

Quality Presentation

How we are utilizing Trello

- Presented By: Daniel Applefield, M.D. QI Champion
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- Date: November 26, 2018



St Joseph Mercy Oakland is a 443 Bed Hospital with an attached Outpatient Surgery Center

- We have averaged 930 surgeries monthly over the past 7 months.
- 410 Inpatient & 520 Outpatient per month.
- Our Anesthesia Staff Consists of :
 - 24 MDA's
 - 18 Residents
 - 28 CRNA's
- OB and Endo are not currently included in MPOG data.

Let's Integrate MPOG's initiatives with our Anesthesia Resident's Quality Improvement requirements!

- After seeing Dr. Traci Coffman's MPOG presentation on **Trello** in Lansing this summer: What a great platform (FREE Web-based) to use for integration!
- Commonly used information all at your fingertips.
- Endless possibilities.
- Start with P4P measures.
- Adding MPOG Toolkits for Resident education & Quality projects.
- Perioperative Management of Diabetes in Non-Cardiac patients.
- ASA fasting Guidelines.
- ASA difficult Airway Algorithm.

Using Trello for Teaching and Quality Improvement

- Design Resident Quality Improvement Projects to encompass the Aspire measures.
- Lead resident will present the Toolkit to the resident group and instruct them on navigating the reference material on our Department's Trello Board. (Project started this past October)
- Lead resident will review failed cases with the resident outliers whose Dashboard measures need to improve to meet the target values set by MPOG.
- Residents with failed cases will submit in writing why the case failed to lead resident.
- Lead resident will either accept the reason or have the resident review the toolkit and pdf that defines the measure in detail.

- We are trying to create an instructional curriculum for the Anesthesia Residents where they police and educate themselves on monitoring the success of Quality Measures defined by MPOG.
- Eventually, this learning tool can be applied across multiple measures and be utilized with subsequent Anesthesia Resident Classes.
- We are in the process of working with a Lead CRNA to help with the education, implementation, and monitoring of MPOG measures with regard to our CRNA's. We hope to be able to utilize the instructional curriculum developed by our Residents in the education of our CRNA practitioners.

Our Trello Board is easy to navigate the referenced Aspire measures and other information for Quality Improvement Success!

Regional Nerve Block Videos

- Interscalene Nerve Block
- Adductor Canal Nerve Block
- Popliteal Nerve Block
- Femoral Nerve Block
- TAP Block
- Pec Block
- Supraclavicular Nerve Block

+ Add another card

2018 A SPIRE P4P Measure Details

Risk Score	Prevalence PONY	No of Asst-anesth	Examples*
0	10%	0-1	+ Ondansetron
1	30%	1	+ Ondansetron + Desamethasone
2	40%	2	+ Ondansetron + Desamethasone
3 HIGH RISK	50%	3	+ Ondansetron + Desamethasone + Tramadol PO
4 HIGH RISK	50%	4	+ Ondansetron + Desamethasone + Tramadol PO + alternative to volatile anesthetics*

Desamethasone 8 mg IV is given within FIRST 10 min of procedure (diabetic may still receive Desamethasone).
Ondansetron 4 mg IV is given within LAST 30 min of procedure.
* Consider propofol TIVA without volatile anesthetics for highest risk patients or regional with propofol sedation if possible.


PONV Department Guidelines

- PUL-02
- TRAN-02
- Pay for performance Toolkits

+ Add another card

2019 A SPIRE P4P Measure Details

PONV-01



Intraoperative Propylaxis

Risk Score	Prevalence PONY	Preprolaxis No of Asst-anesth	Examples*
0	10%	0-1	+ Ondansetron
1	30%	1	+ Ondansetron + Desamethasone
2	40%	2	+ Ondansetron + Desamethasone
3 HIGH RISK	50%	3	+ Ondansetron + Desamethasone + Tramadol PO
4 HIGH RISK	50%	4	+ Ondansetron + Desamethasone + Tramadol PO + alternative to volatile anesthetics*

Desamethasone 8 mg IV is given within FIRST 10 min of procedure (diabetic may still receive Desamethasone).
Ondansetron 4 mg IV is given within LAST 30 min of procedure.
* Consider propofol TIVA without volatile anesthetics for highest risk patients or regional with propofol sedation if possible.

PONV Department Guidelines

- PUL-02
- TOC-02

+ Add another card

All A SPIRE Measure Details

- AKI
- BP
- CARD
- FLUID
- GLU
- MED
- NMB

+ Add another card



View Toolkits

Perioperative Transfusion Stewardship

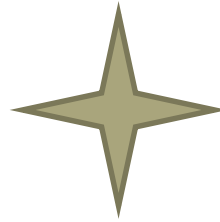


ASPIRE

Anesthesiology Performance Improvement and Reporting Exchange

Avoiding Respiratory Complications

PONV -01



ASPIRE ONE PAGE



Measure Abbreviation: PONV 01 (MIPS 430)

**PONV 01 is built to the specification outlined by the [Merit Based Incentive Program \(MIPS\) 430: Prevention of Post-Operative Nausea and Vomiting \(PONV\) – Combination Therapy measure](#). MIPS measure specifications are available for download at <https://app.cms.gov/resources/education>*

Description: Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively.

NQS Domain: Patient Safety

Measure Type: Process

Measure Summary:

The PONV 01 (MIPS 430) measure identifies the percentage of adult patients who undergo a surgical procedure under an inhalational general anesthetic, and who have three or more risk factors for postoperative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively. The purpose of this process of care measure is to reduce the incidence of postoperative nausea and vomiting in adult surgical patients.^{1,2}

Inclusions:

- All patients, aged 18 years and older, who undergo any procedure including surgical, therapeutic, or diagnostic under an **inhalational general anesthetic**, AND who have **three or more risk factors for PONV**.
 - PONV Risk Factors:
 - Female gender
 - History of PONV
 - History of motion sickness
 - Non-smoker
 - Intended administration of opioids for post-operative analgesia. This includes

HOSPITAL GUIDELINES

PROTOCOL

Prophylaxis for and Treatment of Postoperative Nausea and Vomiting



Document Owner: Hassan Hammoud

Date Created: 07/01/2016

Approver(s): Dascenzo, Douglas; Davies, Eric; Hakim, Joffer; Hannawa, Tana

Date Approved: 08/22/2016

CONTENTS

- [Purpose](#)
- [Scope](#)
- [Risk Assessment Procedure](#)
- [Preoperative Prophylaxis](#)
- [Intraoperative Prophylaxis](#)
- [Treatment of PONV](#)
- [Reference](#)

PURPOSE

Postoperative nausea and vomiting (PONV) are common and distressing to patients. Current guidelines recommend specific prophylaxis based on risk factor and specific treatment when PONV occurs (Gan et al., 2014). This protocol specifies management based on guidelines.

