

# ISOBS Newsletter

Information, Education, Research

Spring 2013



www.ISOBS.org

## In This Issue

**Announcements & Collaborations**

**Surgical Safety Checklist**

**Recent Presentations and Lectures**

**Publications**

**Clarity of Vision:  
Ophthalmology and Patient Safety**

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Dear Noah,

As spring turns to summer in 2013, it is a great opportunity to update you on The Institute for Safety in Office-Based Surgery (ISOBS)! This edition gives a view of news, topics, and how we are advancing the path to office-based surgical safety.

Our sincere thanks to you and your colleagues for your interest, support, and for being instrumental in spreading the word about safety in office-based surgery and our growing organization ([www.isoobs.org](http://www.isoobs.org)). Our organization and patient safety efforts continue to garner considerable attention from the public, medical, legal, and malpractice insurance communities.

We recently published articles in [plastic surgery](#), [anesthesiology](#), [gynecology](#), [general medicine](#), and [nursing journals](#). The last few months have seen ISOBS announce key alliances with like-minded organizations to work toward a common goal of patient safety. By educating patients, practitioners, and personnel, and collecting data from multiple specialties, the goal is to generate a uniform clinical standard of care and legislation in all office-based surgical practices throughout the United States.

## Announcements & Collaboration



ISOBS and the [Society for Ambulatory Anesthesia \(SAMBA\)](#) have agreed to work together and to exchange ideas in an effort to improve ambulatory patient safety. SAMBA represents the interests of clinicians, works to enhance patient safety, and provides research and education for practitioners of ambulatory anesthesia.



ISOBS is excited to announce its partnership with and endorsement of the Safety Checklist for Office-Based Surgery and the Patient's Checklist for Office-Based Procedures from the **Association of Perioperative Registered Nurses (AORN)**. Our first ISOBS/AORN projects: an office-based nursing survey and three articles in the AORN Journal.

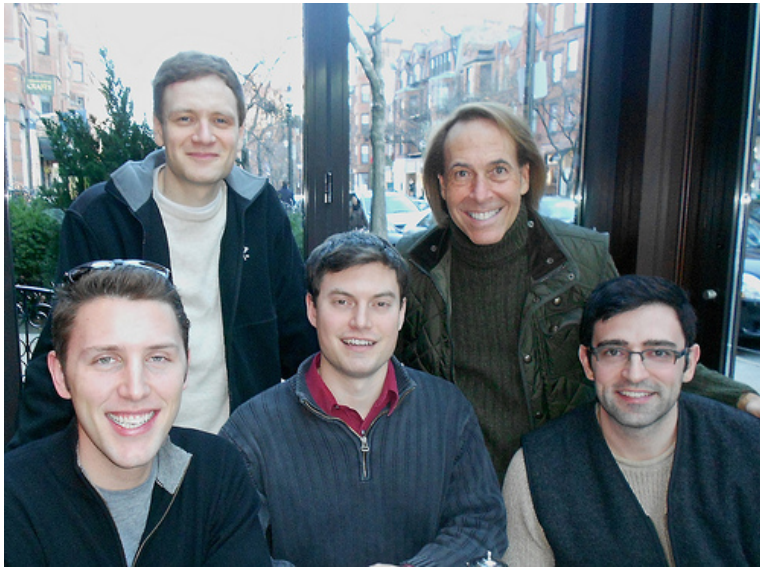


Beginning October 2014, Dr. Shapiro has been named Chair, American Society of Anesthesiologists (ASA) Patient Safety and Education Committee. ISOBS is planning its 4th annual award ceremony to be held at the ASA Annual Meeting in Oct 2013 in San Francisco, CA. Highlights of the ASA annual meeting include recognizing global outcomes and patient safety honoring Charles Denham, MD, Editor-in-Chief of the Journal of Patient Safety, and actor Dennis Quaid.

