

AMBULATORY SURGICAL CENTER (ASC) AT LBJ GOVERNING BODY

Thursday, February 16, 2023

9:00 A.M.

BOARD ROOM

4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <http://harrishealthtx.swagit.com/live>

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

AGENDA

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| I. Call to Order and Record of Attendance | Ewan D. Johnson, MD, PhD | 2 min |
| II. Approval of the Minutes of Previous Meeting | Ewan D. Johnson, MD, PhD | 2 min |
| • ASC at LBJ Governing Body Meeting – November 17, 2022 | | |
| III. Executive Session | Ewan D. Johnson, MD, PhD | 30 min |
| A. Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Governing Body, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ Governing Body Upon Return to Open Session – Dr. Scott Perry | | (10 min) |
| B. Report by the Vice President, Compliance Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session – Mr. Anthony Williams | | (10 min) |
| C. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including ASC at LBJ Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session – Dr. Matasha Russell, Dr. Scott Perry and Mr. Matthew Reeder | | (10 min) |

IV. Reconvene	Ewan D. Johnson, MD, PhD	2 min
V. General Action Item(s)	Ewan D. Johnson, MD, PhD	8 min
A. General Action Item(s) Related to Quality: Ambulatory Surgical Center at LBJ Governing Body Medical Staff		
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Ambulatory Surgical Center at LBJ Governing Body Medical Staff – Dr. Scott Perry		<i>(2 min)</i>
B. General Action Item(s) Related to Policy and Procedures		
1. Consideration of Approval of Reviewed Policy and Procedures with No Recommended Changes for the ASC at LBJ Governing Body – Dr. Scott Perry and Mr. Matthew Reeder		<i>(2 min)</i>
2. Consideration of Approval of Amended Policy and Procedures for the ASC at LBJ Governing Body – Dr. Scott Perry and Mr. Matthew Reeder		<i>(2 min)</i>
3. Consideration of Approval of New Policy and Procedures for the ASC at LBJ Governing Body – Dr. Scott Perry and Mr. Matthew Reeder		<i>(2 min)</i>
VI. ASC at LBJ Medical Director and Administrator Reports	Ewan D. Johnson, MD, PhD	15 min
A. Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Ambulatory Surgical Center at LBJ Governing Body, Including Questions and Answers – Dr. Scott Perry and Mr. Matthew Reeder		<i>(15 min)</i>
<ul style="list-style-type: none"> • People – Operating Room Staffing • 2023 ASC at LBJ Governing Body Meeting Calendar 		
VII. Adjournment	Ewan D. Johnson, MD, PhD	1 min

AMBULATORY SURGICAL CENTER AT LBJ GOVERNING BODY

Executive Sponsor:

Matthew Reeder, Administrator – ASC (Ex-officio)

Dr. Scott Perry, Medical Director – ASC (Ex-officio)

Committee Members:

Dr. Ewan Johnson (Committee Chair)

Dr. Arthur Bracey (Ex-officio)

Alicia Reyes

Jennifer Tijerina

Dr. Glorimar Medina, Executive Vice President – BT

**MINUTES OF THE HARRIS HEALTH SYSTEM
 AMBULATORY SURGICAL CENTER AT LBJ GOVERNING BODY MEETING
 November 17, 2022
 9:00 AM**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order & Record of Attendance	The meeting was called to order at 9:00 a.m. by Ewan D. Johnson, MD, PhD, Chair. It was noted that a quorum present and the attendance was recorded. Dr. Johnson stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: http://harrishealthtx.swagit.com/live .	A copy of the attendance is appended to the archived minutes.
II. Approval Of The Minutes Of The Previous Meeting	Approval of the Minutes of Previous Meetings: <ul style="list-style-type: none"> • ASC at LBJ Governing Body Meeting – August 18, 2022 	<u>Motion No. 22.11-14</u> Moved by, Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve the minutes of the previous meeting. Motion carried.
III. Executive Session	At 9:01 a.m., Dr. Johnson stated that the ASC Governing Body would enter into Executive Session for Items “A through C” as permitted by law under Texas Health & Safety Code Ann. §161.032 and Texas Occupations Code Ann. §160.007.	
	A. Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Governing Body, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including Possible Action Upon Return to Open Session, Including Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ. There were six (6) initial appointments. A copy of the ASC credentials report is available in the permanent record.	No Action Taken.
	B. Report by the Vice President, Compliance Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session.	No Action Taken.

	<p>C. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including ASC at LBJ Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session.</p>	<p>No Action Taken.</p>
<p>IV. Reconvene</p>	<p>At 9:27 a.m., Dr. Johnson reconvened the meeting and stated that no action was taken in Executive Session.</p>	
<p>V. General Action Item(s)</p>	<p>A. General Action Item(s) Related to Quality: Ambulatory Surgical Center at LBJ Governing Body Medical Staff</p> <p>1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Ambulatory Surgical Center at LBJ Governing Body Medical Staff</p> <p>Dr. Scott Perry, Medical Director, ASC, presented the credentialing changes for members of the Harris Health System Ambulatory Surgical Center at LBJ Governing Body Medical Staff. He stated that there were six (6) initial appointments and fifty-three (53) reappointments. A copy of the credentials report is available in the permanent record.</p>	<p><u>Motion No. 22.11-15</u></p> <p>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve V.A. Motion carried.</p>
	<p>B. Consideration of Approval to Appoint a Key Position to the Ambulatory Surgical Center at LBJ Governing Body</p> <ul style="list-style-type: none"> • QA/PI Officer – Gina Taylor <p>Mr. Matthew Reeder, R.N., Administrator, ASC at LBJ, presented Ms. Gina Taylor for approval to appoint a key position to the Ambulatory Surgical Center at LBJ Governing Body.</p>	<p><u>Motion No. 22.11-16</u></p> <p>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Governing Body approve III.B. Motion carried.</p>

