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What's expected for use of safe surgery checklist?

Starting now, in January 2012, ambulatory surgery centers (ASC) and hospital outpatient departments need to be using a safe surgery checklist and keep using it through all of the calendar year.

That's one quality measure in Medicare's new ASC quality reporting program set forth in the 2012 outpatient payment rule issued November 1, 2011. It's also a new measure for hospital outpatient quality reporting. (See December *OR Manager*.)

In addition:

- Use of the checklist in 2012 will be reported to the Centers for Medicare and Medicaid Services (CMS) during a 6-week period in 2013.
- Reporting of checklist use in 2012 will affect ASCs' Medicare payment update in 2015.

In adopting the measure, CMS said, "use of such checklists has been credited with dramatic decreases in preventable harm, complications, and postsurgical mortality," as documented by reports in the *New England Journal of Medicine*.

CMS says it believes the use of safe surgery checklists "complements the management of surgical care processes" and "contributes to better patient outcomes by increasing safe surgery practices and by reducing preventable human error and minimizing complications and postsurgical mortality."

The agency notes that use of a safe surgery checklist has been endorsed by the World Federal Societies of Anesthesiologists and the Council on Surgical and Perioperative Safety, which includes AORN, the American College of Surgeons, the American Society of Anesthesiologists, and related groups plus a number of other organizations.

What does CMS expect?

What specifically does CMS expect?

OR Manager posed these questions to the Ambulatory Surgery Center Association. Questions were also posed to CMS, which had not responded by press time.

The ASC Association has sample checklists on its website at ascassociation.org/ascqualityreporting. Select the checklist resources on the right. The site also provides information about complying with Medicare's other quality reporting requirements in 2012 and beyond.

Q Will use of The Joint Commission's Universal Protocol suffice? Or must the checklist be more extensive?

ASC Association: The CMS requirements are fairly general. ASCs may use any checklist as long as it addresses effective communication and safe surgery practices in each of 3 perioperative periods: prior to administering anesthesia, prior to the start of a procedure, and prior to the patient leaving the operating room. (CMS offers examples of safe practices for the 3 perioperative periods in the outpatient payment rule. See chart, p 28.)

That being said, ASCs should keep the purpose behind the safe surgery checklists in mind (ie, safety in all aspects of the surgery) and should adopt the most compre-

Examples of safe surgery practices for 3 perioperative periods

First critical point (prior to administering anesthesia)	Second critical point (prior to skin incision)	Third critical point (prior to patient leaving the OR)
■ Verbal confirmation of patient identity ■ Mark surgical site ■ Check anesthesia machine/ medication ■ Assessment of allergies, airway, and aspiration risk	■ Confirm surgical team members and roles ■ Confirm patient identity, procedure, and surgical incision site ■ Administration of antibiotic prophylaxis within 60 minutes before incision ■ Communication among surgical team members of anticipated critical events ■ Display of essential imaging as appropriate	■ Confirm the procedure ■ Complete count of surgical instruments and accessories ■ Identify key patient concerns for recovery and management of the patient

Source: CMS. CMS-1525-FC, p 1276. November 1, 2011. http://www.ofr.gov/ofrupload/ofrdata/2011-28612_PI.pdf

hensive checklist possible.

The Joint Commission's Universal Protocol is designed to prevent wrong site, patient, and procedure surgeries. Other checklists are more comprehensive. For example, the AORN comprehensive checklist incorporates aspects from the Joint Commission's Universal Protocol and much more.

Q What specifically does "use" of the checklist mean? Does it mean the checklist is used on all cases? Only some cases? On a trial basis?

ASC Association: The checklist must be in general use at the ASC for all patients. CMS will not evaluate use on a patient-by-patient basis, but ASCs will need to indicate whether a checklist was in regular use during the full calendar year of 2012.

Q What specifically will ASCs be expected to document in 2013 regarding use of a checklist in 2012?

ASC Association: ASCs will need to go to CMS's quality net site (www.qualitynet.org) between July 1, 2013, and August 15, 2013, and answer "yes" or "no" to the question of whether a surgery checklist was used at the ASC between January 1, 2012, and December 31, 2012.

Though financial penalties will not be applied to ASCs that do not use a checklist in 2012 as long as they report their nonuse, CMS is planning to make the results of this survey public. Therefore, ASCs are encouraged not only to focus on meeting this reporting requirement but also on achieving a high level of performance on this measure.❖

Reference

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Haynes A B, Weiser T G, Berry W G, et al. A surgical safety checklist to reduce morbidity and mortality in a global population. *N Engl J Med*. 2009;360:491-499.

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