

Tips for enforcing patient escort policies

I'm glad I wore my sneakers today because I know I'll be running after this lady, thought Susan Russell, BSN, RN, JD, CPAN, CAPA, as she reviewed the day's procedure list.

Each time the patient, a female attorney, had a pain block procedure at Russell's outpatient surgery center, she would make a run for it before discharge. The patient drove herself and never brought an escort.

"You think she'd know better, but sometimes you can't protect people from themselves," says Russell, clinical manager for perianesthesia services and vice president-elect of the Texas Association of PeriAnesthesia Nurses.

Russell compares patients who drive after being given narcotics or sedatives to people who drive under the influence of alcohol.

"Letting patients who have been given a mind-altering drug drive without an escort is like handing them a bottle of Scotch and telling them to get behind the wheel," Russell says.

As the number of procedures performed at ambulatory surgery centers (ASCs) increases, so do concerns about patient safety and the ASC's liability when patients do not bring escorts to accompany them and care for them at home following procedures.

"Many patients don't take the issue seriously, but we have to," says Jenette Driskill, RN, CASC, of the Pacific Endo-Surgical Center in Torrance, Calif.

"Some patients get angry at our strict interpretation of regulations. It may not help our patient satisfaction scores, but patient safety is more important."

Role of the patient escort

Why are patient escorts important to patient safety?

Anesthesiologist Francis Chung, MD, lead author of a recent article on patient escorts (*Can J Anesth* 2005;52:10:1022-1026), says professional medical and nursing societies recommend that ambulatory surgery patients have a responsible adult to accompany them home and stay with them overnight because patients have significant psychomotor and cognitive impairment after anesthesia or sedation.

"Escorts can ensure that the patient arrives home safely and can assist the patient with minor postoperative symptoms, such as pain, nausea and vomiting," Dr Chung says. "In an emergency, they can obtain suitable medical help for the patient."

Dr Chung's research, which studied ambulatory surgery patients at Toronto Western Hospital in Toronto, Ontario, Canada, showed escorts are absent in 2 out of every 1,000 procedures, despite physician office and surgery center instructions that an escort is required for ambulatory surgery. The study reported that the number of patients who say they have an escort but the escort does not show up is higher than the number of patients who say they do not have an escort.

"They lie," Russell says. "They say someone is coming, and no one shows up, or they have someone drive them around the corner to their car, then drive themselves home."

The Toronto study also showed 28% of patients who go home without an escort also do not have a responsible adult stay with them overnight.

Because the study took place at one large tertiary facility, Chung recommends a larger multicenter study to further clarify health implications of patients who do not have escorts.

Risk and malpractice issues

“Our health department told us the fastest way to get our center shut down is to let patients go home without an escort,” Driskill says.

Indeed, ASCs increase liability and malpractice risks when they discharge patients without an escort, because patients may injure themselves or others while groggy or they may not be able to get help for postsurgical complications, says Sylvia Brown, RN, JD, vice president, risk management, for Premier Insurance Management Services, and editor of the clinical risk management volume of *Risk Management Handbook for Health Care Organizations, 5th ed* (American Society for Healthcare Risk Management, 2006).

State regulatory bodies and accreditation organizations usually require patients who receive anesthesia, other than locally administered anesthetics, to be discharged with a responsible adult.

ASCs can reduce their liability and malpractice risk by taking actions that demonstrate they acted in the same prudent and reasonable manner that other reasonable ASCs would act in the same situation.

Being prudent and reasonable

Brown says “prudent and reasonable” actions in the case of patient escorts means:

- Educating patients when surgery is first discussed that they are required to have an escort upon discharge. This education begins in physician’s office and website and should be reinforced by the scheduler. The scheduler should document on a form, which becomes part of the medical record, all information shared with the patient.
- ASC staff is aware of and follows applicable state regulations and accreditation standards (sidebar). “If violations of regulations and standards are evidence of unreasonable practice, and if such unreasonable practice harms the patient, the staff may be liable for malpractice,” Brown says. “You can be more stringent than the rules, but you should not be less stringent.”
- The center has a written policy regarding escorts. The policy should spell out how the center has addressed the elements required in statutes and professional regulations.
- Staff acts reasonably to address unforeseen situations in which the patient is ready for discharge, but the escort is not present. Reasonable practice includes attempts to call other persons named by the patient or contacting a patient escort service, if available.
- Staff never drives the patient home. “This exposure is not usually covered by the staff member’s auto insurer,” Brown says. “If there is a medical complication, the staff member will be hard put to manage it on the highway. The fact that a staff member is present also may imply that the discharge was clinically inappropriate.”
- All observations and interventions by the staff on the patient’s behalf are documented objectively and thoroughly. “This information is important to subsequent caregivers and is invaluable if the center has to defend itself in litigation,” Brown says. “Your best approach is always to consider the issue from the perspective of patient safety.”

No escort, no surgery

The patient escort policy at Harmony Ambulatory Surgery Center in Fort Collins, Colo, is stringent—no escort, no surgery. If patients arrive without a responsible adult escort, the receptionist immediately notifies an RN. The RN informs patients they will not have their procedure that day if an escort does not arrive promptly. Harmony cancels the procedure if the escort does not arrive.