<p>VI. ASC at LBJ Medical Director and Administrator Reports</p>	<p>A. Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the ASC at LBJ Including Questions and Answers</p> <ul style="list-style-type: none"> • People – Operating Room Staffing <p>Mr. Reeder reported that the ASC is continuing to staff within its operating rooms. He stated that the pre-operative and post-operative areas are well staffed. He shared that there are three (3) new nurse clinicians anticipated to start at the beginning of the year. Mr. Reeder noted that the ASC continues to recruit experienced nurses, with only two (2) open staffing positions available. He stated that by mid-March he expects that the ASC will go back to a consistent 5 room schedule. Dr. Bracey inquired whether there are any significant delays in start times. Mr. Reeder addressed several mitigation measures related to capacity, improving on-time starts as well as maximizing scheduling blocks. Copies of the MEC report is available in the permanent record.</p>	<p>As reported.</p>
<p>VII. Adjournment</p>	<p>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business to come before the Governing Body, the meeting adjourned at 9:40 a.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System ASC at LBJ Governing Body Meeting held on November 17, 2022.

Respectfully Submitted,

Ewan Johnson, M.D., Ph.D., Chair

Minutes transcribed by Cherry Pierson

Thursday, November 17, 2022
ASC at LBJ Governing Body Attendance

Note: For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

ASC at LBJ GB BOARD MEMBERS PRESENT	ASC at LBJ GB BOARD MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Dr. Ewan Johnson (Chair)		
Dr. Arthur Bracey (Ex-Officio)		
Ms. Alicia Reyes		
Ms. Jennifer Tijerina		
Dr. Glorimar Medina-Rivera		
Dr. Scott Perry, Medical Director, ASC		
Mr. Matthew Reeder, Administrator, ASC		

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Mr. Anthony Williams, Vice President, Compliance Officer
Dr. Esperanza “Hope” Galvan, Interim Senior Vice President, Chief Health Officer
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Ms. Olga Rodriguez, Vice President, Community Engagement & Corporate Communications
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office

OTHERS PRESENT	
Cherry Pierson	Jerald Summers
Daniel Smith	Nicholas Bell
Derek Curtis	Paul Lopez
Ebon Swofford	Rachel Perry, MD
Elizabeth Winn	Randy Manarang
Gina Taylor	Tai Nguyen
Jennifer Zarate	

Thursday, February 16, 2023

Executive Session

Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Governing Body, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ Governing Body Upon Return to Open Session

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Thursday, February 16, 2023

Executive Session

Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including ASC at LBJ Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session

- Pages 24-38 Were Intentionally Left Blank-

Thursday, February 16, 2023

Consideration of Approval of Credentialing Changes for Members of the Harris Health System Ambulatory Surgical Center at LBJ Governing Body Medical Staff

Medical Staff Initial Appointments: 6

Medical Staff Reappointments: 1

Thursday, February 16, 2023

Consideration of Approval of Reviewed Policy and Procedures with No Recommended Changes for the ASC at LBJ Governing Body

As part of the regulatory requirements of the Ambulatory Surgical Center (ASC), the Governing Body is to review and approve the ASC's policies annually. Please find a summary of the policies reviewed with no recommended changes.

- Policy 1000 (*No Changes*)
- Policy 1002-1005 (*No Changes*)
- Policy 1007 (*No Changes*)
- Policy 2000-2015 (*No Changes*)
- Policy 2017-2023 (*No Changes*)
- Policy 3001 (*No Changes*)
- Policy 3003 (*No Changes*)
- Policy 3005 (*No Changes*)
- Policy 4000-4003 (*No Changes*)
- Policy 4006-4011 (*No Changes*)
- Policy 4013 (*No Changes*)
- Policy 5000-5002 (*No Changes*)
- Policy 5004-5007 (*No Changes*)
- Policy 6000-6001 (*No Changes*)
- Policy 6004-6005 (*No Changes*)
- Policy 6007-6009 (*No Changes*)
- Policy 6014 (*No Changes*)
- Policy 6017-6018 (*No Changes*)
- Ambulatory Surgical Center at LBJ Governing Body Patient Safety Plan (*No Changes*)

Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

ASC Policy Summary Matrix: February 16, 2023

Policy Number	Description/Justification	Action, Basis of Recommendation
ASC-P-1000	Acute Pain Management	No Changes
ASC-P-1002	Disposal of Outdated Medication	No Changes
ASC-P-1003	Medication Administration	No Changes
ASC-P-1004	Post Surgical Assessments, Anesthesia Recovery Assessment, and Discharge Requirements	No Changes
ASC-P-1005	Pre Surgical Assessments	No Changes
ASC-P-1007	Transfer of Patients to Hospital	No Changes
ASC-P-2000	Accounting of Disclosures of Protected Health Information	No Changes
ASC-P-2001	Authorization for Use and Disclosure of Protected Health Information	No Changes
ASC-P-2002	Breach Risk Assessment and Notification Policy	No Changes
ASC-P-2003	Business Associates	No Changes
ASC-P-2004	Complaints Regarding Privacy and Security	No Changes
ASC-P-2005	De-Identification of Protected Health Information	No Changes
ASC-P-2006	Delegation of Authority for Compliance with Privacy and Security Laws	No Changes
ASC-P-2007	Interpretation and Translation Services	No Changes
ASC-P-2008	Making and Disclosing Photographic, Video, Electronic, Digital, or	No Changes
ASC-P-2009	Minimum Necessary Standard for Request, Use, or Disclosure of Protected Health Information	No Changes
ASC-P-2010	Patient's Access to Designated Record Set	No Changes
ASC-P-2011	Patient's Request to Amend the Designated Record Set	No Changes
ASC-P-2012	Patient's Request for Confidential Communications	No Changes
ASC-P-2013	Requests for Restricting Use and Disclosure of Protected Health Information	No Changes
ASC-P-2014	Permitted Uses and Disclosures of Protected Health Information Without a Patient's Authorization	No Changes
ASC-P-2015	Privacy & Security Education	No Changes
ASC-P-2017	Sanctions for Failure to Comply with Privacy and Information Security Policies	No Changes
ASC-P-2018	Use and Disclosure of a Limited Data Set	No Changes
ASC-P-2019	Use and Disclosure of PI for Fundraising	No Changes
ASC-P-2020	Use and Disclosure Protected Health Information for Marketing	No Changes
ASC-P-2021	Use and Disclosure of Protected Health Information for Treatment, Payment, and Health Care Operations	No Changes
ASC-P-2022	Use and Disclosure of Protected Health Information to Persons Involved in Patient's Care and for Disaster Relief Purposes	No Changes
ASC-P-2023	Use and Disclosure of Psychotherapy Notes	No Changes
ASC-P-3001	Information Security Audit	No Changes
ASC-P-3003	Information System User Responsibility	No Changes
ASC-P-3005	Information Security Risk Assessment	No Changes
ASC-P-4000	Advanced Cardiac Life Support (ACLS) Required Medications	No Changes
ASC-P-4001	Advanced Directives	No Changes
ASC-P-4002	Approved Procedures	No Changes
ASC-P-4003	Conflict of Interest	No Changes
ASC-P-4006	Laboratory Services	No Changes
ASC-P-4007	Management of Patient Belongings and Valuables	No Changes
ASC-P-4008	Medical Records	No Changes

Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

ASC Policy Summary Matrix: February 16, 2023

Policy Number	Description/Justification	Action, Basis of Recommendation
ASC-P-4009	Non-Discrimination in Access to Services, Programs, and Facilities	No Changes
ASC-P-4010	Nurse Chart Audit	No Changes
ASC-P-4011	Smoke-Free/Tobacco-Free Environment	No Changes
ASC-P-4013	Management of Disruptive Patients and Visitors Behavior	No Changes
ASC-P-5000	Adverse Drug Event Reporting and Monitoring	No Changes
ASC-P-5001	Disclosure of Adverse Events	No Changes
ASC-P-5002	Exposure Control Plan	No Changes
ASC-P-5004	The Ambulatory Surgical Center (ASC) at LBJ Infection Control Plan	No Changes
ASC-P-5005	Informed Consent	No Changes
ASC-P-5006	Patient Complaints and Grievances	No Changes
ASC-P-5007	Protocol for Reporting Infections to Authorities	No Changes
ASC-P-6000	Abuse and Neglect	No Changes
ASC-P-6001	Blood Borne Pathogens	No Changes
ASC-P-6004	Hazardous Materials	No Changes
ASC-P-6005	Immediate or Timely Return of the Patient to the Operating Room	No Changes
ASC-P-6007	Malignant Hyperthermia	No Changes
ASC-P-6008	Management and Accountability of Controlled Substances	No Changes
ASC-P-6009	Patient Allergies	No Changes
ASC-P-6014	Facility Safety Manual of the Ambulatory Surgical Center (ASC) at LBJ	No Changes
ASC-P-6017	Laser Safety in the ASC at LBJ	No Changes
ASC-P-6018	Lead Apparel Inspection and Inventory	No Changes
	The Ambulatory Surgical Center at LBJ Patient Safety Plan	No Changes

Thursday, February 16, 2023

Consideration of Approval of Amended Policy and Procedures for the
ASC at LBJ Governing Body

As part of the regulatory requirements of the Ambulatory Surgical Center (ASC), the Governing Body is to review and approve the ASC's policies annually. Most policies will reflect a change in references. Please find a summary of the policies reviewed with recommended changes.