## Surgical Safety Checklist

ISOBS has developed the first two checklists of their kind: The Office Surgical Safety Checklist for practitioners and personnel, and the ISOBS PC (patient checklist) for patients. ISOBS has completed an outcomes study to validate their routine use in 50,000 offices in the US. We found that the surgical safety checklist reduced complications more than five-fold, from 15.1 to 2.72 per 100 patients. The full, PubMed-indexed paper is available at: [Effect of an Office-Based Surgical Safety System on Patient Outcomes](#)

Allow us to introduce the ISOBS research team:



(Far, L to R): Richard Urman, MD, MBA, Fred Shapiro, DO  
 (Near, L to R): Sean Gallagher, MD, Noah Rosenberg, MD, John Stenglein, MD

### Recent Presentations, Meetings & Lectures



RSNA December 2012  
 L to R: **Drs. Max Rosen, Tom Cutter, Fred Shapiro, Felipe Collares**



**Consistent with ISOBS mission**, anesthesiology reaching out to surgery, IR, and patients



The Massachusetts Society of Anesthesiologists Winter Meeting, 2013, in Puerto Rico highlighted speakers from L to R: Drs. Shapiro, **Bill Camaan**, **Keith Ruskin**



New Mexico Society of Anesthesiologists Annual Meeting, Feb 2013, Albuquerque, NM. Dr. Shapiro with **Drs. Jane Fitch** (President Elect, ASA) and **David Seigel** (President, New Mexico Society of Anesthesiologists)



Dr. Shapiro presenting Grand Rounds at University of New Mexico in Feb 2013. **Elizabeth A. Steele, M.D** (Residency Program Director) and **Hugh Martin, M.D** (Department Chair) featuring the ISOBS checklists.



Arizona Society of Anesthesiology Annual Meeting, May 2013, in Scottsdale, AZ. From L to R: **Dr. Brenda Gentz**, Arizona Society of Anesthesiology Program Committee, Dr. Shapiro, **Dr. Norman Cohen**, ASA VP of Professional Affairs, his wife, Michelle, and The Honorable **Andy Harris MD**, US House of Representatives

## Publications and Press

### Books:

Urman RD, Vadivelu N. *Perioperative Pain Management*. Oxford University Press, 1st Ed, 2013

### Papers:

Urman RD, Punwani N, Bombaugh M, Shapiro FE. [Safety considerations for office-based obstetric and gynecologic procedures](#). Rev Obstet Gynecol. 2013;6(1):e8-e14.

Urman RD, Punwani N, Shapiro FE. [Office-based surgical and medical procedures: educational gaps](#). Ochsner J. 2012 Winter;12(4):383-8.

Urman RD, Desai SP. [History of anesthesia for ambulatory surgery](#). Curr Opin Anaesthesiol. 2012 Dec;25(6):641-7.

Urman RD, Grammer RL, Punwani N, Shapiro FE. The Evolution of Checklists and Implications for the Anesthesiologist. Int Anesth Clin; in press, expected fall 2013

Shapiro FE, Everett L, Urman RD. Ambulatory Outcomes in Anesthesiology. Int Anesth Clin; in press, expected fall 2013

## Clarity of Vision: Ophthalmology and Patient Safety

Approximately 150 million Americans require vision correction for nearsightedness or farsightedness. In the late 1990's, laser vision correction (LVC) became a popular surgical approach to minimize the dependency on glasses and contact lenses. It includes procedures such as Lasik, PRK and LASEK. They are all aimed at laser reshaping of the cornea to change the eye's focus point.

LVC can be easily performed in a procedure room in a doctor's office under light oral sedation. Both eyes are usually treated at the same encounter in less than 20 minutes. Approximately 700,000 LVC procedures are performed in the US every year. Although a small number are performed in a hospital setting, the vast majority occur in independent doctors' practices and commercial chain laser centers.

There are currently no standardized guidelines to prevent errors during LVC. The rapid expansion as well as the proliferation of "high volume/low cost" centers increases the potential for human error. In addition to the most dramatic wrong patient or wrong eye situations, we have identified at least 28 sources of mistakes that could potentially lead to an adverse outcome. These are mainly due to the variety of numerical values used to treat a person's refractive error. **We are currently assessing the efficacy of the ISOBS surgical safety checklist customized to LVC to prevent errors in this commonly performed office based surgical procedure.**

As you can see, ISOBS continues to advance patient safety, research, and forge new collaborations. We could not have accomplished this without your efforts on our behalf.

Sincerely,



Dr. Fred E. Shapiro

For the Institute for Safety in Office-Based Surgery (ISOBS)

ISOBS, 330 Beacon St., Boston, MA 02215

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