



QUALITY



US ANESTHESIA
PARTNERS™

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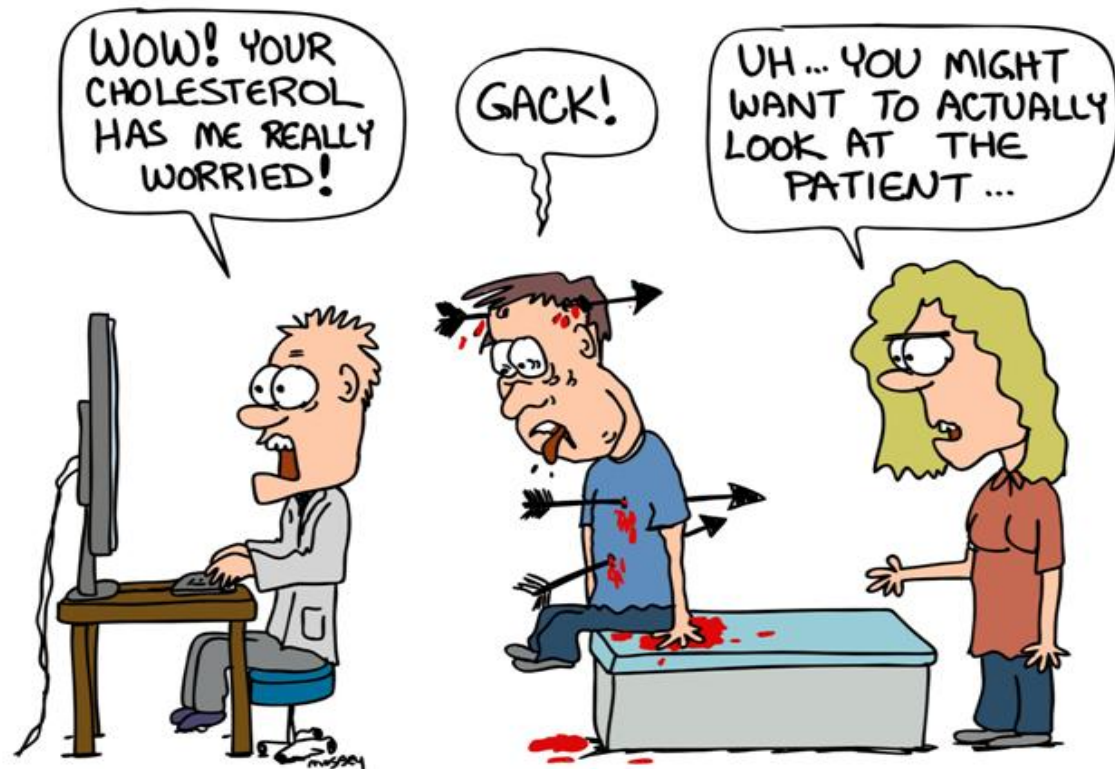
QUALITY...

WHAT IS IT?

HOW DO YOU GAUGE IT?

WHO'S RESPONSIBLE FOR REPORTING IT?

BUT FIRST - LETS NOT FORGET THE OBVIOUS



YESTERDAY VS TODAY



EVEN COFFEE IS IN THE GAME



IT CAN'T JUST TASTE GOOD- IT'S ALSO GOTTA BE PRETTY



Everyone's in the game, or octagon

- **UFC** PERFORMANCE INSTITUTE WILL ACCELERATE THE EVOLUTION OF MMA BY DELIVERING INTERDISCIPLINARY SERVICES, SCIENCE, INNOVATION AND TECHNOLOGY, WHILE **SHARING BEST PRACTICES** FOR PERFORMANCE OPTIMIZATION WITH ATHLETES AND COACHES AROUND THE WORLD.

WHAT HAPPENED?