- Policy 1001 (*Minor changes in context Section III and IV*)
- Policy 1006 (*Minor change in context Section I-III*)
- Policy 1008 (*Changes in context in Section I and VI.F*)
- Policy 2016 (*Change in Paragraph 1 and Sections III through V*)
- Policy 3000 (*Changes throughout policy to resemble System changes*)
- Policy 3002 (*Changes throughout policy to resemble System changes*)
- Policy 3004 (*Section II change to reflect new password guidelines*)
- Policy 4004 (*Change to Section II*)
- Policy 4005 (*Minor changes in grammar*)
- Policy 4012 (*Change in reference*)
- Policy 5003 (*Changes Sections I through IV*)
- Policy 5008 (*Changes in context*)
- Policy 6002 (*Changes in Section II*)
- Policy 6003 (*Minor changes in context Section I*)
- Policy 6006 (*Minor changes in Section III*)
- Policy 6010 (*Minor changes multiple Sections*)
- Policy 6011 (*Changes to Section I*)
- Policy 6012 (*Changes in Section I through III and References*)
- Policy 6013 (*Changes in Section I*)
- Policy 6015 (*Updated HVA*)
- Policy 6016 (*Updated HVA*)

Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

ASC Policy Summary Matrix: February 16, 2023

Policy Number	Description/Justification	Action, Basis of Recommendation
ASC-P-1001	Blood-Blood Component Administration	Minor changes to Section III and IV
ASC-P-1006	Rapid Response Code Blue Resuscitation	Minor change in context (Section I-III)
ASC-P-1008	Universal Protocol	Major in context in Section I and VI.F.
ASC-P-2016	Privacy Officer Roles and Responsibilities	Change in Paragraph 1 Section I and Sections III-V
ASC-P-3000	Information Access Management	Changes throughout policy
ASC-P-3002	Information Security Evaluation	Changes throughout policy
ASC-P-3004	Information Systems Password Requirements	Section II Change in password guidelines
ASC-P-4004	Human Resources Manual	Changes to Section II
ASC-P-4005	Incapacitated Providers	Minor changes
ASC-P-4012	Temperature and Humidity Parameters	Change in reference
ASC-P-5003	Incident Reporting	Changes in Section I through IV
ASC-P-5008	Mandatory Reporting Policy	Changes in context
ASC-P-6002	Crash Cart and Emergency Equipment	Changes in Section II
ASC-P-6003	Fire Drill/Alarm Procedures	Changes in Section I
ASC-P-6006	Latex Allergy	Changes in Section III
ASC-P-6010	Operating and Safety Procedures for the Medical Use of X-rays at ASC at LBJ	Changes in multiple sections
ASC-P-6011	Radiology Technologist and Therapists Licensure and Certification and Radiology Technologist and Therapist Qualifications	Changes in Section I
ASC-P-6012	Medical Radiography of Pregnant or Potentially Pregnant Patients	Changes in Section I through III and references
ASC-P-6013	Fire Watch	Changes in Section I
ASC-P-6015	ASC Disaster Preparedness Plan 2022	Updated HVA
ASC-P-6016	Evacuation Plan and Procedures	Updated HVA

Thursday, February 16, 2023

Consideration of Approval of New Policy and Procedures for the
Ambulatory Surgical Center at LBJ

As part of the regulatory requirements of the Ambulatory Surgical Center (ASC), the Governing Body is to review and approve the ASC's policies annually. Please find a summary of the policies and their changes.

- Policy 1010 (*New*)



Policy No: ASC-P-10~~1009~~
Page Number: 1 of 15
Effective Date:

POLICY AND REGULATIONS MANUAL

TITLE: SURGICAL COUNTS AND PREVENTION OF UNINTENTIONALLY RETAINED ITEMS

PURPOSE: To provide guidance on the protection of the patient from injury related to a foreign body inadvertently remaining in the operative site after closure.

POLICY STATEMENT:

It is the policy of the Ambulatory Surgical Center (ASC) at Lyndon B. Johnson to perform daily duties in a safe manner consistent with applicable guidelines.

I. DEFINITIONS:

- A. **ADJUNCT TECHNOLOGY:** Devices use different processes to identify or locate items. The technologies include data-matrix codes, radiofrequency (RF) detection, and radio-frequency identification (RFID). The data-matrix-coded sponge system identifies soft goods, the RF system locates soft goods, and the RFID systems identify and locate soft goods. The application of these devices in clinical practice may vary because of the differences between the technology used. Manual counting is still performed when adjunct technology devices are used.
- B. **CORRECT COUNT:** No count discrepancy was identified, or a discrepancy was reconciled. This term is used for documentation purposes.
- C. **COUNT DISCREPANCY:** A subsequent count does not agree with the previous one.
- D. **HIGH RISK ITEMS:** Any item placed in the body of the patient which is less visible and therefore have high probability to be retained such as but not limited to corneal shield, fetal scalp electrode, malleable retractors, and throat packs.
- E. **INCORRECT COUNT:** A count discrepancy that cannot be reconciled. This term is used for documentation purposes.
- F. **INSTRUMENT INVENTORY COUNT:** Counted by the scrub RN/surgical technician only, using the instrument count sheet as inventory documentation.
- G. **INSTRUMENT PROCEDURAL COUNT:** Instruments will be counted by both the scrub RN/surgical technician and circulating nurse.
- H. **MISCELLANEOUS ITEMS:** Items with the potential of retention when being used in or near the surgical incision including but not limited to vessel loops, penrose, fish, fish hooks, suture booties, umbilical tape, clamp covers, throat pack,

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POLICY AND REGULATIONS MANUAL

scratch/anti-fog pads, bovie tips, blades, fetal scalp electrode, intrauterine pressure catheter(s), and cervical ripening balloons.

