INSTRUCTIONS FOR REPORTING IN-OFFICE SURGERIES OR PROCEDURES INVOLVING CONSCIOUS SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA, AND ANY ASSOCIATED SENTINEL EVENTS, FOR 2011-2012

All allopathic physicians licensed in the state of Nevada are required by Nevada Revised Statute 630.30665 to report to the Nevada State Board of Medical Examiners, **prior** to licensure renewal, all in-office surgeries or procedures that involved the use of conscious sedation, deep sedation or general anesthesia, and the occurrence of any sentinel event arising from any such surgeries or procedures, between January 1, 2011 and December 31, 2012.

This reporting requirement, to include negative reporting, is mandatory. Your failure to submit a report or knowingly filing false information in a report is grounds for disciplinary action under Nevada's Medical Practice Act. You will be required to attest on your 2013 license renewal application that you have completed the applicable reporting form, either:

Form A: which is to be completed and signed by you if you DID perform surgeries or procedures which involved the use of conscious sedation, deep sedation or general anesthesia, and any associated sentinel events, in your office or other location within the state of Nevada, other than those excepted facilities which are listed on page three of these instructions.

Form B: which is to be completed and signed by you if you DID NOT perform any surgeries or procedures which involved the use of conscious sedation, deep sedation or general anesthesia, in your office or other location within the state of Nevada, other than those excepted facilities which are listed on page three of these instructions. Again, negative reporting is required by law.

Definitions:

Conscious Sedation

"Conscious sedation" means a minimally-depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, in which the patient retains the ability independently and continuously to maintain an airway and to respond appropriately to physical stimulation and verbal commands.

You must report the number (how many) and type (name of the surgery or procedure) of surgeries/procedures in which you used ***conscious sedation*** *on a patient on Form A.*

You must also report any sentinel event associated with any surgery or procedure, while a patient was under ***conscious sedation****, on Form A.*

Deep Sedation

"Deep sedation" means a controlled state of depressed consciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.

You must report the number (how many) and type (name of the surgery or procedure) of surgeries/procedures in which you used ***deep sedation*** *on a patient on Form A.*

You must also report any sentinel event associated with any surgery or procedure, while a patient was under ***deep sedation****, on Form A.*

General Anesthesia

"General anesthesia" means a controlled state of unconsciousness, produced by a pharmacologic or nonpharmacologic method, or a combination thereof, and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.

You must report the number (how many) and type (name of the surgery or procedure) of surgeries/procedures in which you used ***general anesthesia*** *on a patient on Form A.*

You must also report any sentinel event associated with any surgery or procedure, while a patient was under ***general anesthesia****, on Form A.*

Sentinel Event

A "sentinel event" is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of serious adverse outcome. The term includes loss of limb or function, and includes any case in which the patient requires hospitalization within 72 hours after the conclusion of the in-office procedure.

Examples of reportable sentinel events:

1. Death that is related to a procedure or surgery that takes place in the office setting or within 14 days of discharge.

2. Transfer to a hospital or emergency center for a period exceeding 24 hours.

3. Unscheduled hospital admission for longer than 24 hours, within 72 hours of an office procedure and which is related to that procedure.

4. Other serious events: A serious or life-threatening event, occurrence or situation in the office setting, involving the clinical care of a patient that compromises patient safety and results in unanticipated injury requiring the delivery of additional health services to the patient. **These events include, but are not limited to, the following examples:**

- surgery performed on the wrong body part
- surgery performed on a wrong patient
- wrong surgical procedure performed on a patient
- unintentional retention of a foreign object in a patient after surgery or other procedure
- perforation or laceration of a vital organ
- serious disability associated with a medication error
- serious disability associated with a burn incurred from any source
- serious disability associated with equipment malfunction
- anesthesia-related complication/event, such as anaphylaxis, shock, prolonged hypoxia, hypertensive crisis, malignant hyperthermia, severe hyperthermia, renal failure, aspiration, severe transfusion reaction or unanticipated anesthesia awareness
- cardiac or respiratory complication/event, such as cardiac arrest, respiratory arrest, myocardial infarction, prolonged life-threatening arrhythmia, pneumothorax or pulmonary embolism
- neurological complication/event, such as CVA, prolonged seizure, prolonged unresponsiveness, significant nerve injury, coma, paralysis, brain or spinal injury
- infectious complication/event such as septic shock or deep site wound abscess/infection
- fracture or dislocation of bone or joints.

Reminders:

The physician's signature is required, whether you submit a Form A or a Form B.

Do not provide a report for a group practice as a whole - *a report is required from each and every physician within a group practice*.

Report only those surgeries/procedures performed within the state of Nevada, **as you do not have to report any surgeries or procedures performed at one of the following facilities, or outside the state of Nevada:**

1. A surgical center for ambulatory patients;
2. An obstetric center;
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A facility for hospice care;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease;
11. A rural clinic;
12. A nursing pool;
13. A facility for modified medical detoxification;
14. A facility for refractive surgery;
15. A mobile unit; and
16. A community triage center.

Submission of Forms:

Please submit all completed applicable forms to the Nevada State Board of Medical Examiners:

By mail to: P.O. Box 7238,
Reno, NV 89510

By fax to: (775) 688-2553

By email to: surgeryreport@medboard.nv.gov

By hand delivery: 1105 Terminal Way, Suite 301
Reno, NV 89502