Executive Summary

PHASE I (Clinic)

Diagnosis & Plan

MA tees up fee sheet orders added to fee sheet

Surgical Candidate?

Yes

Family Decision to Proceed with Surgery

MD Completes Surgical Planning Sheet

INCLUDE ON PATHWAY

RN plans orders & completes RN Checklist #1

Nurse/MD Safety Huddle

Initiate pathway (MD reviews RN List, signs orders for Consults and completes Surgical Scheduling Form).

MD Checklist #1

Surgery Scheduled

RN proposes blood and labs and MD signs orders

Pre-op Visit - Ortho Clinic - PASS - Lab

RN Checklist #2

Nurse/MD Safety Huddle

RN Pre-op check and lab result review

MD Checklist #2

Phase Change

Summary of Version Changes

Last Updated: 05/15/2013

Valid until: 05/15/2016

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PHASE 2 (OR to Discharge)

- OR
- OR Holding (Peri-op antibiotics)
- MD Checklist #3
- ICU
- PACU
- FLOOR
- Discharge/Home MD/NP Checklist #4
- RN Phone Call & Checklist
- Clinic

Executive Summary
Summary of Version Changes

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Last Updated: 5/15/2013
Valid until: 5/15/2016
Objective

A. To reduce the number of surgical complications following spine surgery by standardizing pre-admission evaluation and in-patient processes.

B. To initiate physician and nurse patient safety checklists, and attending physician attestation, for use in the management of pediatric patients undergoing spine surgery regardless of their diagnosis.

C. To establish a formal Nurse-Surgeon Patient Safety Huddle in the outpatient clinic that integrates physician and nurse patient safety checklists and pathway orders at the time of the prescheduling, and pre-operative visits for all patients undergoing spine surgery, as well as expanding the current inpatient safety checklists performed at the time of post-operative and discharge orders sets to include all spine surgery patients. In addition, to introduce a standardized post-discharge nurse telephone call to monitor patients’ home recovery.

D. To implement a Clinical Pathway that spans the patient’s episode of care from diagnosis to discharge. (*see Implementation Items below).

Recommendations

1. Patient safety checklists for all spine diagnoses requiring spine surgery are to be used by orthopaedic spine surgeons, nurses, resident physicians, nurse practitioners and physician assistants and attested to by the attending physician.

2. Patients safety checklists are to be completed at critical points in the patients’ progression through treatment; prior to being scheduled for surgery, during the pre-operative clinic visit, prior to leaving the OR/PACU, prior to being discharged to home, and 4-7 days after discharge.

3. Outpatient clinic attending physician and nurse patient safety huddles are for patients who are being scheduled for spine surgery, and for patients with upcoming spine surgery.

Rationale

Patient safety checklists are well established tools for improving process and performance.

- They are known to improve team communication and reduce errors.
- They include process steps where there may not be conclusive evidence.
- They allow for individual variability while at the same time promoting safe and sequential care for the patients.

Patient Safety Nurse/Surgeon huddles (similar to in-patient rounds), in the outpatient clinic are expected to improve team communication and reduce errors.

Evidence

Patient safety checklists and surgeon and nurse huddles are based on consensus among the orthopaedic spine surgeons and existing literature supporting enhanced communication, (especially at patient transition times) as a way to reduce medical errors. A literature search revealed a lack of an evidence based clinical practice guideline for all spine surgeries.
Implementation Items
*Although the Spine Clinical Pathway was designed to span the episode of care from out-patient clinic though hospitalization, we were unable to implement Surgeon and Nurse Patient Safety Huddles into the clinic work flow. Thus the pathway was divided into two parts with the Spine In-Hospital Pathway going live on May 15, 2013 and the Spine Out-Patient Clinic Pathway to be implemented sometime in the future.

Patient safety checklists are embedded into the orthopaedic power plans and order sets so that the orders can not be signed unless the patient safety checklists are completed.

Metrics Plan
CSW Process Metrics
1. Count of Inpatient/obs discharges
2. Median Length of Stay
3. % of patients with any of the specified orderset
4. Average charges per case
5. Readmission

Proposed Process\Outcome Metrics
1. Percent of admissions for spine surgery with completed patient safety checklists.
2. Percent of discharges with patient safety checklist activated
3. Percent of discharges with patient safety checklists with attestation by attending
4. Time between completed patient safety checklist and attending attestation
5. Adherence to indications for surgery
6. Surgical site infection: Appropriate antibiotic; timely dose and re-dosing
7. Re-operation

PDCA Plan
Meet monthly for the first three months to review concerns and monitor metrics, then meet every three months.

Revision History
Date Approved: May 2013
Revision Date: May 2016
Executive Summary

CSW Owner: Michael Goldberg and the Clinical Effectiveness Program

Approved by the Spine Pathway Team on May 15, 2013.

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Summary of Version Changes

- Version 1 (5/15/2013): Go live
Medical Disclaimer

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required.

The authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication.

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