- I. **SOFT GOODS:** Items with the potential of retention when being used in or near the surgical incision including but not limited to sponges; laps, raytec, cottonoids, kites, dissectors (kittners/peanuts/cherries), cottonballs/tonsil sponges, X-ray detectable towels, and clamp covers.
- J. **SURGICOUNT SAFETY-SPONGE SYSTEM (SURGICOUNT):** adjunct counting technology utilizing barcoded technology enabling unique identification of sponges and towels to avoid false correct or incorrect sponge counts in the operating room.
- K. **SURGICAL/PROCEDURE TEAM:** The surgeon, surgical assistant, anesthesiologist, certified registered nurse anesthetist, scrub RN/surgical technician, the registered nurse, and any other active participants who will be participating in the surgery or procedure at its inception.

II. GENERAL GUIDELINES:

- A. The surgical count is a critical phase of the procedure during which distractions, noise, and unnecessary interruptions should be minimized.
- B. Initial counts should be performed before start of surgical procedure.
- C. Closing counts should be performed before closure of a cavity within a cavity, before wound closure begins, at skin closure or the end of a procedure, and at the time of permanent relief when feasible.
- D. All counts are to be visualized and audibly counted by the scrub RN/surgical technician while being concurrently viewed and verified by the RN circulator.
- E. Additional counts may be initiated by any member of the team at any time.
- F. Counted items should not be removed from the operating room during the operative procedure.
- G. X-ray detectable sponges are not to be used for wound dressings and should remain in their original configuration and not to be cut.
- H. All soft goods utilized in a surgical site during the operative procedure should have an x-ray detectable element.
- I. Counts omitted due to emergency situation when counting will further compromise patient safety must be documented on the Intraoperative Nursing Electronic Medical

POLICY AND REGULATIONS MANUAL

Record (EMR) as incorrect. In this situation, the circulating nurse will initiate an incident report and notify the charge nurse.

- J. Following the final closing count, if the incision is reopened for re-exploration (e.g. bleeding, unstable patient, code, etc.) closing counts will be repeated and documented as second closing count/closing final count as appropriate.
- K. All soft goods with scannable barcodes will be verified using the SurgiCount Medical Safety-Sponge System.
- L. Highly visible tracking boards will be used.
 - 1. “High risk” items (e.g. throat packs and malleable retractors) will be noted at time of insertion on a tracking board visible to the entire surgical team (e.g. a wall mounted whiteboard) in the operating room suite.
 - 2. Any soft good or high risk items inserted and not immediately removed shall be noted aloud by surgeon with the item named and time of insertion verbally repeated and documented on tracking board by circulating nurse using closed loop communication.

III. RESPONSIBILITIES:

- A. The Registered Nurse (RN) circulator:
 - 1. Verifies that the count board (eg, whiteboard) and count sheets do not contain information from a previous procedure;
 - 2. Performs and verifies the count with the scrub RN/surgical technician;
 - 3. Views the surgical items being counted;
 - 4. Records the counts of soft goods, sharps, miscellaneous items, and items placed in the wound
 - 5. Records instrument counts on pre-printed count sheets;
 - 6. Observes for items dropped from the sterile field;
 - 7. ~~Consults~~Verifies with the team ~~about~~ whether any supplies will be needed before initiating the closing count;
 - 8. Participates in count reconciliation ~~activities~~process;
 - 9. Reports any count discrepancy immediately; and
 - 10. Documents count activities.

POLICY AND REGULATIONS MANUAL

- B. The scrub RN and/or surgical technician:
1. Maintains an organized sterile field;
 2. Maintains awareness of the location of soft goods (eg, radiopaque sponges, towels, textiles), sharps, and instruments on the sterile field and in the wound during the course of the procedure;
 3. Recalls item arrangement and configuration used by the surgeons and assistants;
 4. Verifies the integrity and completeness of items when they are returned from the surgical site;
 5. ~~Consults~~ Verifies with surgeon(s) ~~whether -any supplies about supply will be neededs~~ before performing the closing count;
 6. Counts surgical items in a manner that allows the RN circulator to see the surgical items being counted;
 7. Speaks up when a discrepancy exists; and
 8. Participates in count reconciliation ~~process~~ activities.
- C. The surgeon:
1. Uses radiopaque surgical items (eg, soft goods) in the wound;
 2. Maintains awareness of the location of items in the surgical wound during the course of the procedure;
 3. Communicates placement of surgical items in the wound to the perioperative team for notation (eg, the count board/count sheet);
 4. Communicates to the perioperative team when throat packs, bite blocks, eye shields and other similar devices are inserted by the surgical team; and
 5. Verifies that throat packs, and other similar devices are removed and communicate to the perioperative team when these items are removed.
 6. Acknowledges awareness of the start of the count process;
 7. Notifies the team if any supplies will be needed on the sterile field before the start of the closing count;
 8. Performs a methodical wound exploration before closing the wound, using both visualization and touch when feasible;

POLICY AND REGULATIONS MANUAL

9. Notifies the scrub RN/surgical technician and RN circulator about surgical items returned to the surgical field to complete the final count;
10. Communicates and documents items left intentionally as packing;
11. Participates in count reconciliation process activities; and
12. Verbally acknowledges results of the final count.