SCOPE

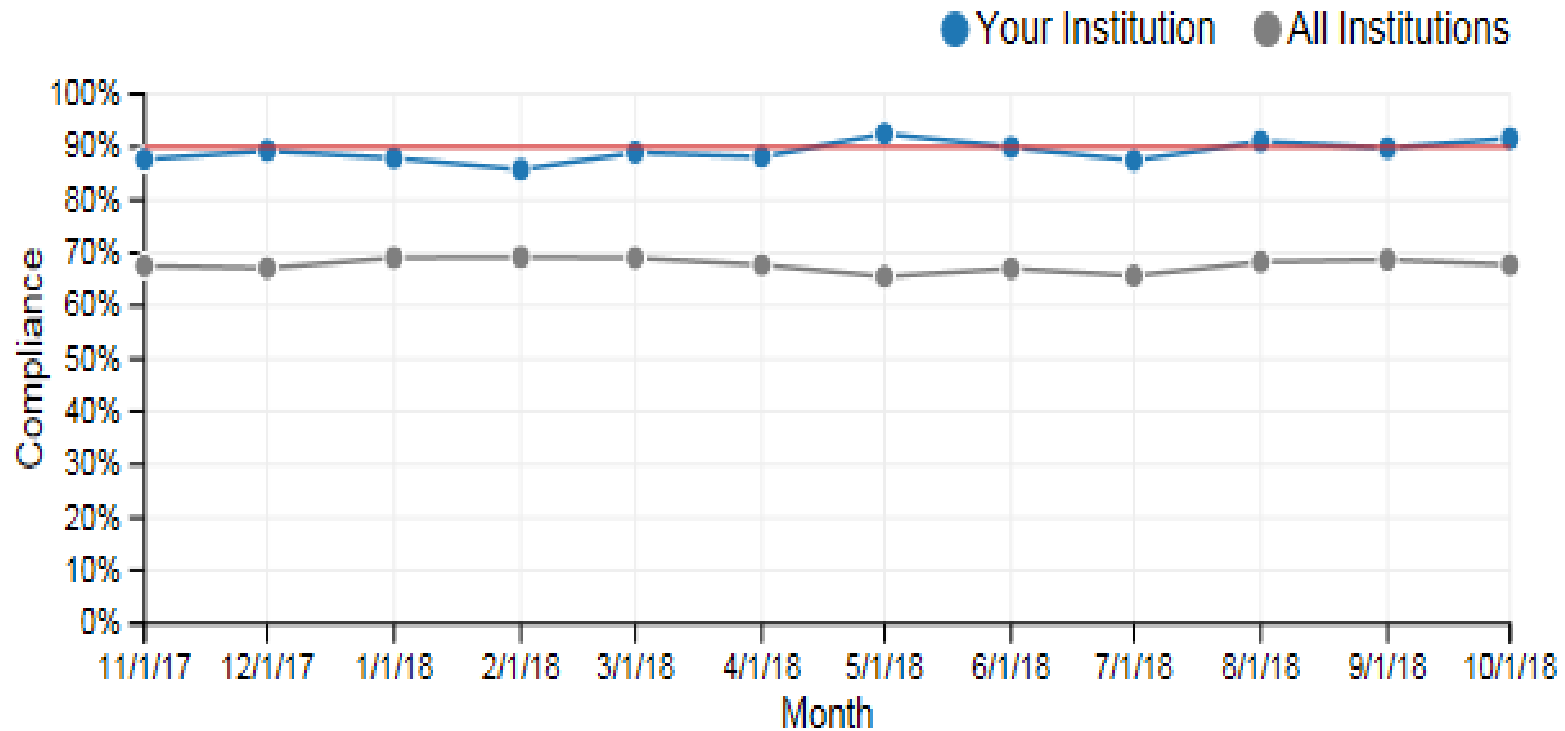
All patients expected to receive general anesthesia in the Main Operating Room or the Ambulatory Surgery Center (ASC).

PONV-01

Overall Performance

✘ 89% Target 90%

Trend



TRAN-02



Aspire P4P Protocol

PUL-01
🔒 1

PONV
🔒 1

Tranfusion
🔒 1

Pay for performance Toolkits
☰ 🔒 2

Enter a title for this card...

Measure Abbreviation: TRAN 02

Data Collection Method: This measure is calculated based on data extracted from the electronic medical record combined with administrative data sources such as professional fee and discharge diagnoses data. This measure is explicitly not based on provider self-attestation.

Measure Description: Percentage of cases with a post transfusion hemoglobin or hematocrit value less than or equal to 10 g/dL or 30%.

NQS Domain: Efficiency and Cost Reduction

Measure Type: Outcome

Measure Summary: The recognition of transfusion-related complications, such as transfusion-related infections and immunosuppression, and evidence documenting lack of efficacy has spurred the development of blood management protocols. This measure identifies blood transfusion cases when the hematocrit was $\leq 30\%$ or hemoglobin was ≤ 10 g/dL post-transfusion.

Inclusions: Any patient that receives a red blood cell transfusion. Transfusion is defined as packed red blood cells or whole blood. See MPOG Concept IDs below for complete list.