- CMS
- FRAUD
- OVERBILLING

IF WE DON'T, SOMEONE ELSE WILL



JOINT COMMISSION -JCAHO

- **United States-based nonprofit tax-exempt 501(c) organization that accredits more than 21,000 health care organizations and programs**
- **Majority of US state governments recognize Joint Commission accreditation as a condition of licensure for the receipt of Medicaid and Medicare reimbursements**
- **...(Based in the Chicago suburb of Oakbrook Terrace, Illinois)**
- **1951**
- **www.jointcommission.org**

ANESTHESIA SAFETY HISTORY

- Jan 28, 1848
- 15 y/o Hanna Greener
- Toenail removal
- First pt. to die seemingly from effects of anesthesia
- Triggered studies of the stages of Anesthesia
- Vigilant quest for patient safety –continues today
 - Inhaler
 - Chloroform-soaked handkerchief
 - Toxicity of volatile agents

FIRST ANESTHESIA RECORD

- 1894
- E. A. Codman & Harvey Cushing
- Young med students
- "etherizers"
- Winner-winner-chicken dinner

Operation Card.

Ward 24 No. 20

Name Ara Keen Age 45

Morning P. 80 T 97.5 R 20

Diagnosis Cervical

Drugs In Miss 1/2 in 2 tid.

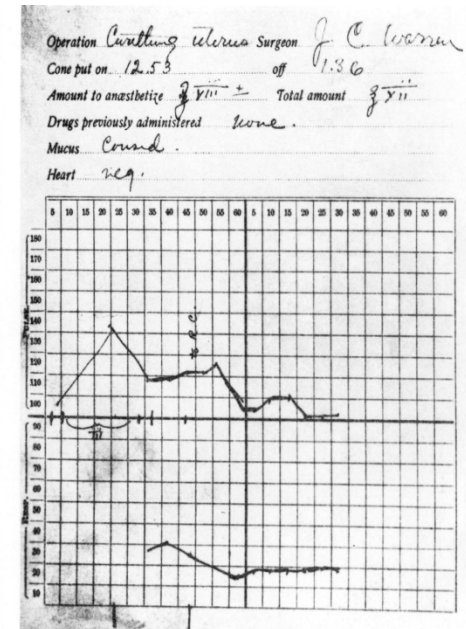
RECOVERY ROOM.

Immediate Rectal Temp. _____

Vomiting _____

Remarks (please note shock, apnoea, intermittent pulse, etc.)

Considerable apnoea while going under & lasting some time though Dr. Wiley after inserted lungs & found both bronchi swollen & considerable mucus



FIRST SAFETY STUDIES

- **Royal Medical-Chirurgical Chloroform committee**
- **1964**
- **Studied the safety of chloroform**

ANESTHESIA PATIENT SAFETY

- **1952 - Virginia APGAR**
 - Med student's remark about the need to evaluate the newborn
- **1960 - Oxygen Fail Safe Valve**
 - Arnold St. Jacques Lee
 - Gases could not be delivered without oxygen (1979)
- **1971 - Touch Identification**
 - Dr. Rod Calverley - O2 knob identified by touch
- **1975 - Advent of Human Factors Engineering**
 - "the anesthesia machine: an accident waiting to happen"

MORE ANESTHESIA SAFETY

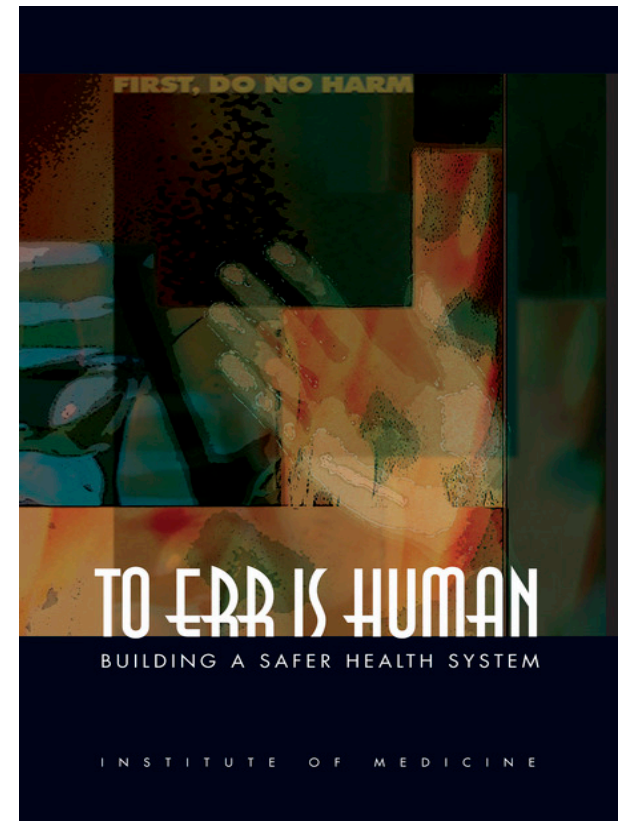
- **1984 – International Symposium on Preventable Anesthesia M & M**
 - First organized exam of what became pt safety
- **1985 – Anesthesia Patient Safety Foundation**
 - “patient safety”
- **1985 – Closed Claim Project**
 - Uncover possible patterns of error
- **1986 – ASA adopts standard for basic intra-op monitoring**
 - This success → evidence-based guidelines & practice parameters