D. All team members:

1. Immediately inform the RN circulator and other members of the perioperative team if they observe an item dropped from the surgical field;
2. Promptly inform the RN circulator about what was added when assisting the surgical team by opening countable items onto the sterile field;
3. Verbally acknowledge the final count prior to the last stitch/staple for skin closure or last stitch in fascia; and
4. Perform a room survey for open, countable items from a previous procedure before conducting an initial count.

IV. DISCREPANCY:

- A. In the event that a discrepancy in any count is identified, the RN circulator notifies the primary operating surgeon who will immediately acknowledge discrepancy using closed-loop communication. If the discrepancy involves a missing item, a search is conducted from the operative site, to the mayo stand, followed by items on the back table, and then items off the sterile field and the RN circulator may request a manual search of the wound. Team members will not permit nonessential personnel changes (e.g. breaks, permanent relief) to occur until the count is resolved or a team member is released by a charge nurse or nurse manager.
- B. In the event that the item is not located:
1. The charge nurse and faculty surgeon for each participating service are immediately notified;
 2. The RN circulator will notify radiology that an x-ray film is needed STAT due to a count discrepancy before the surgical wound is completely closed (last stitch or staple);
 3. X-rays are performed and results are documented in the electronic medical record;

POLICY AND REGULATIONS MANUAL

4. The RN circulator will document the following the the electronic medical record, and:
 - a. The name of the faculty surgeon of each participating service notified;
 - b. The name of the faculty anesthesiologist;
 - c. The performance of an x-ray;
 - d. The name of the radiologist reading and interpreting the x-ray;
 - e. The outcome of the x-ray from the radiologist interpretation; and
 - f. Confirmation of faculty surgeon reviewing images with faculty radiologist.
- C. The RN circulator will initiate an incident report specifying the count discrepancy including the above data and the missing item(s) as well as measures that were taken to recover the missing item.
- D. If the patient's condition is unstable, an x-ray is to be taken as soon as possible in the post-operative unit.
- E. The surgeon will disclose the situation to the patient's family and note the communication in the electronic medical record.

V. PROCEDURES:

- A. The procedure to account for Soft Goods, needles, and Miscellaneous Items is:
 1. All Soft Goods, needles, and Miscellaneous Items are visualized and audibly counted by the scrub RN/surgical technician while being concurrently viewed and verified by the RN circulator. Soft Good items with the potential of retention should be accounted for when used in or near the surgical incision, including but not limited to: sponges (laps, raytec, cottonoids, kites), dissectors (kittners/peanuts/cherries), cottonballs/tonsil sponges, X-ray detectable towels, and clamp covers. Miscellaneous Items that should be accounted for include, but are not limited to: vessel loops, penrose, GlassmanViscera Retainer(s) (fish), elastic stays (fish hooks), suture booties, umbilical tape, clamp covers, throat pack, electrosurgery scratch pad(s), anti-fog pad(s), electrosurgery active electrode blade(s), surgical blade(s), fetal scalp electrode(s), intrauterine pressure catheter(s), and cervical ripening balloon(s).

- a. The sequence of the procedure is to be conducted in the same sequence each time progressing from the operative site, to the mayo stand, to items on the back table, and items off the sterile field.
- b. The RN circulator will document all manual counts of Soft Goods, needles, and Miscellaneous Items on the white board.
- c. Counts are to be performed for Soft Goods, needles, and Miscellaneous Items:
 - i. Before the start of the surgical procedure to establish a baseline;
 - ii. Before closure of a cavity within a cavity;
 - iii. When wound closure begins;
 - iv. At skin closure or at the end of the procedure when counted items are no longer in use (i.e., final count); and
 - v. At time of permanent relief of either the scrub RN/surgical technician or RN circulator when feasible. Please note, direct visualization of all items may not be possible during permanent relief.
2. The scrub RN/surgical technician opens all suture packages onto the sterile field, visualizes, and counts individual needles and Miscellaneous Items with the RN circulator.
3. During the procedure the scrub RN/surgical technician:
 - a. Hands needles to the surgeon on an “exchange” basis when feasible;
 - b. When applicable, accounts for needles broken during a procedure in their entirety;
 - c. Places used needles into the foam discard pad; and
 - d. Arranges blade(s) safely for count purposes either on the magnetic portion of the needle box or in a separate blade counter box.
4. In the event of a missing needle, when the faculty surgeon determines the needle will not be visible by x-ray due to small size (applicable to needle attached to 6-0 or smaller), the charge nurse and nurse manager must be notified. This must be documented on the electronic medical record as an

incorrect count and an incident report will be completed before the end of shift.

