Preface ix

David W. Todd and Jeffrey D. Bennett

General Concepts of Patient Safety for the Oral and Maxillofacial Surgeon 121

David W. Todd

Whether managing patients in private offices or as part of a care team at hospitals, oral and maxillofacial surgeons owe it to patients to understand medical error and take action to reduce its frequency and adverse effects. This article reviews general concepts of patient safety, including high-reliability organization, crew resource management, simulation training, root cause analysis, and just culture.

Preoperative Preparation and Planning of the Oral and Maxillofacial Surgery Patient 131

Jeffrey D. Bennett

Every patient is different and has the potential to respond unfavorably to anesthetic and surgical intervention. Preparation is the key to optimizing patient outcome.

Proper Management of Medications to Limit Errors: What the Oral Surgeon Should Know to Limit Medication Errors and Adverse Drug Events 141

Daniel S. Sarasin and Jarom E. Mauer

Providing safe and effective ambulatory anesthesia is a key component in delivering optimal care to oral and maxillofacial patients. Unfortunately, medication errors and adverse drug events (ADEs) occur in offices, as they do in hospital operating rooms. Preparing and delivering medication seems simple. In reality, this is a complex process with multiple opportunities for drug errors leading to actual or potential ADEs. This article reviews medication errors and ADEs, introduces a medication safety paradigm for oral and maxillofacial surgery facilities, and provides practical safety initiatives that can be implemented to achieve the goal of optimal anesthesia patient care and safety.

Preventing Wrong-Site Surgery in Oral and Maxillofacial Surgery 151

Leon A. Assael

This article discusses the risk for wrong-site surgery in oral and maxillofacial surgery and the development and utility of checklists. The intent of checklists and the specific applicability of each of them to ambulatory oral and maxillofacial surgery are presented. Checklists and other considerations to mitigate the risk of wrong-site surgery are evaluated. The role of interprofessional teams in improving patient care outcomes with the checklist as a vehicle is evaluated. Recommendations for the use of checklists and related methods in the ambulatory oral and maxillofacial surgery setting are made.

Monitoring for the Oral and Maxillofacial Surgeon 159

Robert C. Bosack

Parenteral medications are titrated in the oral and maxillofacial surgery office to achieve moderate sedation, deep sedation, or general anesthesia while continuously
maintaining spontaneous ventilation with an open airway. After initial drug administration, the provider assesses and interprets both the level of anesthesia and the presence/severity of adverse side effects, both of which guide further drug titration, cessation, reversal, or medical management. This assessment is called monitoring, which guides the conduct of anesthesia delivery and becomes the essence of this art.

Simulation Training for the Office-Based Anesthesia Team

Richard M. Ritt, Jeffrey D. Bennett, and David W. Todd

An OMS office is a complex environment. Within such an environment, a diverse scope of complex surgical procedures is performed with different levels of anesthesia, ranging from local anesthesia to general anesthesia, on patients with varying comorbidities. Optimal patient outcomes require a functional surgical and anesthetic team who are familiar with both standard operational principles and emergency recognition and management. Offices with high volume and time pressure add further stress and potential risk to the office environment. Creating and maintaining a functional surgical and anesthetic team that is competent with a culture of patient safety and risk reduction is a significant challenge that requires time, commitment, planning, and dedication. This article focuses on the role of simulation training in office training and preparation.

Fire Safety for the Oral and Maxillofacial Surgeon and Surgical Staff

LisaMarie Di Pasquale and Elie M. Ferneini

Fire in the operating room is a life-threatening emergency that demands quick, efficient intervention. Because the circumstances surrounding fires are generally well-understood, virtually every operating room fire is preventable. Before every operating room case, thorough preprocedure “time outs” should address each team members’ awareness of specific fire risks and agreement regarding fire concerns and emergency actions. Fire prevention centers on 3 constituent parts of the fire triad necessary for fire formation. Regular fire drills should guide policies and procedures to prevent surgical fires. Delivering optimal patient care in emergent situations requires surgical team training, practicing emergency roles, and specific actions.

Outpatient Anesthetic Safety Considerations for Obstructive Sleep Apnea

Kevin J. Butterfield

Most patients with obstructive sleep apnea (OSA) are not diagnosed preoperatively. The STOP-Bang questionnaire may identify patients at risk of OSA, especially those with severe OSA. Patients with mild to moderate OSA, with optimized comorbidities, can usually safely undergo outpatient surgery. Patients with severe OSA, who are not optimized medically, should avoid outpatient surgery.

Discharge Criteria, Impact of the Patient and the Procedure: What the Oral Surgeon Should Know

Kyle J. Kramer

This article is a concise review of discharge criteria following sedation or anesthesia relevant to the oral and maxillofacial surgeon. Topics covered include a general overview of the need for objective discharge criteria, a review of standardized criteria, and a brief discussion on specific anesthetic, patient, and surgical factors that can impact the safety of the immediate postoperative recovery and postdischarge periods.
Many oral and maxillofacial surgical procedures are done in an office-based setting, with many oral and maxillofacial surgeons involved in oversight of equipment maintenance. Goals in equipment management are to prevent harm to patients and staff, stay compliant with current regulations, and increase equipment longevity. This article covers the safety, maintenance, and inspection related to electrical equipment used in the treatment of patients, autoclaves, radiograph machines, nitrous oxide and oxygen medical gases, and required back-up power and lighting. An office should always follow manufacturer's recommendations regarding maintenance and inspection and document policies and monitoring so compliance can be assured.