acog.org/mailman/listinfo/scope>**

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- Mindy Saraco, MHA
 - msaraco@acog.org

Questions?

Bibliography

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 - www.scopeforwomenshealth.org
- Erickson, Ty B.; Kirkpatrick, Douglas H.; DeFrancesco, Mark S.; Lawrence, Hal C. III Executive Summary of the American College of Obstetricians and Gynecologists Presidential Task Force on Patient Safety in the Office Setting: Reinvigorating Safety in Office-Based Gynecologic Surgery *Obstetrics & Gynecology*. 115(1):147-151, January 2010.