B. Surgicount Scannable Soft Goods Procedure:

1. The initial sponge count will include the following.
 - a. The initial count will be performed prior to the start of surgical procedure.
 - b. Both the RN circulator and scrub RN/surgical technician are involved in performing the scan-in process.
 - c. Using the SurgiCount Medical Safety-Sponge System, the scrub RN/surgical technician will assist with the scan-break-count process.
 - d. The RN circulator will enter the patient's information into the SurgiCounter and may then place the SurgiCounter in the SurgiCounter Mobile Mount on an IntraVenous (IV) pole and move the IV pole to a location that is convenient for the scrub RN/surgical technician to scan the safety sponge packs.
 - e. Before the Master Tag is broken, each pack of Safety-Sponge products will be scanned by the scrub RN/surgical technician using the SurgiCount Medical Safety-Sponge System. The scrub RN/surgical technician will scan the Master Tag, the RN circulator will confirm the Master Tag has been scanned by the SurgiCounter by hearing an audible cue and noting that those items have been added to the amount in for that type of sponge on the count-in screen.
 - f. Immediately after scanning in a pack of Safety-Sponge products, the scrub RN/surgical technician will break the two bands on that pack, the scrub RN/surgical technician performs an audible manual count of each individual sponge. Each item should be separated and counted individually for visualization and identification.
 - g. The RN circulator watches and listens to the manual count performed by the scrub RN/surgical technician and verifies it.
 - h. The RN circulator ~~then~~ records ~~that~~ the pack on the manual count and documents the count on the whiteboard.

POLICY AND REGULATIONS MANUAL

- i. The process of SCAN-BREAK-COUNT is repeated for all Safety-Sponge products to be used in the procedure.
 - j. Once all packs of Safety-Sponge products to be used in the procedure are counted in during the initial count, the RN circulator touches the stop scanning bar on the display screen and can move the ~~IV pole (with SurgiCounter)~~ away from the sterile field.
 - k. Any package containing an incorrect number of sponges will be removed from the field and isolated, not to be recorded on the white board. The isolated sponges will be scanned out to identify if there are any “unknown” (additional) sponges or missing sponges (sponges listed within the master tag, but not present to be scanned). The final count will be documented as incorrect due to the inability to confirm all sponges have been verified using the SurgiCount Safety Sponge system.
2. During the case:
- a. When additional sponges are required, the RN circulator initiates the scan-break-count process. The RN circulator opens the sponge pack, unwraps the blue sterile wrapper covering the sterile pack to expose the Master Tag on the pack. The RN circulator scans the Master Tag and then introduces the pack to the sterile field. The scrub RN/surgical technician breaks the band, then manually separates and audibly counts the sponges while concurrently viewed and verified by the RN circulator.
 - b. The RN circulator documents the additional sponges to the whiteboard.
 - c. During the case, the scrub RN/surgical technician may discard used SurgiCount sponges into a lined kick bucket.
 - d. If utilized, the RN circulator removes used SurgiCount sponges from the lined kick bucket.
 - e. Each sponge is to be scanned by SurgiCount Medical Safety-Sponge System for verification and then bagged in the sponge counter bags for visualization (BUCKET-SCAN-BAG)
 - f. When the RN circulator has accumulated 5 lap sponges or 10 raytec sponges in the sponge counter bag, both the circulating RN and the

POLICY AND REGULATIONS MANUAL

- scrub RN/surgical technician may manually count the sponges (BUCKET-SCAN-BAG-COUNT).
- g. Full counter bags (five laps or ten raytec) may be rolled and labeled with the number, type of item, and initials of who counted.
 - h. Prior to the last stitch/staple for skin closure, or last stitch in fascia, the manual final count will be performed. The scrub RN/surgical technician will discard all but a maximum of two sponges from the sterile field into a lined kick bucket (For the RN circulator to prepare the SurgiCount sponges for SurgiCount Medical Safety-Sponge System verification.)
 - i. Sponges are not scanned directly from the sterile field.
3. Closing Counts:
- a. To be conducted in the same sequence each time progressing from the operative site, to the mayo stand, to items on the back table, and then items off the sterile field last. The Surgicount Medical Safety-Sponge System will be utilized to verify resolution of all scanned items.
 - b. Closing soft goods counts will be performed:
 - i. Before closure of a cavity within a cavity;
 - ii. When wound closure begins;
 - iii. At skin closure or at the end of the procedure when counted items are no longer in use (i.e., final count); and
 - iv. At time of permanent relief of either the scrub RN/surgical technician or circulating nurse when feasible.
4. Manual counts must be performed first upon each closing count.
5. The final manual count and the SurgiCount verification will be performed prior to the last stitch/staple for skin closures or last stitch for fascia only closures.
6. All discarded sponges will be scanned out using the SurgiCount Medical Safety-Sponge System. The RN circulator will then use the SurgiCount Medical Safety-Sponge System, Count Out screen to verify all sponges but the maximum of two sponges still on the field have been scanned out.

POLICY AND REGULATIONS MANUAL

7. The RN circulator will notify the surgeon the manual count status and that all sponges have been scanned out with the exception of the maximum of the two sponges on the sterile field.
8. The surgeon will provide verbal acknowledgement of the count status.
9. After the last stitch/staple for skin closure or last stitch for fascia only closure, the scrub RN/surgical technician will discard the remaining sponges (maximum of two) from the sterile field and the RN circulator will scan those last sponges out and verify all SurgiCount sponges through the SurgiCount Medical Safety-Sponge System.
10. The RN circulator enters ~~their~~ staff identification information and closes the report.
11. The final verification of all sponges related to the patient's surgical intervention/encounter must be conducted using the surgicount medical safety-sponge system before the patient leaves the operating room.
12. In the instance that not all SurgiCount sponges are scanned out, the RN circulator must enter their information into the device to close the case anyway and then document detailed reasoning for the discrepancy in the SurgiCount Medical Safety-Sponge System before closing the system.
13. Instruments:
Initial Instrument Procedural Count:
 - a. Instruments will be counted by both the scrub RN/surgical technician and RN circulator before the start of the surgical procedure on all procedures where there is an open cavity or the possibility of the incision being extended to include the opening of a cavity. The RN circulator and scrub RN/surgical technician will also count when there is a risk for a retained instrument as evidenced by an incision of such a size that loss would be feasible for the counted items.
 - b. Instruments are to be visualized and audibly counted by the scrub RN/surgical technician while being concurrently viewed and verified by the RN circulator. This includes additional instruments added to the field after the initial count.

