Holland Hospital

Anesthesia Quality 2018

Where we've been, Where we're going

Holland Hospital

Numbers

Holland Hospital Anesthesia Department

- 200 bed independent hospital
- 7 ORs
- 1 ASC (3 ORs)
- 3 Endoscopy rooms
- 26 room L/D floor (1800 deliveries/year)
- Health Pointe 2018 addition

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Macatawa Anesthesia

- Independent private practice
- Holland Hospital partner since 1992
- Currently 14 physicians, 10 CRNAs
- 20,000 anesthetics per year

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Macatawa Anesthesia

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Quality

- Network
- Hospital
- Practice
- Individual

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Holland PHO

- Reorganized as Integrated Network in 2014
- Governing Board
- Contracting committee
- Quality and Care Management committee

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PHO QCM

- Hyperglycemia screening prior to implant surgery
- Pre-op total joint optimization
- Perioperative anti-coagulant management

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Total Joint Optimization

evidence based guidelines

MEDICAL CARE PRIOR TO TOTAL JOINT SURGERY

Patient's name:_____ Date of birth:_____
Planned Procedure:_____
Surgeon(s):_____Primary Care Physician:_____

Based on a review of the patient's reported medical history:

- ☐ This surgery is *delayed* pending medical optimization of the following modifiable risk factor(s):
  - ☐ A known diabetic with a need to have Hgb A1C <8.0 in the last 90 days
  - ☐ Address newly identified hyperglycemia with a recent fasting/random glucose reading of_____
  - ☐ Reduction of weight until BMI <40 kg/m^2
  - ☐ Current smoker. Please confirm smoking cessation using a normal serum or urine cotinine test
  - ☐ Nephrology clearance due to eGFR<25 mL/min/1.73m^2
  - ☐ Patient has had ACS in the last 6 months or a CVA in the last 9 months.
  - ☐ Cardiac clearance due to (circle one): unstable cardiac symptoms, stent placement < 12 months, congenital heart disease, moderate or severe valve disease, significant pulmonary hypertension, or presence of AICD/Pacemaker
  - ☐ Other_____
- ☐ A surgery date is *scheduled for* _____ at Holland Hospital. The following labs/tests have been ordered and the patient instructed to complete them *prior* to your appointment with them. If additional tests or treatments are desired, please notify patient directly
  - **CBC with differential**
  - **Comprehensive chemistry profile** (address signs of malnutrition if present)
  - **Clean catch urinalysis** (with culture and sensitivity if abnormal)
    NOTE: treatment is ***not required*** for ***asymptomatic*** bacteriuria, unless h/o frequent UTI, significant BPH, or other predisposing conditions.
  - **EKG within 12 months** of procedure ***unless*** new symptoms warrant additional evaluation
    NOTE: No cardiac evaluation is needed if the patient is on preventive medication for known heart disease and is asymptomatic when climbing a flight of stairs or walking two blocks.
    NOTE: If EKG suggests previously unrecognized heart disease please arrange for evaluation as appropriate and contact surgeon's office if date of surgery may be affected.

➢ Please complete a history and physical exam ***14-30 days prior*** **to planned procedure.** In this document please address the following:

- Rule out uncontrolled depression using a standardized screening tool (e.g. PHQ-2 or PHQ-9)
- Comment on general oral health: consider referral to a dentist if severe caries or gum disease
- Document any known history of MRSA or other drug resistant infection
- Document tobacco/marijuana use and efforts taken to assist with cessation
- Document use of narcotics, excessive alcohol, or other illicit substances and efforts taken to minimize/eliminate use.
- A management plan for anticoagulants peri-operatively (See 2017 Holland Hospital PHO practice guideline)
- A management plan for corticosteroids, DMARDS, anti-TNF's or other immunosuppressive drugs
- A statement that the patient is "medically optimized" for the planned procedure.

Please forward all test results to the surgeon's office a minimum of 5 business days prior to planned procedure.

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Anti-coagulant Management

Pre-Procedure Planning

To avoid bleeding complications during spinal/epidural anesthesia or surgery, patients taking anti-coagulant and anti-platelet medications should be instructed to stop their medications in advance. The table below lists the number of days (including the day of surgery) that the patient should avoid taking their medication.

For patients at very high risk of thrombotic events, consider the Holland PHO "Therapeutic Bridging" guideline.

Medication	Spinal or Epidural Anesthesia	General Anesthesia or MAC	
		High bleeding risk*	Low bleeding risk**
Apixaban (Eliquis)	3 days	3 days	2 days
Clopidogrel (Plavix)	7 days	7 days	5 days
Dabigatran (Pradaxa) (Creat. Clear. >50 mL/min)	5 days	3 days	2 days
Dabigatran (Pradaxa) (Creat. Clear. 30-50 mL/min)	7 days	5 days	3 days
Rivaroxaban (Xarelto)	3 days	3 days	2 days
Prasugrel (Effient)	7 days		
Ticagrelor (Brilinta)	5 days		
Enoxaparin (Lovenox) prophylactic	12 hours		
Enoxaparin (Lovenox) therapeutic	24 hours		
Heparin IV	Normal PTT		
Heparin – subcutaneous	6 hours		
Warfarin (Coumadin)	INR<1.4		
Aspirin	No interruption in patients using for secondary prevention		

These medications can restart once hemostasis is assured. Generally, this is 24 hours after surgery for a low bleeding risk procedure and 24-48 hours for a high bleeding risk procedure. An exception to this is Warfarin (Coumadin) which is usually restarted at the patient's usual dose on the evening of the day of surgery.

