Brown, Stacey

From:

Muck, Charles A.,

Sent:

Thursday, August 23, 2012 9:52 AM

To: Subject: Fritz, Karen FW: New Polices

Attachments:

3364-124-75 Room Break Down.pdf; 3364-124-74 Hand Off.pdf; hand off checklist.docx:

KIDNEY container Pictures docx

Please REad

From: Hall, Edwin J

Sent: Monday, August 20, 2012 3:46 PM To: Muck, Charles A.; Neese, Thomas

Cc: Casabianca, Andrew; Rees, Michael; Selman, Steven

Subject: New Polices

Please forward to all staff with the following message.

As a requirement for the continued success of the kidney transplant program and to improve safety in the Operating Room we have adopted 2 new policies effective immediately. These polices deal with staff breaks and operating room break down at the end of the case.

Also attached is a checklist to be used by circulators at break time and attached to the resource map paperwork at the end of the case.

There are also pictures of a new container to be used for transplant cases and a donor kidney identifier sign to be placed on the slush machine when the kidney is located in the slush machine.

You are required to review and let management know if you there are aspects of the new policy that need clarification. You will also be required to sign an acknowledgement that you have reviewed the policies and pictures. This acknowledgement is required as a condition for our program.

Thanks for your cooperation.

Ed

Name of Policy:	Break Down		
Policy Number:	3364-124-75	TO	LEDO
Department:	Nursing Service		in)
Approving Officer:	Director of Nursing/CNO		·
Responibble Agent:	Administrator, Surgical Services	Effective Date:	08/16/2012
Ścopć;	The University of Toledo Medical Center- Operating Room	Initial Effective Date:	08/16/2012
	ry proposal Minor/techni ision of existing policy Reaffirmation	cal revision of existing policy a of existing policy	<u> </u>

(A) Policy Statement

A safe environment shall be maintained and monitored in the "room break down" of an operating room suite, "Breaking the room down" or "room break down" is defined as the process of removing items from an operating room.

(B) Purpose of Policy

To provide guidelines for a safe work environment and prevent accidents to patients and personnel during room broak down.

(C) Procedure

- Operating Room contents will remain in the operating room until the patient physically leaves
 the operating room following a surgical procedure. This applies to all items both sterile and
 unsterile. It is the responsibility of the operating room circulating nurse to ensure compliance
 with this policy.
- 2.) The only exception to this policy is when there are urgent patient care issues which require removal of equipment or other items. This is only to occur after clear, direct communication between the circulating nurse and surgical technician or surgeon.
- 3.) There is risk involved with the removal of any item being removed from the operating room prior to the patient leaving the room. The risks include an inability to respond to urgent changes in the patients' condition, inadvertent loss of items in the trash and other unforeseen circumstances.

Approved by: Shum I full 8/16/12 Edwin Hall Administrator, Surgical Services Line S. Conlocus (C. August 2012, Daniel Barbet, KN, BSN, MBA Date	Review/Revision Date:
Director of Nursing/CNO Completed Dy: Estrin Hall	Next Review Date: 8/16/2015
Policies Superseded by This Policy: New	

Name of Policy:	Intra Operative Hand Off Communication		
Policy Number:	3364-124-74	TOLEDO THE DISTARRESTAL OF	
Department:	Nursing Service-		
Approving Officer:	Director of Nursing/CNO		
Responsible Agent:	Administrator, Operative Services	Effective Date: 08/16/20	
Scope:	The University of Toledo Medical Center	Initial Effective Date: 08/16/2012	
X New police	y proposal Minor/technica	Initial Effective Date: 08/16/2012 I revision of existing policy of existing policy	

(A) Policy Statement

Operating room nursing personnel will always participate in a structured, consistent sharing of information whenever there is a hand off of care from one nurse to another. The process will be geared to the unique needs of the surgical patient and include up to date information regarding the patient's care, treatment, condition and any recent or anticipated changes.

Staff breaks and relief which are planned during a procedure will occur only after consultation with the attending surgeon regarding the appropriateness of timing of the break. It is the responsibility of the staff member being relieved to consult with the surgeon. If the surgeon feels the timing is not appropriate the break will not occur and the change in plan communicated to the charge nurse.

(B) Purpose of Policy

To provide a method of structured, consistent sharing of information whenever there is a hand off of care from one nurse to another.

(C) Procedure

- 1. The nurse who is being relieved will be responsible for initiating the process.
- 2. The process will occur as soon as the relief nurse enters the room unless patient care needs require immediate attention.
- 3. The process must be completed before the nurse who is being relieved leaves the room.
- 4. The content of the information to be covered in the hand off are listed below and on the "Surgical Services Intraoperative Hand Off Checklist (attached).

Patient name

Procedure

Allergies

Blood band and status of blood products (if any)

Medications on field and available in room

Procedural status

Special equipment on field and available in room

implants used/available in room

People to contact (i.e. patient family, frozen section, etc.)

*Kidney transplants only: location of donor kidney

Other pertinent information:

5. Both the incoming and departing nurse will sign the form to confirm that the communication has taken place.

Policy 3364-124-74 Intra Operative Hand Off Communication Page 2

- 6. In instances where there are 2 or more nurses in attendance the hand off communication process will be followed whenever additional nursing personnel enter the room to participate in the case.
- 7. The checklist will be included in other case summary information and dropped off at the operating room front desk at the conclusion of every case.

Approved by:	1 1	Review/Revision Date:
Edwin Hall Administrator, surgical Services	8/20/12 Pate	N#*
Daniel Barbes, RM, BSN, MBA Director of Nursing/CNO	10. Ay 2012.	
Created By: Edwhi Hall		
Policies Superseded by Tills Policy:		Next Review Date: 8/16/15

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.