SAFETY BECOMES QUALITY

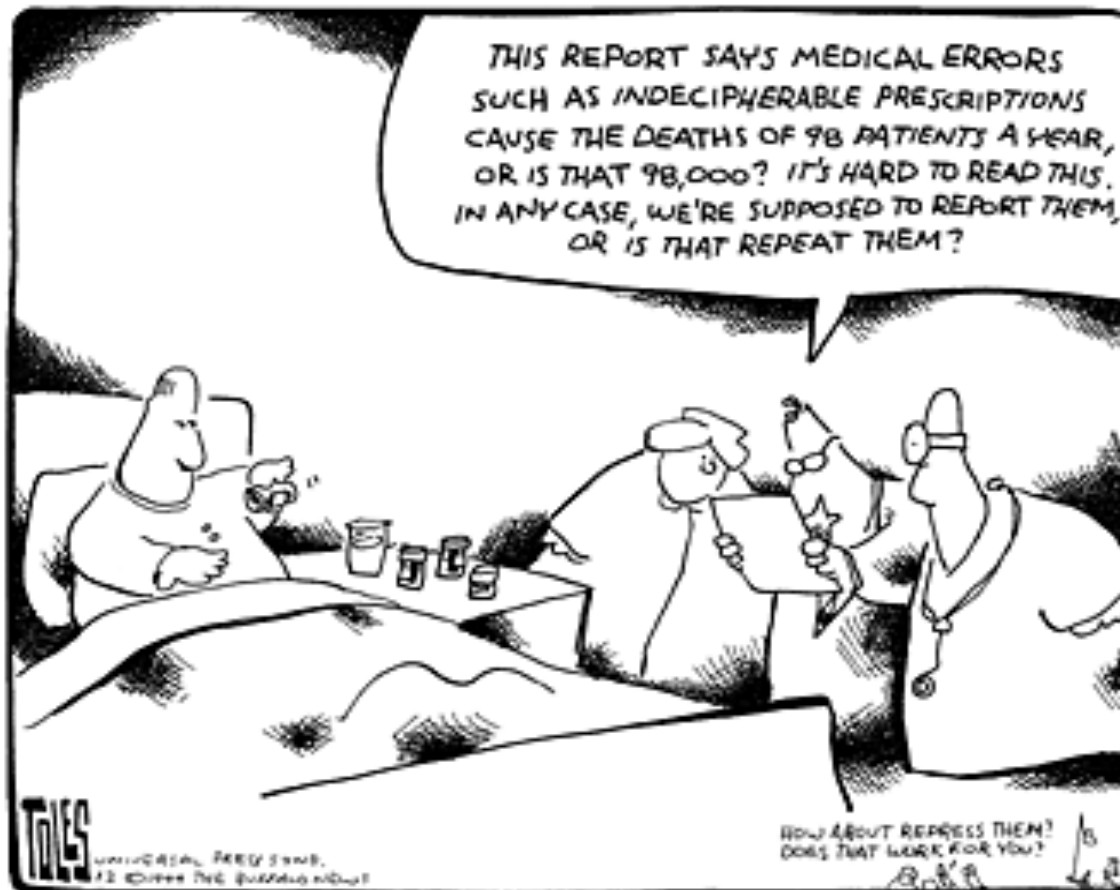
- **1987 – Capnography & Pulse Oximetry**
- **1999 – To Err is Human**
 - “estimated 44,000-98,000 hospitalized individuals die from medical errors each year, not related to their underlying illness.”
- **2005 – Decrease in malpractice premiums**
 - Monitoring standards → drop anesthesiologist related AEs
- **2008 – ASA → Anesthesia Quality Institute – AQI**
 - Dr. Richard Dutton
 - Primary source info for Quality Improvement
 - NACOR

LOOKING BACK

- 2013
- “A new evidence-based estimate of patient harms associated with hospital care.”
- Evidence that the incidence of patient harm was much higher than reported in 2000



HUMAN ERR



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WHAT IS AN ADVERSE EVENT?