“It’s easier for everyone to stick to our rule when it’s black and white,” says the clinical director, Cassie Seiler, RN. “It was a difficult transition at first for a few of the physicians, but their office staff makes sure their patients come with an escort. Rarely do we have patients show up without an escort at our center.”

The process to ensure that patients bring escorts begins at the surgeon's office, Seiler says. The surgeon's nurse and/or scheduler should instruct patients that escorts are required, and this instruction should be repeated throughout the preoperative process. Some centers get the name and phone number of the escort when surgery is scheduled.

How to stop patients leaving alone

Additional strategies for achieving patient compliance with escort requirements:

- Inform patients that their insurance may not pay for the procedure if they leave against medical advice (AMA).
- Convince patients they are responsible for others' safety, not just their own. Explain the potential harm to innocent people if the patient drives under the influence of sedation or anesthesia. "We pull out all the guilt trips, but unfortunately the same people who drive themselves home after surgery are often the same people who drive drunk," Driskill says.
- Threaten to notify police if the patient gets behind the wheel.
- Admit patients to the hospital for an overnight stay. "You still need a basis for admitting, and most hospitals won't admit patients just because they don't have someone to drive them home," Russell says.

Some hospitals have a "hotel bed" policy, where patients can stay in the hospital overnight with easy access to emergency assistance but without nursing care.

A homeless, paraplegic man Russell cared for was admitted overnight to a nursing home that accepted his veteran's health plan.

"He told the preadmission nurse that he had reserved a room at a motel, and a friend would stay there with him," Russell says. "Upon further investigation on the day of surgery, this turned out to be a ruse. The surgeon refused to admit him to a hospital, the Salvation Army infirmary was full, and the ASC did not have approval for an overnight stay. Thanks to a dedicated director of nurses at the ASC and the primary care physician, the man's health care needs were met."

- If possible, switch to local or no anesthesia for minor procedures, such as urology and GI, Driskill recommends.
- Recommend patients hire an agency sitter, such as a certified nursing assistant, to accompany and care for them 24 hours postoperatively.
- Use a patient escort service. Medical transport services are becoming more common, especially in large metropolitan areas. But Brown cautions that patients must know the drivers are not employees of the center.

"In many jurisdictions, a court will imply an employment relationship—and liability—if the patient perceived that the service representatives were employed by the ASC," Brown says. "Carefully evaluate a medical escort service and work with a health care attorney to develop a contractual relationship that spells out the center's liability and the service's responsibilities."

Most ASCs do not use taxicabs because the driver is not considered "a responsible adult." Seiler knows of a young woman who was molested after outpatient surgery by a taxicab driver while she was still sedated.

"Even if patients get home safely in a taxicab, the issue of a responsible adult to care for them at home remains," Seiler says.

Driskill says her center uses taxicabs in extreme circumstances when patients are dishonest about having an arranged ride and plan to go AMA by driving.

"Our compromise is that we pay for the taxi if they wait until they are fully recovered from sedation or anesthesia," Driskill says.

When all else fails

Despite the danger to patients and the community, ASCs cannot keep sedated patients against their will, which is considered false imprisonment.

"Bottom line, it may be better to look at a false imprisonment allegation than the exposure that will be associated with a 6-car pile up," Brown says.

If patients insist on leaving without an escort, ASC managers recommend:

- Calling the patient's home to ensure the patient arrived home safely. Try to reach someone else in the home who can assist with postoperative care.

- Contacting the police and warning them of a potential driver under the influence.
“We are responsible and liable for patients at the point of discharge,” says Lee Anne Blackwell, RN, BSN, EMBA, CNOR, director, clinical resources, ambulatory surgery, HealthSouth Corp. “We can’t control what patients do after they leave the surgery center, but as managers, we need to document that we have done everything we can to make sure someone is there to continue caring for them postdischarge until they can care for themselves.” ❖

—Leslie Flowers

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Requirements for patient discharge

Joint Commission on Accreditation of Healthcare Organizations

www.jcaho.org

- Patients who have received sedation or anesthesia are discharged in the company of a designated, responsible adult.
- The transfer or discharge of a patient is based on a patient’s assessed needs and destination site’s capabilities.
- The organization arranges for or helps the family arrange for services to meet the patient’s needs after discharge.
- The organization communicates appropriate information to other service providers.

Accreditation Association for Ambulatory Health Care

www.aaahc.org

Patients who have received moderate sedation/analgesia, deep sedation/analgesia, regional anesthesia, or general anesthesia are discharged in the company of a responsible adult.

American Society of PeriAnesthesia Nurses

www.aspan.org

Standards of PeriAnesthesia Nursing Practice, 2004 edition

Criteria for discharge assessment and management include in part recommendations to:

- verify arrangements for safe transportation home
- reinforce discharge planning with patient and family/accompanying responsible adult as appropriate
- provide written discharge instructions
- verify arrangements for safe discharge home.

American Society of Anesthesiologists

www.asahq.org

Look under Clinical Information, then Standards, Guidelines, and Statements.

Guidelines for Ambulatory Anesthesia and Surgery (2003), recommend in part:

- Patients who receive other than unsupplemented local anesthesia must be discharged with a responsible adult. [Patient care should include] written postoperative and follow-up care instructions.