Exclusions:

- Patients <2 years of age
- Patients <12 years old undergoing a cardiac procedure (CPT: 00560, 00561, 00562, 00563, 00567, 00580).
- Pediatric cases (<12 years old) where either the transfused PRBC or EBL was greater than 30cc/kg.
- ASA 5 & 6
- EBL ≥ 2000 ml
- Massive Transfusion: Transfusion of 4 or more units of blood. Note for sites that document transfusions in ml instead of units: ASPIRE will default to 350ml/unit.
- Obstetric Non-Operative Procedures (CPT: 01958, 01960, 01967)
- Obstetric Non-Operative Procedure Rooms (Rooms tagged as OB-GYN- Labor and Delivery)
- Obstetric Non-Operative Procedures with procedure text: "Labor Epidural"
- Exclude patients undergoing cesarean section (CPT: 01961, 01968, 01962, 01963, 01969) with an

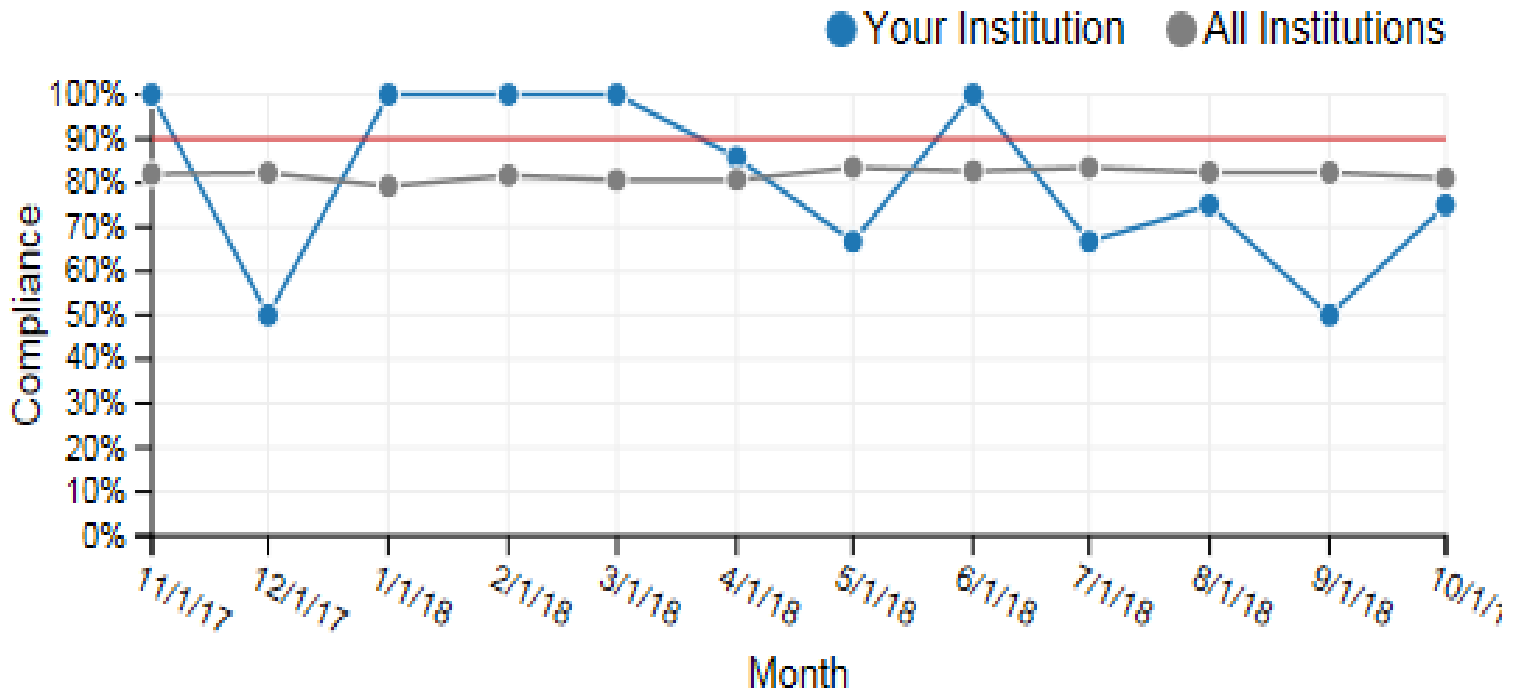
TRAN-02

TRAN-02

84%

Target 90%

Trend



PUL-01

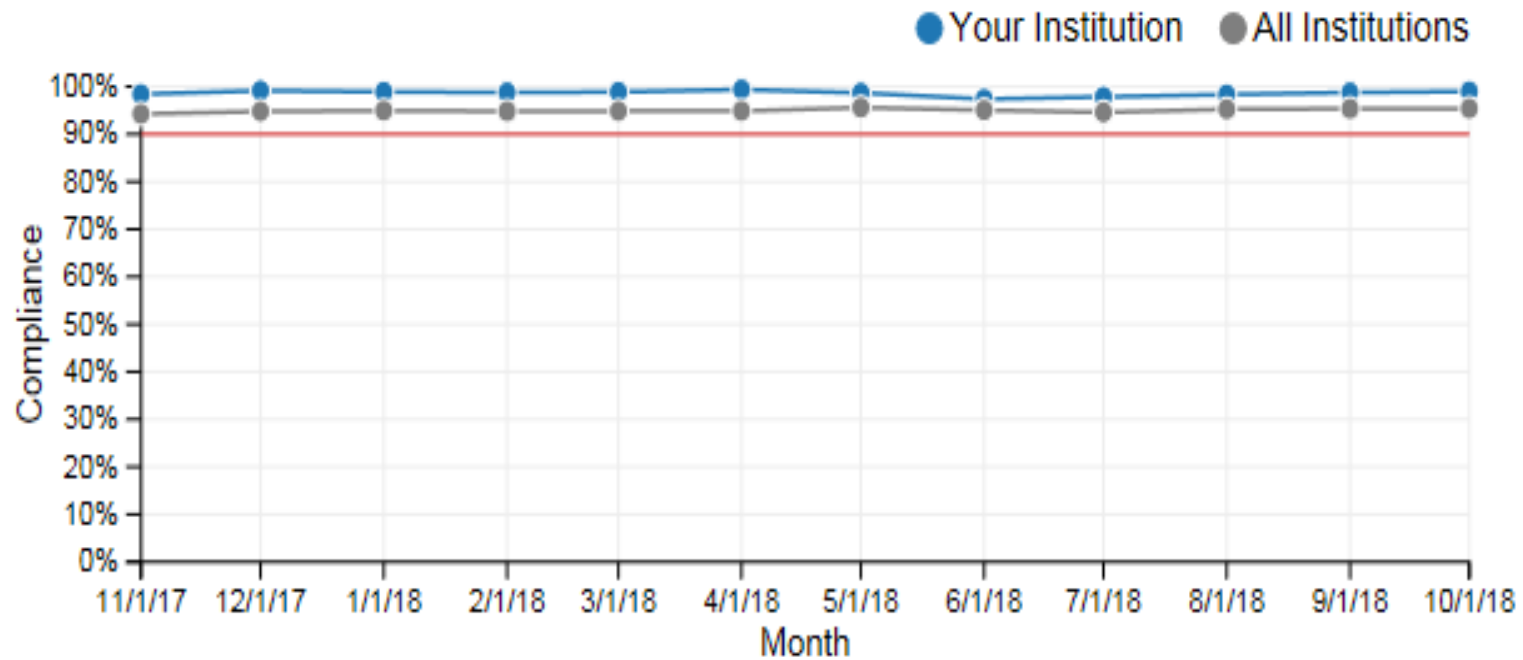
Overall Performance



99%

Target 90%

Trend



WORKING ON FOR 2019

MPOG Transition of Care



Background
Introduction
Identification of patient
Discussion of surgical/procedure course
Pertinent PMH/PSH
Allergies
Contact Precautions
Anesthetic Management
Type of Anesthetic
Airway management (ETT/ LMA)
Anesthetic Complications + Primary Concerns
Medications
Preoperative Meds
Sedations medications & amount administered. Reversal administered?
Muscle relaxants: Time/Amount administered. Reversal administered?
Pain Management Plan
PONV Risk & Meds Administered
Fluids
Vascular access
Total Intraoperative Fluids/Blood Products Administered
Intraoperative labs
Expectations/Plans
Allow opportunity for questions/acknowledgement of understanding of report from

PUL-02

✘ 84% Target 90%

Males			Females	
TV 7 ml/kg	PBW kg	Height cm	PBW kg	TV 7 ml/kg
		150	43	300
350	50	152	45	325
375	52	155	48	325
375	55	158	51	350
400	57	160	52	375
400	59	162	54	375
425	61	165	57	400
450	64	168	60	425
450	66	170	62	425
475	68	172	63	450
500	71	175	66	450
525	73	178	69	475
525	75	180	71	500
550	77	182	72	500
550	80	185	75	525
575	82	188		
600	84	190		
600	86	192		
625	89	195		
650	91	198		
Add 6-8 cm H₂O PEEP				

Males		Height cm	Females	
TV 7 ml/kg	PBW kg		PBW kg	TV 7 ml/kg
		150	43	300
350	50	152	45	325
375	52	155	48	325
375	55	158	51	350
400	57	160	52	375
400	59	162	54	375
425	61	165	57	400
450	64	168	60	425
450	66	170	62	425
475	68	172	63	450
500	71	175	66	450
525	73	178	69	475
525	75	180	71	500
550	77	182	72	500
550	80	185	75	525
575	82	188		
600	84	190		
600	86	192		
625	89	195		
650	91	198		
Add 6-8 cm H₂O PEEP				

PUL-01

Currently on each anesthesia machine

Aspire Tidal Volume

Males		Females	
TV 7-kg/kg	FW kg	TV 5-kg/kg	FW kg
350	50	150	43
375	53	152	45
375	53	155	48
375	53	158	51
400	57	160	52
400	58	162	54
425	61	165	57
450	64	168	60
450	66	170	62
475	68	172	63
500	71	175	66
525	73	178	69
525	75	180	71
550	77	182	72
550	80	185	75
575	82	188	
600	84	190	
600	86	192	
625	89	195	
650	91	198	

Add 6-8 cm H₂O PEEP

Tidal Volumes PUL-02 (Current use for TV measure <8ml/kg)

1

ASPIRE

Males		Females	
TV 7-kg/kg	FW kg	TV 5-kg/kg	FW kg
350	50	150	43
375	53	152	45