- **Medication**
 - Either pharmacological reaction to a normal dose or preventable adverse reaction resulting from calc error
- **Injury**
 - Error or system failure
 - Act of commission or omission
 - Preventable v. Non-preventable
 - patients may experience harm in the absence of error
 - Accepted complications or unanticipated side effects

DO WE DISCLOSE TOO MUCH?



"I didn't experience any of the side effects listed in the enclosed literature. Should I be concerned?"

WHAT'S IT ALL MEAN?

- Do we change how we practice?
- How do we change how we practice?
- How do we gather the info?
- What do we do with it?
- Who do we share it with?
- Do we really change anything?
- Can we use it to our advantage?

Do we change?

• **YES**

How do we change?

- Education
- Culture
- Reassurance
- Support

- Painfully

How to gather?

- EHR
- Survey Vitals
- Press Ganey
- STS
- Painfully

What to do with it-

- Look
- Tease
- Clump
- Delete
- Use

Who to share with?

- **EVERYONE!!**
- **Practice**
- **Hospitals**
- **ASC's**
- **CEO/CMO/CFO**
- **Reporting agencies**

Do we really change?

- **Will**
- **Won't**
- **Can't**

Can we use to our advantage?

- **YES!!!**
- **Practice/Providers**
- **Hospitals**
- **ASCs**
- **CEO/CMO/CFO**
- **CMS**

ANTIBIOTICS, CHECKLIST

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Board Info Items Events Chart Message Lookup Vital 42y 78.0kg

Quick Sets

Images

PRE-OP

Checklist

Vital Signs

IV Placement

IV Antibiotic Prophylaxis

Daily Beta Blocker

Beta Blocker Therapy For CABG Patients

NPO Status

NPO Status ^{ANY}

PONV Prevention ^{ANY}

INTRA-OP

Immediate Pre-induction Assessment

Labor Anesthesia Intervention

Induction

Airway

Gastric Tube

Position

Warming Devices

Tourniquet

One Lung Ventilation

IV Antibiotic Prophylaxis

Prophylactic Antibiotic Ordered Yes No

Antibiotic Given Prior To Incision Yes No
Given within 1 hr of incision

Antibiotic Given After Incision Yes No

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Checklist

Equipment Checked Yes No

Safety Check Done Yes No

Surgical Safety Checklist Yes No
Surgical Safety Checklist Used

Alarms On Yes No

Patient Identified Yes No

Chart Reviewed Yes No

Consent Signed Yes No

All Medications >

PPE Yes No

Site Marked By Surgeon Yes No

Timeout Performed Yes No

Site Verified by Anesthesia Yes No

Medication Syringes Labeled Yes No

Pre-Anesthesia Assessment Completed Yes No

NPO, PONV, AND MORE

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NPO Status

Meets ASA Standards Yes No

>8 hours Yes No

Presumed Full Stomach Yes No

NPO Details

Comment >

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PONV Prevention

Patient Has At Least 3 Risk Factors Yes No
Female, h/o PONV, non-smoker, opioids to be given for post-op analgesia

Pediatric Case Yes No
Age 3 yo - 17 yo

POST ANESTHESIA TRANSFER

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One Lung Ventilation

Quick Sets

Transport

Special Techniques

PROCEDURES

Procedure Checklist

Lines

Regional

Neuraxial

Bier Block

TEE

Special Procedures

POST-OP

Vital Signs

Post-Anesthetic Transfer of Care^{ANY}

Glucose Control

Controlled Waste Amounts

Postanesthetic Evaluation

Drug Infusion Totals

Supervision Attestation

Perioperative Anesthesia Complications

Quality Metrics

Charge Capture

Post-Anesthetic Transfer of Care

Patient Transferred ☒ Yes ☐ No

To PACU
Patient and provider identified, medical hx discussed, procedure discussed, intra-op anesthesia issues discussed, plans discussed, handoff received by care team