- i. The scrub RN/surgical technician passes the instrument count sheet to the RN circulator.
- ii. The RN circulator uses the count sheet to verify and check off the instruments as they visualize the count concurrently.
- iii. The RN circulator documents any discrepancies between actual contents of the set and the instrument count sheet and the names of the persons counting.
- ~~iv. When instrument sets are opened after the initial count, the instruments picked to be placed on the back table should be documented on one of the instrument count sheets in use. The remainder of the instrument set not added to the back table as part of your count should be immediately removed from the room, or sterilely covered and separated from the back table not to be used unless picked from and counted again.~~
- ~~v.~~ iv. The count of any instrumentation, such as peel packs, that do not have an instrument count sheet must be recorded clearly on another instrument sheet.
- ~~vi.~~ v. Individual pieces of assembled instruments (suction tips, wing nuts, blades, sheaths) should be accounted for separately on the count sheet.
- ~~vii.~~ vi. Counted items either passed off or dropped from the sterile field should be retrieved by the RN circulator, isolated in the room, and included in the final count.
- ~~viii.~~ vii. In the event a counted instrument must be removed from the room (i.e., used as marker with specimen), the RN circulator documents that the instrument was removed from the room by subtracting the instrument on the corresponding count sheet.
- c. The scrub RN/surgical technician and RN circulator account for instruments broken or disassembled during a procedure in their entirety and retrieves any instruments off the sterile field at the end of the case.

Closing Instrument Procedural Counts:

- d. Closing instrument counts are to be performed on all procedures where there is an open cavity or the extension of an incision to include the opening of a cavity. Both persons will also count when there is a risk for a retained instrument as evidenced by an incision of such a size that loss would be feasible for the counted items.
- e. Manual closing counts of all instruments are to be visualized and audibly counted by the scrub RN/surgical technician while being concurrently viewed and verified by the RN circulator.
- f. To be conducted in the same sequence each time progressing from the operative site, to the mayo stand, followed by items on the back table, and then items off the sterile field last.

Closing instrument counts will be performed:

- i. Before closure of a cavity within a cavity;
- ii. When wound closure begins;
- iii. At skin closure or at the end of the procedure when counted items are no longer in use (ie, final count); and
- iv. At time of permanent relief of either the scrub RN/surgical technician or circulating nurse when feasible.

Initial Instrument Inventory Count:

- g. Instruments will be counted by the scrub RN/surgical technician only using the instrument count sheet as inventory documentation. To be performed on procedures in which there is no significant risk for retained instruments as evidenced by an incision of such a size that loss would not be feasible for the counted items.
- h. The scrub RN/surgical technician reconciles the instrument count sheet with the instruments in the set and documents on the count sheet.
- i. The count will be documented in the electronic medical record.

Closing Instrument Inventory Counts:

- j. No closing counts for instruments are required for procedures in which there is no significant risk for retained instruments as evidenced by an incision of such a size that loss would not be feasible for the counted items.
- k. The count will be documented in the electronic medical record.

DRAFT



Policy No: ASC-P-10~~1009~~
Page Number: 15 of 15
Effective Date:

POLICY AND REGULATIONS MANUAL

REFERENCES/BIBLIOGRAPHY:

Guideline for Retained Surgical Items. In: Guidelines for Perioperative Practice. Denver,CO: AORN, Inc.; 2021

SurgiCount – User Manual link from

<https://www.stryker.com/us/en/surgical-technologies/products/surgicount-safety-sponge-system.html>

DEPARTMENT OF PRIMARY RESPONSIBILITY:

The Ambulatory Surgical Center (ASC) at LBJ

REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
	1.0		

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Thursday, February 16, 2023

Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Ambulatory Surgical Center at LBJ Governing Body, Including Questions and Answers

- People – Operating Room Staffing
- 2023 ASC at LBJ Governing Body Meeting Calendar

2023 ASC @ LBJ GOVERNING BODY BOARD SUBMISSION CALENDAR

Board Office and Governing Body Submission Deadlines	ASC @ LBJ Governing Body Meetings 9:00 a.m.
Wednesday, February 1, 2023	Thursday, February 16, 2023
Wednesday, May 3, 2023	Thursday, May 18, 2023
Wednesday, August 2, 2023	Thursday, August 17, 2023
Wednesday, November 1, 2023	Thursday, November 16, 2023

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE								
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*Quarterly reporting is based on the calendar year.
 ASC @ LBJ Governing Body will convene at 9:00 a.m. on a quarterly basis during the months of February, May, August and November.*