375	53	155	48
375	53	158	51
400	57	160	52
400	58	162	54
425	61	165	57
450	64	168	60
450	66	170	62
475	68	172	63
500	71	175	66
525	73	178	69
525	75	180	71
550	77	182	72
550	80	185	75
575	82	188	
600	84	190	
600	86	192	
625	89	195	
650	91	198	

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Transitions of Care Handoff Checklist

Transition of Care Handoff Checklist

Background	
Introduction	
Identification of patient	
Anesthesiologist in charge of case	
Discussion of surgical/procedure course	
Permitted therapy	
Baseline Vital Signs prior to procedure	
Allergies	
Contact Precautions	
Anesthetic Management	
Type of Anesthetic	
Airway management (ETT/MA)	
Anesthetic Complications + Primary Concerns	
Medications	
Preoperative Meds/Permitted Intraoperative Medications	
Antibiotics given, Redosing needed/timed?	
Sedation Medications + amount administered. Reversal Administered?	
Muscle relaxants: Time/Amount administered. Reversal Administered?	
POAB Risk + Medications Administered + Plan	
Opioids amount given + last dose. Reversal administered?	
Pain Management Plan	
Fluids	
Vascular access	
Total Intraoperative Fluids/Blood Products Administered (TBL, U/O)	
NI/G/Suction	
Permitted and Intraoperative labs	
Expectations/Plans	
Allow opportunity for questions/acknowledgement of understanding of report form	

MPOG Transition of Care Handoff Checklist TOC-02

2



TOC 02 (MIPS 426) Measure: PACU Handoff

Measure Summary: The PACU transfer of care measure (TOC 02) will identify the percentage of patients that undergo a procedure under general anesthesia who receive the PACU transfer of care measure

+ Add another card

Anesthesiology Contact List

Department of Anesthesiology Contact List									
MD	Sub-Specialty	Phone	Pager	Office	Home	Cell	Text	Emergency	Notes
Alverson	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Allen	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Anderson	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Arnold	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Baird	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Ball	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Baliga	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Balt	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barrett	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	
Barnes	General	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	432-3363	

Anesthesiology Contact List

1

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Perioperative Management of Diabetes in Non-Cardiac Patients

PROTOCOL
Perioperative Management of Diabetes Mellitus in Non-Cardiac Surgery Patients

ST JOSEPH MERCY OAKLAND
New Jersey Health System

Revisions: Clinical: Robert Pugh | Date Created: 10/23/2016
Approval: Education, Nursing, Dietetics, Pharmacy, Infection Prevention, Date Approved: 10/23/2016
Title: [Download](#)

ALGORITHMS

Hypoglycemia - For any IS - 10 mg/dl

1. Call for assistance/help
2. Stop insulin pump, Stop IV insulin infusions.
3. Give 25 ml 50% dextrose IV bolus.
4. Recheck IS in 15 minutes then hourly.

