HENDERSON SURGERY CENTER, *Henderson, NV*

PURPOSE:

To identify and eliminate potential safety hazards, thereby reducing risk to patients, personnel and visitors.

POLICY:

Patient safety refers to a systematic facility-wide program to minimize preventable physical injuries, accidents and undue psychological stress during the visit. The HSC nursing practice for safety standards is as follows:

1. Patient Identification:

   The RN or MA identifies the patient by checking the wristband with the patient's chart and the operating schedule. In addition, the RN verifies patient identification through verbal communication with the patient and/or caregiver.

2. Patient Observation:

   Side rails are always to be in the UP position when a patient is on a gurney.
   Special care is ensured by provision of an adequate number of personnel when positioning patients. When positioning patients, it is essential to provide supportive devices to protect nerves and blood vessels. .

3. Dedication to Meticulous Aseptic Technique/Hand hygiene :H

   Facility team members must know and apply the principles of aseptic technique at all times to avoid life- threatening postoperative infection. Aseptic technique education to be completed annually.

4. Use of Operating Equipment:

   All equipment and appliances must be set up and used according to the recommendations and instructions of the manufacturer. All new electrical equipment must be inspected prior to use and every six (6) months thereafter by the biomedical services company. Electrical equipment must be properly grounded to prevent electric shock and burns.

5. Prevention of Burns:

All electrical equipment must be inspected by the bio medical contractor prior to use.

6. Administration of Drugs:

   All drugs used by the anesthesiologist are logged in the anesthesia record. RN must receive written orders and utilize the medication rights before administering medication to the patients.

7. Preparation of Specimens:

   - Tissue removed from a patient is sent to the appropriate Pathology Laboratory (as deemed by patient's insurance) and labeled with the site of the specimen as ordered by physician.
   - It is the responsibility of the physician to communicate to the RN the origin of each specimen.
   - It is the responsibility of the RN to label and record each specimen accurately.

8. Fire Safety:

   Response of the facility's staff to a fire is outlined in the Fire/Emergency Management Plan. Facility personnel participate in the quarterly fire drills as appropriate and review fire precautions in the annual recertification program. Fire extinguishers to be inspected by outside company biannually but also monthly by RN to ensure no tampering has occurred.

9. Emergency Management Responses:

   Response of the facility team in a disaster situation is outlined in the Fire/Emergency Management Manual. Facility personnel participate in disaster drills and review emergency management precautions in their annual recertification program.

10. Equipment Maintenance:

    All operating room equipment is inspected for operational integrity by facility personnel prior to each use. Equipment is to be removed from service immediately, if needed repair or a malfunction is evident.

11. Disposal of Waste:

All infectious (bio hazardous) wastes, including glass, are single red-bagged, placed in the special collection container marked "Bio hazardous Waste" and disposed of by contracted medical waste company.

12. Disposal of Needles and Syringes:

Used needles and syringes are disposed of by placement in a rigid sharps disposal container which is present in each operating room. When container is 3/4 full it is capped and disposed of in the bio hazardous waste collection container.

13. Anesthesia Safety:

Refer to Anesthesia Policy and Procedures' for other anesthetic safety standards.

14. Visitor Safety:

Visitor safety in the facility is based on the safety practices and standards developed by the facility Safety Committee. All visitors entering the facility shall be instructed by the appropriate supervisor as to proper attire and safety hazards. Visitors who are injured in the facility are referred to the Administrator for evaluation and treatment. Visitor injuries are summarized on an unusual occurrence form by the supervisor and forwarded to administration. The facility Safety Committee reviews visitor injury reports, identifies hazardous conditions and recommends preventive measures.

15. Falls reduction:

HSC is committed to providing a safe environment for patients and to prevent falls. Patient evaluation, yellow wristband, staff education and training, and fall signs are used to assess and prevent falls.

LIST OF CURRENT ACTIVE STAFF AS OF 2/28/2023

DR RAJAT SOOD, MD – MEDICAL DIRECTOR
DR GILBERTO DELATORRE, MD
DR DESHA FRANKEL, MD
DR ROBERT YEH, MD

MICHELLE MONG, RN ADMINISTRATOR
KERRI BROWN, RN
OTHELLO ARENAS, RN
MICHELLE NOBLE, RN
REBECCA JONES, RN
SHANTIELL MENDENHALL, RN
PAULINE HILARIO, RN

MICHELLE WELCH SMITH, MA
SHAWNTERIA BRANDON, MA
VICTORIA WILLIAMS, MA GI TECH
SAM YOON, GI TECH

NADIA ALVAREZ, FRONT DESK STAFF
BETSY CALDERON FEBLES, FRONT DESK STAFF