

ISOBS Newsletter

Information, Education, Research

Winter 2014



www.ISOBS.org

In This Issue

[NASOR](#)

[Patient Safety Checklist](#)

[In Situ Simulation](#)

[Recent Meetings](#)

[Publications](#)

[Dentistry and Patient Safety](#)

[Join Our Mailing List!](#)

::

Dear Noah,

Happy New Year! We hope this finds you well. February 2014 is upon us, the ground hog predicts another 'six weeks of winter,' and therefore an opportunity to share our warm thoughts and updates. Despite the cold winter, ISOBS is growing 'limbs'; several new projects have expanded our safety outreach to include any procedure requiring sedation and analgesia performed outside the hospital operating room. Here's our latest news...

National Adult Sedation Outcomes Registry (NASOR)



Harvard Pilgrim
HealthCare

ISOBS recently received its first HPHC quality grant to evaluate adverse events and patient outcomes for procedures performed outside the operating room under moderate and deep sedation; the grant will allow ISOBS to participate in developing the National Adult Sedation Outcomes Registry (NASOR). The National Adult Sedation Consortium (NASC) is an organization recently founded by a multidisciplinary team of healthcare professionals. Their mission is to promote sedation safety for the adult population by creating NASOR. As the complexity of procedures and patients requiring sedation services continues to grow, NASC hopes to accomplish its goals of improving the safety of adult patients undergoing procedural sedation and analgesia by promoting provider education, evidence-based clinical practice standards, and outcomes research. NASC via the development of NASOR aims to produce health care that is patient-centered, reliable, accessible, safe, and efficient with reduced cost.

[NASC Website](#)

Patient Safety Checklist

ISOBS created this novel concept to provide a role for the patient in the medical process to ensure their own safety. With increasing attention focused on the National Quality Strategy for high quality cost effective health care, patient satisfaction surveys will be assessed to rate overall health care. By providing patients with checklists of a few simple questions to ask prior to a procedure, they provide necessary "pause points" at which providers are prompted to reliably deliver appropriate care.

[Putting the Patient into Patient Safety Checklists](#)

In Situ Simulation in an Office Based Plastic Surgery Setting

We performed a feasibility study by bringing a high-fidelity human patient simulator to enact a half-day, full-scale, multidisciplinary medical emergency. The study concluded that issues of safety and regulatory compliance can be assessed in an office-based setting through the short-term (half-day) use of in-situ simulation with facilitated debriefing and the review of audiovisual recordings by trained facilities inspectors.

[The Use of In-Situ Simulation to Improve Safety in the Plastic Surgery Office: A Feasibility Study](#)

Recent Meetings & Presentations



American Society of Anesthesiologists (ASA)
Oct 2013, San Francisco, CA
L to R: ISOBS Team with Dr. Jane Fitch (President, ASA)



Radiological Society of North America (RSNA)
December 2013, Chicago, IL
L to R: Drs. Hesham Malik, Max Rosen, ISOBS Team



Society for Ambulatory Anesthesia (SAMBA) in collaboration

Agency for Healthcare Research & Quality (AHRQ)

October 2013, Boston, MA

L to R: ISOBS Team with Drs. Karen Carlson, Niraja Rajan,
William Berry, Steven Butz, Fatima Ahmad



Yale University

October 2013, New Haven, CT

L to R: ISOBS Team with Drs. Roberta Hines (Chair, Department of
Anesthesia), Keith Ruskin, Bob Legasse, Paul Barash



Mayo Clinic

February 2014, Phoenix, AZ

L to R: ISOBS with Drs. Kevin Tremper (Chair, Department of
Anesthesia) and Dan Cole (First Vice President of ASA)

Publications (2013-2014)

1. [The Use of In-Situ Simulation to Improve Safety in the Plastic Surgery Office: A Feasibility Study.](#)
2. [Quality management in outpatient surgical care.](#)
3. [Office-based surgery: embracing patient safety strategies.](#)

4. [Administrative issues to ensure safe anesthesia care in the office-based setting.](#)
5. [The evolution of checklists and implications for anesthesiology.](#)
6. [Putting the patient into patient safety checklists.](#)
7. [Safety considerations for office-based obstetric and gynecologic procedures.](#)
8. [Checklist implementation for office-based surgery: a team effort.](#)
9. [Effect of an office-based surgical safety system on patient outcomes.](#)
10. [Office-based surgical and medical procedures: educational gaps.](#)
11. [Patient safety and office-based anesthesia.](#)

Dentistry and Patient Safety

We recently learned of the tragedy of 3-year-old Finley Boyle, who died last month after routine dental surgery in Hawaii. As the pieces are put together to better understand how this life-ending catastrophe occurred and how it could have been avoided, it is clear that this was a missed opportunity for patient safety efforts. Many of us do not give a second thought to dental procedures, yet they carry many of the same risks requiring the same vigilance as any procedure. Read more about the story at [The Huffington Post](#).

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 02116

[SafeUnsubscribe™ {recipient's email}](#).

[Forward email](#) | [Update Profile](#) | [About our service provider](#)

Sent by fshapiro@isobs.org in collaboration with

Constant Contact® 

Try it free today