Hyperglycemia

Low Dose - Pts requiring < 40 units of insulin/day

IS	Insulin (units/hour)
100-249	7 units IS
250-299	4 units IS
300-349	5 units IS
>349	6 units IS

Medium Dose - Pts requiring 41 - 80 units of insulin/day

IS	Insulin (units/hour)
100-249	4 units IS
250-299	6 units IS
300-349	8 units IS
>349	9 units IS

High Dose - Pts requiring > 80 units of insulin/day

IS	Insulin (units/hour)
100-249	5 units IS
250-299	8 units IS
300-349	11 units IS
>349	13 units IS

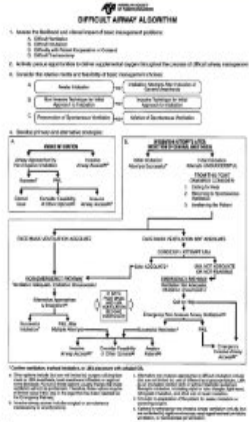
Perioperative Management of Diabetes Mellitus in Non-Cardiac Surgery

2

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We have arranged our dashboard in order of importance and frequently used information

Algorithms

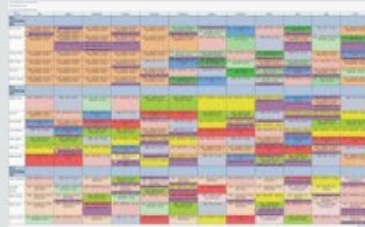


ASA Difficult Airway Algorithm

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Resident Schedules



Resident Rotation Schedule 2018-2019

1



November Call Schedule

1



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Regional Nerve Block Videos

Interscalene Nerve Block



Adductor Canal Nerve Block



Popliteal Nerve Block



Femoral Nerve Block



TAP Block



Pec Block



Supraclavicular Nerve Block



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Orthopedic Cases

TXA Protocol

1

+ Add another card

Algorithms and Videos are at our fingertips!

Corneal Abrasion Diagnosis and Treatment

UpToDate® Official review from UpToDate®
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Management of corneal abrasions*



* Refer to UpToDate topics on corneal abrasion.

Corneal Abrasion Algorithm

1

Corneal Abrasion	Diagnosis	Treatment
Corneal abrasion	History of eye trauma	Topical antibiotic therapy with sulfonamide acetate (avoided because of sulfonamide allergy) or sulfonamide trimethoprim/trimethoprim, rifampin, or rifaximin drops
Corneal abrasion	History of contact lens use	Topical antibiotic therapy with sulfonamide acetate (avoided because of sulfonamide allergy) or sulfonamide trimethoprim/trimethoprim, rifampin, or rifaximin drops
Corneal abrasion	History of foreign body in eye	Remove foreign body or refer to ophthalmologist if unable to remove
Corneal abrasion	History of recurrent abrasions	Topical antibiotic therapy with sulfonamide acetate (avoided because of sulfonamide allergy) or sulfonamide trimethoprim/trimethoprim, rifampin, or rifaximin drops
Corneal abrasion	History of recurrent abrasions	Refer to ophthalmologist or ophthalmologist if foreign body still present (may be used after removal of foreign body) or not use topical antibiotics or steroids
Corneal abrasion	History of recurrent abrasions	Follow-up not required if small (<1/4 of corneal surface area) (eg, a round abrasion) heals in 4 to 6 days; complete response (vision is good) and there is no foreign body still present

Corneal Abrasion Treatment

+ Add another card

Orthopedic Surgeon Preferences

Nerve Block Preferences

+ Add another card

Anesthesia Complications/Events Definitions



Anesthesia Complications and Events

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Easy access referencing

Easy to find and reference



A4 Anesthesia Event Definitions

Airway Events

Unanticipated Difficult Intubation: Failure to secure the airway with intended equipment based on an initial airway plan (e.g. change to awake FOI from glidescope)

Traumatic Intubation: Unanticipated loss of a tooth or greater or other airway injury that requires medical or surgical intervention.

Cardiovascular Events

New arrhythmia: Persistent ECG abnormality causing hemodynamic compromise and requiring continued intervention.

Persistent hypotension requiring treatment: Sustained MAP < 55 for greater than or equal to 15 minutes regardless of intervention.

Cardiac Arrest (requiring CPR): The cessation of cardiac mechanical activity as confirmed by the absence of signs of circulation.

Myocardial Infarction: Detection of a rise of cardiac biomarkers and/or ECG changes consistent with cardiac ischemia or infarction.

Respiratory Events:

Aspiration: Substantial entry of material from oropharynx or GI tract into the larynx and

Aspire Tidal Volume

Males			Females		
TV 7.5/5g	PMW kg	Height cm	PMW kg	TV 7.5/5g	Height cm
100	43	300			
360	50	152	45	325	
375	52	159	48	325	
375	55	158	51	350	
400	57	160	52	375	
400	59	162	54	375	
425	61	165	57	400	
480	64	168	60	425	
490	66	170	62	425	
475	68	172	63	460	
500	71	175	65	450	
525	73	178	67	475	
525	75	180	71	500	
550	77	182	72	500	
550	80	185	75	525	
575	82	188			
600	84	190			
600	86	192			
625	89	195			
650	91	198			

Add 6-8 cm H₂O PEEP

Tidal Volumes PUL-02 (Current use for TV measure <8ml/kg)

1

ASPIRE
MULTICENTER PERIOPERATIVE OUTCOMES GROUP

PATIENT ID	MALES			FEMALES		
	TV (ml/kg)	PMW (kg)	Height (cm)	TV (ml/kg)	PMW (kg)	Height (cm)
P-01	100	43	300			
P-02	360	50	152	45	325	
P-03	375	52	159	48	325	
P-04	375	55	158	51	350	
P-05	400	57	160	52	375	
P-06	400	59	162	54	375	
P-07	425	61	165	57	400	
P-08	480	64	168	60	425	
P-09	490	66	170	62	425	
P-10	475	68	172	63	460	
P-11	500	71	175	65	450	
P-12	525	73	178	67	475	
P-13	525	75	180	71	500	
P-14	550	77	182	72	500	
P-15	550	80	185	75	525	
P-16	575	82	188			
P-17	600	84	190			
P-18	600	86	192			
P-19	625	89	195			
P-20	650	91	198			

Males: Mean TV Calculation: 10kg = 8.5ml/kg * Weight (kg) = 85.0ml
Females: Mean TV Calculation: 10kg = 8.5ml/kg * Weight (kg) = 85.0ml