To ICU
Patient and provider identified, medical hx discussed, procedure discussed, intra-op anesthesia issues discussed, plans discussed, handoff received by care team

- WHERE TO
- CONTROLLED WASTE
- POST EVALUATION

VITAL SIGNS, POST ANESTH EVAL

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Quick Sets

One Lung Ventilation

Emergence

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POST-OP

Vital Signs

Time

Temp

BP Systolic

BP Diastolic

Heart Rate

O2 Saturation

O2 L/min

Respiratory Rate

Pain Scale
Patient's numeric pain score (0-10) upon arrival to PACU/ICU

Unable to Obtain Vitals Yes No

Vent Management Yes No

Post Anesthesia Evaluation Completed Yes No

Glucose

PA Systolic

PA Diastolic

CVP

CO

CI

Neuro Status

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POST-OP

Postanesthetic Evaluation

Time

Patient is Stable Yes No

Patient Has Recovered From Anesthesia Yes No

Patient Has Recovered From Anesthesia Yes No

Airway is Patent/Stable Yes No

Respiratory Function Is Stable Yes No

Hemodynamically Stable Yes No

Hydration is Adequate Yes No

Pain Control is Adequate Yes No

Nausea Controlled Yes No

Temperature >36°C Yes No

Mental Status Acceptable Yes No

CMS Post Op Criteria Met Yes No
Post anesthesia evaluation completed and documented by a qualified anesthesia clinician within 48 hours after surgery/procedure.

Post Anesthesia Evaluation Completed Yes No

Comments/Complications/Follow-up

Perioperative Anesthesia Complications

COLLECTING ADVERSE EVENTS

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transport

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Patient Transferred: yes

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Perioperative Anesthesia Complications

Quality Metrics

Charge Capture

General Comment

Perioperative Anesthesia Complications

Patient Experienced A Major Event ☐ Yes ☐ No

Unanticipated Cardiac Arrest ☐ Yes ☐ No
Required chest compressions and/or defibrillation

Death ☐ Yes ☐ No

Perioperative MI ☐ Yes ☐ No

Anaphylaxis ☐ Yes ☐ No

Malignant Hyperthermia ☐ Yes ☐ No

Transfusion Reaction ☐ Yes ☐ No

Stroke, CVA, Coma ☐ Yes ☐ No

Visual Loss ☐ Yes ☐ No

Operation On Incorrect Site ☐ Yes ☐ No

Operation On Incorrect Patient ☐ Yes ☐ No

Medication Error ☐ Yes ☐ No

Unplanned ICU Admission ☐ Yes ☐ No

Intraoperative Awareness ☐ Yes ☐ No

Unrecognized Difficult Airway ☐ Yes ☐ No

New Airway Required In PACU/ICU ☐ Yes ☐ No
Patient required reintubation, a supraglottic airway, or a surgical trach in PACU/ICU

Dental Trauma ☐ Yes ☐ No

Perioperative Aspiration ☐ Yes ☐ No

- ADVERSE EVENTS
- PEER REVIEW
- M & M
- COLLECTING THE DATA
- BEST PRACTICE

AND FINALLY QUALITY!!!

- MAKE IT PERSONAL
- GET WHAT YOU NEED
- PICK YOUR POISON
- GIVE THEM WHAT THEY DON'T KNOW THEY NEED
- DON'T FORGET BIG BROTHER

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Perioperative Anesthesia Complications

Quality Metrics

Charge Capture

General Comment

Quality Metrics

Not Printable Part of Anesthesia Record

Anesthesiologist's First Case of the Day Yes No

Case Delay Yes No

Add-on Case Yes No
Not part of scheduled elective day

Post-op Hypothermia Yes No
Temperature < 35.5° Centigrade

Post-op Nausea Yes No

Comments >

THE ADVICE WE OFFER



**“Yes, tobacco counts as a leafy vegetable.
But only if you’re eating it as a salad.”**

*KEEP YOUR SENSE OF HUMOR

