



**Geriatric Surgery Verification**  
American College of Surgeons

## **GSV Insight: Let's Talk About... Return of Personal Sensory Equipment**

### **INTRODUCTION**

**Kataryna Christensen** [00:00:04] Hello and welcome to GSV Insight. Let's talk about returning personal sensory equipment to your older adult patients. I'm Kataryna Christensen, the Geriatric Surgery Verification Project Manager. Today, Dr. Jasmine Demos will be joining me to discuss how her hospital implemented GSV Standard 5.10: Return of Personal Sensory Equipment. Hello Dr. Demos and thank you for joining me today.

**Dr. Jasmine Demos** [00:00:32] Hi Kat, I'm thrilled to speak about this topic because it's near and dear to our heart. It's one of the first things we did with win-win results, and I'll be happy to share it with the team.

**Kataryna Christensen** [00:00:43] Great. Can you please tell us a little bit more about yourself and your hospital?

**Dr. Jasmine Demos** [00:00:47] Sure. I have my doctorate in nursing practice. I'm a nurse practitioner of 37 years. I am the clinical program coordinator for the aging surgeon program here, as well as the Geriatric Surgery Verification Program and I am the clinical program coordinator for the Chief Resident Immersion Training Program for Residents for Geriatrics. Sinai Hospital is one of three trauma hospitals in Baltimore, Maryland - become number three behind Hopkins and University of Maryland. We are an acute care hospital. We're the largest community hospital in the state of Maryland, and our bed size is about 504 beds.

**Kataryna Christensen** [00:01:29] Great. Thank you for that great introduction. Now let's dive into the questions.

### **QUESTION #1**

**Kataryna Christensen** [00:01:33] Can you please describe what the orange box is and how the standard was implemented in your hospital?

**Dr. Jasmine Demos** [00:01:39] Yes, I'd be happy too. I'm going to separate this question into two different formats. So, the first, I'm going to tell you what the orange box is. It is our rendition of the sensory device return system in our hospital. Dr. Mark Katlic, our chief of surgery identified his own, he has a yellow tackle box, he identified this as a possible safe storage unit, which we can use in the OR rooms that can house glasses, hearing aids and dentures. We actually this orange box was purchased. We purchased 12 of them, 10 for the OR rooms and the main OR and 2 went to ambulatory surgery because of their need for cataract patients and et cetera. So number one: we had to first obtain the boxes. So, these boxes are 7x11. You can purchase them at Home Depot, Cabela's and other outdoor places - they will sell them to you. We labeled it with PACU. We spray painted it because we knew it was going to be white, you know. So, inside the box is a sterile Ziploc bag that actually can house the patients' sensory items. Boxes are kept in the weigh in room in the preop areas. So, once they realize that the patient has hearing aids or glasses and they need them to see and hear for the operative permit or for instructions, they get assigned a box. The next step is with the GSV team. We needed a flow documentation because there was nothing like this in the OR. The

course patients have flow documentation for all their personal belongings on the unit, but we had to create this sensory device storage and transfer documentation. Anesthesia and our nursing team came up with this. Nursing informatics made it happen. It's dated, it identifies if the glasses or hearing aids were removed, the time it was removed, the time it was returned to the patient, and the staff who did this. Anesthesia signed off on this as well. The patient's sticker goes on this document and a sticker also goes on the orange box. This created a little bit of a hub-bub because those nurses and OR techs and everybody else who was not privy to being at these meetings that we had, wanted to know... what's up with the orange box? So, we had to now create an OR bulletin. So, this communication bulletin came out, I put my card on there to answer any questions and explain that we were actually this is a win-win situation because we were having to pay out for patients' glasses and hearing aids that were either lost or damaged during and around those surgical procedures. Everybody bought into it. Once this was communicated in this fashion, they understood the need and I did not hear "what's up with the orange box" anymore.

## QUESTION #2

**Kataryna Christensen** [00:04:37] How did you obtain buy-in from key participants?

**Dr. Jasmine Demos** [00:04:40] Yes, that's a great question. So, our team discussion, of course, was based out of a need for cost containment, to be honest. This is how it began, because we were paying out thousands of dollars for lost sensory equipment in the hospital, not only in the main ORs, but in ambulatory surgery as well. So, there was need, right? So, when you have need, people are very interested in meeting the need. So, we work together to improve the process, to improve this patient experience. On our quality stakeholder committee meeting we had key participants that included nursing informatics, quality people were there, nursing, anesthesia, surgeons, we even had environmental services and infectious disease involved to make sure that these boxes could be cleaned and how they can be housed and picked up and returned back to the clean area in the preop setting.

**Kataryna Christensen** [00:05:34] Oh, wow, that's great.

## QUESTION #3

**Kataryna Christensen** [00:05:35] And who was involved in the implementation?

**Dr. Jasmine Demos** [00:05:37] So basically, even though the whole GSV team was involved in the buy-in, really the key people for the implementation are the OR nurses, the anesthesia team, environmental services who keep us on task in terms of making sure that these containers are cleaned and returned back to the preop setting, as well as infectious disease signed off on it, saying that as far as we're keeping these items in a sterile bag, there is no need to submerge these units in any kind of liquids or anything like that, and that the contact wiping for a minute and letting it dry met the quality standard.

**Kataryna Christensen** [00:06:18] Wonderful.

## QUESTION #4

**Kataryna Christensen** [00:06:19] And lastly, can you describe the key steps taken to implement this standard?

**Dr. Jasmine Demos** [00:06:22] Yes. So, this is one of the first things we discussed at our stakeholders meeting with our whole GSVP team, which included all the surgeons and nursing, administration, and infectious disease, environmental services, quality. We had pretty much everyone that a typical standard committee would contain in terms of putting in their input, helping us to problem solve. The task force

that we had to create was really very focused because I needed nursing informatics to help us with the flow, which they did as to when it was picked up, when it was going, where's this box coming? And number two, the anesthesiologists and the OR nurses really fine-tuned it according to their need. There was an issue as to where are you going to hang this box or are we going to keep it on the OR desk. So, the decision was to keep it by the nurses in the OR desk, because they're the ones that are helping to tie up everything at the end and reminding the anesthesiologist, okay, I got I have a pair of hearing aids do you want them in here or do you want them in the PACU, just as a reminder. So that's been working great! And we're already noticing that the buy-in from the key participants, because of the cost containment issue, it was probably one of the easiest standards to implement.

## CLOSING REMARKS

**Kataryna Christensen** [00:07:46] Thank you so much for joining us today and sharing your experience implementing Standard 5.10.

**Dr. Jasmine Demos** [00:07:52] Well, thank you for inviting me and thanks for this opportunity to share our really rewarding experience in not only creating the standard, but it's been going now for the last two years, and it's very widely accepted through the hospital. It was very slow going in the beginning as you would do an institutional change, but you will find that anything that you purchase to make your own sensory device box, I think is going to give you the same rewards as it has our team. Thank you very much.

**Kataryna Christensen** [00:08:25] Thank you. I hope you all have learned as much as I have today. If you would like to share your GSV implementation strategies, please don't hesitate to reach out to me at [kchristensen@facs.org](mailto:kchristensen@facs.org).