Alternate Aspire Chart Tidal Volume PUL-02

1

+ Add another card

Transitions of Care Handoff Checklist

Transition of Care Handoff Checklist

Background

Introduction
 Identification of patient
 Anesthesiologist in charge of case
 Discussion of surgical/procedure course
 Pertinent Hx/PMH
 Baseline vital signs prior to procedure
 Allergies
 Contact Precautions

Anesthetic Management

Type of Anesthetic
 Airway management (ETT/ALMA)
 Anesthetic Complications + Primary Concerns

Medications

Preoperative Meds/Pertinent Intraoperative Medications
 Antibiotics given. Redosing needed/time?
 Sedation Medications & amount administered. Reversal Administered?
 Muscle relaxants: Time/Amount administered. Reversal Administered?
 PONV Risk & Medications Administered & Plan
 Opioids amount given & last dose. Reversal administered?
 Pain Management Plan

Fluids

Vascular access
 Total Intraoperative Fluids/Blood Products Administered (EBL, W/O, A/O, O/S Suction)
 Pertinent and Intraoperative labs

Expectations/Plans

allow opportunity for questions/acknowledgement of understanding of report from

MPOG Transition of Care Handoff Checklist TOC-02

2

TOC-02 (MIPS 426) Measure: PACU Handoff

Measure Summary: The PACU transfer of care measure (TOC-02) will identify the percentage of patients that undergo a procedure under anesthesia and are transferred to the PACU that have documentation of PACU handoff complete in the electronic anesthesia record as a yes/ no question

Success: A transfer of care protocol or handoff tool/checklist that includes the key handoff elements is used.

Responsible Provider: Anesthesia provider in the room providing care at Anesthesia End.

Inclusions: All patients, regardless of age, who are cared for by an anesthesia practitioner AND directly transferred from the anesthetizing location to PACU or other non-ICU location after the procedure where a transfer of care occurs.

Exclusions: Patients not transferred directly to a PACU or other non-ICU location (i.e. ICU transfer).

MPOG Transition of Care Handoff

2

OB Epidural Consult Transition of Care

Name

+ Add another card

Aspire Tidal Volume

Gender	TV (ml/kg)	Flow (L/min)	Height (cm)	Weight (kg)	Females
350	50	150	43	300	
375	52	159	46	326	
400	55	169	51	358	
425	57	178	55	391	
450	60	187	60	423	
475	62	197	65	456	
500	65	206	70	489	
525	67	216	75	522	
550	70	225	80	555	
575	72	235	85	588	
600	75	244	90	621	
625	77	254	95	654	
650	80	263	100	687	
675	82	273	105	720	
700	85	282	110	753	
725	87	292	115	786	
750	90	301	120	819	
775	92	311	125	852	
800	95	320	130	885	
825	97	330	135	918	
850	100	339	140	951	

Add 5.8 cm H₂O PEEP

Tidal volumes PUL-02 (Current use for TV measure <8ml/kg)

ASPIRE

Age	TV (ml/kg)	Flow (L/min)	Height (cm)	Weight (kg)
350	50	150	43	300
375	52	159	46	326
400	55	169	51	358
425	57	178	55	391
450	60	187	60	423
475	62	197	65	456
500	65	206	70	489
525	67	216	75	522
550	70	225	80	555
575	72	235	85	588
600	75	244	90	621
625	77	254	95	654
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725	87	292	115	786
750	90	301	120	819
775	92	311	125	852
800	95	320	130	885
825	97	330	135	918
850	100	339	140	951

Alternate Aspire Chart Tidal Volume PUL-02

Transitions of Care Handoff Checklist

Transition of Care Handoff Checklist

Background
 Identification of patient
 Assessment of patient
 Identification of change of care
 Discussion of ongoing/procedure course
 Patient education
 Baseline vital signs prior to procedure
 Juggling
 Consent procedure

Jointly Management
 Role of Assistant
 Primary Management (ST/ANP)
 Assistant's Contribution to Primary Care
 Medications
 Preoperative Medications/Preoperative Medications
 Anesthetic agent: Ask/ingested/infused?
 Sedative Medications: Administered? Reversal Administered?
 Muscle relaxants: Time/Amount administered. Reversal Administered?
 Pain/Anti- & Sedative Administered & Dose?
 Fluids amount given & last time. Reversal Administered?
 Postoperative Plan

Finals
 Transfer notes
 Post-Intensive Care Unit/Blood Products Administered (PRN, SVO, AR/AC/AC/AC/AC)
 Patient and/or caregiver education
 Patient and/or caregiver notes

Postoperative Plan
 Patient responsibility for questions/acknowledgement of understanding of postop plan.

MPOG Transition of Care Handoff Checklist TOC-02

MPOG

MPOG MULTICENTER PERIOPERATIVE OUTCOMES GROUP

TOC 02 (MPOG 426) Measure: PACU Handoff

Measure Summary: The PACU transfer of care measure (TOC 02) will identify the percentage of patients that undergo a procedure under anesthesia and are transferred to the PACU that have documentation of PACU handoff complete in the electronic anesthesia record at a year-to-year question.

Success: A transfer of care protocol or handoff checklist that includes the key handoff elements is used.

Responsible Provider: Anesthesia provider in the room providing care at anesthesia End.

Inclusions: All patients, regardless of age, who are cared for by an anesthesia provider AND directly transferred from the operating location to PACU or other non-ICU location after the procedure where a transfer of care occurs.

Exclusions: Patients not transferred directly to a PACU or other non-ICU location (i.e. ICU transfer).

MPOG Transition of Care Handoff

OB Epidural Consult Transition of Care

Anesthesiology Contact List

Department: Anesthesiology Contact List

NAME	PHONE	EMAIL	EXT	CELL	OFFICE
...

Anesthesiology Contact List

+ Add another card

Perioperative Management of Diabetes in Non-Cardiac Patients

Perioperative Management of Diabetes Mellitus in Non-Cardiac Patients

PROTOCOL

Perioperative Management of Diabetes Mellitus in Non-Cardiac Patients

Patients

ACQUISITION

Management: Pre op, Intra op, Post op

Preoperative Management:
 1. Glycemic control: HbA1c < 8%
 2. Insulin therapy: Stop basal insulin, start IV insulin
 3. Stop oral hypoglycemics 2 days prior
 4. Avoid hypoglycemia

Intraoperative Management:
 1. Monitor glucose: 1-2 hourly
 2. Insulin therapy: 0.5-1.0 units/kg/hr
 3. Avoid hypoglycemia: < 4.5 mmol/L

Postoperative Management:
 1. Monitor glucose: 1-2 hourly
 2. Insulin therapy: 0.5-1.0 units/kg/hr
 3. Avoid hypoglycemia: < 4.5 mmol/L

Perioperative Management of Diabetes Mellitus in Non-Cardiac Surgery

+ Add another card

Cardiac Surgery Patient Protocols

Cardiac Surgery Patient Protocols

Isolated CABG

- Beta blocker within 24 hours or contraindication noted (Not on at home is NOT a contraindication)
- If not on at home give metoprolol 1mg q/d
- Amiodarone protocol unless contraindicated

All Patients

- Antibiotics within 1 hour prior to incision
- Antibiotics in 4 hours (unless Vancomycin)
- Tight glycemic control: perioperative blood sugar target < 180
- Consider amiodarone

These are REQUIRED PROCESSES to help prevent all other symptoms, and infection post operatively

Cardiac Surgery Patient Insulin Protocol

+ Add another card

Cardiac Protocol

Epoprostenol Protocol

+ Add another card

Rescue Protocols

Rescue Protocols

Isolated CABG

- Beta blocker within 24 hours or contraindication noted (Not on at home is NOT a contraindication)
- If not on at home give metoprolol 1mg q/d
- Amiodarone protocol unless contraindicated

All Patients

- Antibiotics within 1 hour prior to incision
- Antibiotics in 4 hours (unless Vancomycin)
- Tight glycemic control: perioperative blood sugar target < 180
- Consider amiodarone

Maligned Hyperthermia Protocol

+ Add another card

LipidRescue

TREATMENT FOR LOCAL ANESTHETIC-INDUCED SYSTOLIC ARREST

PLEASE READ THIS PROTOCOL ATTACHED TO THE NITRALOID BAG

Isolated CABG

- Beta blocker within 24 hours or contraindication noted (Not on at home is NOT a contraindication)
- If not on at home give metoprolol 1mg q/d
- Amiodarone protocol unless contraindicated

All Patients

- Antibiotics within 1 hour prior to incision
- Antibiotics in 4 hours (unless Vancomycin)
- Tight glycemic control: perioperative blood sugar target < 180
- Consider amiodarone

Intratrippid Rescue Protocol

Massive Transfusion Protocol

+ Add another card

Anesthesia Guidelines

ASA Fasting Guidelines*

Ingested Material	Minimum Fasting Period†
Clear liquids	2h
Infant formula	4h
Light meals	6h
Light meals, fatty foods, or alcohol	8h
Light meals, fatty foods, or alcohol (or more than 10g of fat)	10h

*These recommendations apply to healthy patients who are undergoing elective procedures. They are not intended for cases in labor. Following the guidelines does not guarantee complete gastric emptying. The fasting periods listed above apply to all ages. Examples of clear liquids include water, clear juices without pulp, carbonated beverages, clear tea, and black coffee. If more anesthesia is likely to be needed, the patient should be kept NPO. If more anesthesia is likely to be needed, the patient should be kept NPO. If more anesthesia is likely to be needed, the patient should be kept NPO.

Current NPO Guidelines

STANFORD

ANTICOAGULATION GUIDELINES FOR NEONATAL PROCEDURES

Procedure	ASA Class	ASA Class	ASA Class	ASA Class	ASA Class
...

Anticoagulation Guidelines

Full ASRA Anticoagulation Guidelines

+ Add another card

Anesthesiology Contact List

Department of Anesthesiology Contact List

First	Last	Phone	Extension	Room	Room	Phone	Extension
Adams	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322
Alford	John	855	3322	3000	3000	855	3322

Anesthesiology Contact List

🔍 1

+ Add another card

Perioperative Management of Diabetes in Non-Cardiac Patients

PROTOCOL
Perioperative Management of Diabetes Mellitus in Non-Cardiac Surgery Patients

Document Owner: Robert Pastero | Date Created: 04/23/2020
 Approved By: Diabetes, Diabetes, Diabetes, Diabetes, Diabetes, Diabetes | Date Approved: 05/01/2020

ALGORITHM
Hypoglycemia – For any 08+ – 20 mg/dL

- Call for anesthesiologist.
- Stop insulin pump. Stop IV insulin infusion.
- Give 25 mL 50% dextrose IV bolus.
- Recheck BG in 15 minutes. When Insulin.

Hypoglycemia – Low Dose – Pre requiring <40 units of Insulin/day

BG	Start/Stop (Insulin aspect)
100-149	3 units SQ
150-199	4 units SQ
200-249	5 units SQ
>250	6 units SQ

Medium Dose – Pre requiring 40- 80 units of Insulin/day

BG	Start/Stop (Insulin aspect)
100-149	4 units SQ
150-199	6 units SQ
200-249	8 units SQ
>250	9 units SQ

High Dose – Pre requiring > 80 units of Insulin/day

BG	Start/Stop (Insulin aspect)
100-149	5 units SQ
150-199	8 units SQ
200-249	1.1 units SQ
>250	1.3 units SQ

Perioperative Management of Diabetes Mellitus in Non-Cardiac Surgery

🔍 2

+ Add another card

Cardiac Surgery Patient Protocols

DIABETIC PATIENTS ONLY	
Initial Blood Glucose	Regular Insulin (units/hr)
<125 mg/dL	0
126-175 mg/dL	4
176-225 mg/dL	6
>225 mg/dL	8
Blood Glucose For Bolus Dose	Regular Insulin (units)
<180 mg/dL	0
180-225 mg/dL	5
226-275 mg/dL	10
>275 mg/dL	15

Subsequent checks of blood glucose:
 **For every 30% increase in blood glucose level below previous level, increase infusion rate by 2 units/hr. For every 30% decrease in blood glucose level below previous level, decrease infusion rate by 2 units/hr. When blood glucose falls below 125, stop insulin.

Continue to bolus insulin according to bolus chart above

NON-DIABETIC PATIENTS ONLY	
Initial Blood Glucose	Regular Insulin (units/hr)
<125 mg/dL	0
126-175 mg/dL	4
176-225 mg/dL	6
>225 mg/dL	8
Blood Glucose For Bolus Dose	Regular Insulin (units)
<180 mg/dL	0
180-225 mg/dL	5
226-275 mg/dL	10
>275 mg/dL	15

Cardiac Surgery Patient Insulin Protocol

🔍 2

Cardiac Surgery Protocols

Isolated CABG

- Beta blocker within 24 hours or contraindication noted (Not on at home is NOT a contraindication)
- If not on at home give metoprolol 1mg IVP
- Amiodarone protocol unless contraindicated

All Patients

- Antibiotics within 1 hour prior to incision
- Vancomycin in 4 hours (Unless contraindicated)
- Tight glycemic control: perioperative blood sugar target <180
- Consider amiodarone

These are REQUIRED PROCESSES to help prevent AF, other arrhythmias, and infection post operatively

Cardiac Protocol

🔍 1

Epoprostenol Protocol

🔍 2

+ Add another card

2018 ASPIRE P4P Measure Details

PONV-01

1

Intraoperative Prophylaxis

Risk Score	Prevalence PONV	Prophylaxis No. of Anti-emetics 0-1	Examples*
0	10%	0-1	• Ondansetron
1	20%	1	• Ondansetron ± Dexamethasone
2	40%	2	• Ondansetron • Dexamethasone
3 HIGH RISK	60%	3	• Ondansetron • Dexamethasone • Dramamine PO
4 HIGH RISK	80%	4	• Ondansetron • Dexamethasone • Dramamine PO ± Alternatives to volatile anesthetics*

Dexamethasone 8 mg IV is given within FIRST 30 min of procedure (Diabetics may still receive Dexamethasone).

Ondansetron 4 mg IV is given within LAST 30 min of procedure.

* Consider propofol TIVA without volatile anesthetics for highest risk patients or regional with propofol sedation if possible.

PONV Department Guidelines

3

PUL-02

1

TRAN-02

1

Pay for performance Toolkits

2

+ Add another card

2019 ASPIRE P4P Measure Details

PONV-01

1

Intraoperative Prophylaxis

Risk Score	Prevalence PONV	Prophylaxis No. of Anti-emetics 0-1	Examples*
0	10%	0-1	• Ondansetron
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PONV Department Guidelines

3

PUL-02

1

TOC-02

1

TRAN-02

1

+ Add another card

All ASPIRE Measure Details

AKI

1

BP

2

CARD

1

FLUID

2

GLU

2

MED

1

NMB

2

OPIOID

1

PONV

2

PUL

2

TEMP

+ Add another card

Regional Nerve Block Videos

- Interscalene Nerve Block
- Adductor Canal Nerve Block
- Popliteal Nerve Block
- Femoral Nerve Block
- TAP Block
- Pec Block
- Supraclavicular Nerve Block
- Axillary Nerve Block

+ Add another card

TXA Protocols

Orthopedic TXA Protocol

🔗 1

Dr. Ritter TXA Dosing

1) 10mg/kg Loading dose
2) Maintenance 1-5 mg/kg/hr based off clinical picture and surgeon preference

TXA Protocol for Dr. Ritter

🔗 1

+ Add another card

2018 ASPIRE P4P Measure Details

PONV-01

🔗 1

Content

Intraoperative Prophylaxis

Risk Score	Prevalence PONV	Prophylaxis Rx of high interest	Examples*
0	10%	0-1	± Ondansetron
1	20%	1	+ Ondansetron ± Desamethasone
2	40%	2	+ Ondansetron + Desamethasone
3	60%	3	+ Ondansetron + Desamethasone ± Dexamethasone
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PONV Department Guidelines

🔗 3

PUL-02

🔗 1

TRAN-02

🔗 1

Pay for performance Toolkits

🔗 2

+ Add another card

2019 ASPIRE P4P Measure Details

PONV-01

🔗 1

Content

Intraoperative Prophylaxis

Risk Score	Prevalence PONV	Prophylaxis Rx of high interest	Examples*
0	10%	0-1	± Ondansetron
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PONV Department Guidelines

🔗 3

PUL-02

🔗 1

TOC-02

🔗 1

TRAN-02

🔗 1

+ Add another card

All ASPIRE Measure Details

- AKI
- BP
- CARD
- FLUID
- GLU
- MED
- NMB
- OPIOID

+ Add another card

2018 ASPIRE P4P Measure Details

PONV-01

🔒 1

Intraoperative Prophylaxis

Risk Score	Prevalence PONV	Prophylaxis: No. of Anti-emetics	Examples*
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PONV Department Guidelines

🔒 3

PUL-02

🔒 1

TRAN-02

🔒 1

Pay for performance Toolkits

+ Add another card

2019 ASPIRE P4P Measure Details

PONV-01

🔒 1

Intraoperative Prophylaxis

Risk Score	Prevalence PONV	Prophylaxis: No. of Anti-emetics	Examples*
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PONV Department Guidelines

🔒 3

PUL-02

🔒 1

TOC-02

🔒 1

TRAN-02

🔒 1

+ Add another card

All ASPIRE Measure Details

AKI

🔒 1

BP

🔒 2

CARD

🔒 1

FLUID

🔒 2

GLU

🔒 2

MED

🔒 1

NMB

🔒 2

OPIOID

🔒 1

+ Add another card

Corneal Abrasion Diagnosis and Treatment

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Management of corneal abrasions*



Corneal Abrasion Algorithm

🔒 1

Step	Assessment	Action
1	Assess vision to plan next steps to plan foreign body removal	Rule out penetrating injury
2	Eye examination, including fluorescein, consistent with the presence of corneal abrasion?	History suggestive of abrasion contact?
3	Traumatic abrasion	Foreign body abrasion
4	Recurrent erosions	Rule out vitellus or vernalis: must be referred to ophthalmologist immediately if present
5	Remove foreign body or refer to ophthalmologist if unable to remove	Topical antibiotic therapy with fluorescein, tetracycline, or polymyxin drops Q4 for 7-10 days per day for 3-5 days depending upon response
6	Apply four times per day for three to five days depending upon response	Do not rub with contact lenses and resume normal. Pressure patch for less than 24 hours optional although contraindicated if foreign body still present. Only to use after removal of foreign body. Do not use topical antibiotics or steroids
7	Follow-up with ophthalmologist and consider optional. Pressure patch contraindicated. Do not use topical steroids	Follow-up with ophthalmologist to rule out vitellus or vernalis

Corneal Abrasion Treatment

🔒 1

+ Add another card