***Examples of High Bleeding Risk Surgeries**

Major Joint Replacement (knee, hip, shoulder)
Laminectomy and most neurosurgical procedures
Kidney biopsy
Gastrointestinal endoscopy using polypectomy, sphincterectomy, or fine needle aspiration
Most cancer surgeries
Transurethral resection of the prostate
Surgeries expected to take >45 minutes

****Examples of Low Bleeding Risk Surgeries**

Abdominal hernia repair
Abdominal hysterectomy
Axillary lymph node dissection
Bronchoscopy without biopsy
Carpal tunnel release
Ophthamalogic surgery (e.g. cataract surgery)
Central venous catheter removal
Cholecystectomy
Gastrointestinal endoscopy without invasive procedures
Joint arthroscopy
Hydrocele Repair
Pacemaker and cardiac defibrillator insertion

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- How Are We Doing?
- MSPC
- Physician Feedback Report
- ASPIRE

Physician Feedback Report

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Physician Feedback Report

Anesthesiology

Version: 21
January 2016-December 2017

	Type	Jan 2016-Jun 2016 N/Ct	Denom	Rate	Jul 2016-Dec 2016 N/Ct	Denom	Rate	Jan 2017-Jun 2017 N/Ct	Denom	Rate	Jul 2017-Dec 2017 N/Ct	Denom	Rate	Your 24 Month Total Jan 2016-Dec 2017 N/Ct	Denom	Rate	Target For 24 Month Credentialing Period Excellent	Acceptable	Your 24 Mo Rating	Peer Group Percentages %Green	%Yellow	% Red
Contributions to Med Staff, Hospital, & Community																						
Charitable Service Activites~	Rule	0			3			0			3			6			1	0		G= 34%	Y= 66%	R= 0%
Record of Citizenship Activities~	Rule	0			1			0			1			2			1	0		G= 30%	Y= 70%	R= 0%
Interpersonal and Communication Skills																						
Incidents of Perceived Inappropriate Behavior	Rule	0			0			0			0			0			2	4		G= 100%	Y= 0%	R= 0%
Patient Complaints About Non ED Physician	Rule	0			0			0			0			0			2	4		G= 100%	Y= 0%	R= 0%
Patient Praises of Provider	Rule	2			3			1			0			6			1	0		G= 43%	Y= 57%	R= 0%
Medical Knowledge																						
Anesthesia: BP monitoring-no gaps	Rate	188	198	0.95	259	269	0.96	282	297	0.95	563	591	0.95	1292	1355	0.95	0.9	0.85		G= 100%	Y= 0%	R= 0%
Anesthesia: Management of temperature<36.0 degrees	Rate	25	31	0.81	32	40	0.80	58	66	0.88	39	42	0.93	154	179	0.86	0.9	0.85		G= 36%	Y= 57%	R= 7%
Anesthesia: Periods of low MAP	Rate	630	630	1.00	257	257	1.00	291	291	1.00	548	548	1.00	1726	1726	1.00	0.9	0.85		G= 100%	Y= 0%	R= 0%
Platelet Transfusion not supported by documentation	Rule	0			0			0			0			0			0	3		G= 100%	Y= 0%	R= 0%
PRBCs Transfusion not supported by documentation	Rule	0			0			0			0			0			1	5		G= 100%	Y= 0%	R= 0%
Patient Care																						
Failure to Respond to a Page from Clinical Service or ED	Rule	0			0			0			0			0			1	4		G= 100%	Y= 0%	R= 0%
SPO2 Anesthesia	Rate	0			218	218	1.00	61	61	1.00	125	125	1.00	404	404	1.00	0.98	0.95		G= 100%	Y= 0%	R= 0%
Practice-Based Learning and Improvement																						
A. Peer Review: Expectations Met w/OFI	Review	0			0			0			0			0			1	4		G= 99%	Y= 1%	R= 0%
B. Peer Review: Expectations Not Met	Review	0			0			0			0			0			0	2		G= 96%	Y= 3%	R= 0%
C. Peer Review: Expectations Met with Commendation	Review	0			0			0			0			0			1	0		G= 3%	Y= 97%	R= 0%
Postdural puncture headaches	Rule	0			0			0			0			0			3	6		G= 100%	Y= 0%	R= 0%
System-Based Practice																						
Compliance with Policy or Procedure	Rule	0			0			0			0			0			2	4		G= 100%	Y= 0%	R= 0%
Suspensions for Delinquent Medical Records: # of Days	Rule	0			0			0			0			0			0	10		G= 77%	Y= 13%	R= 9%

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Macatawa Anesthesia

- Journal Club
- QA Forms
- ASPIRE
- Quality Officer

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Journal Club

Monthly Dinner Meeting

Take turns presenting on a variety of topics

- Block additives
- Stagger rooms
- NM reversal
- Isobaric spinals
- ASPIRE Measures

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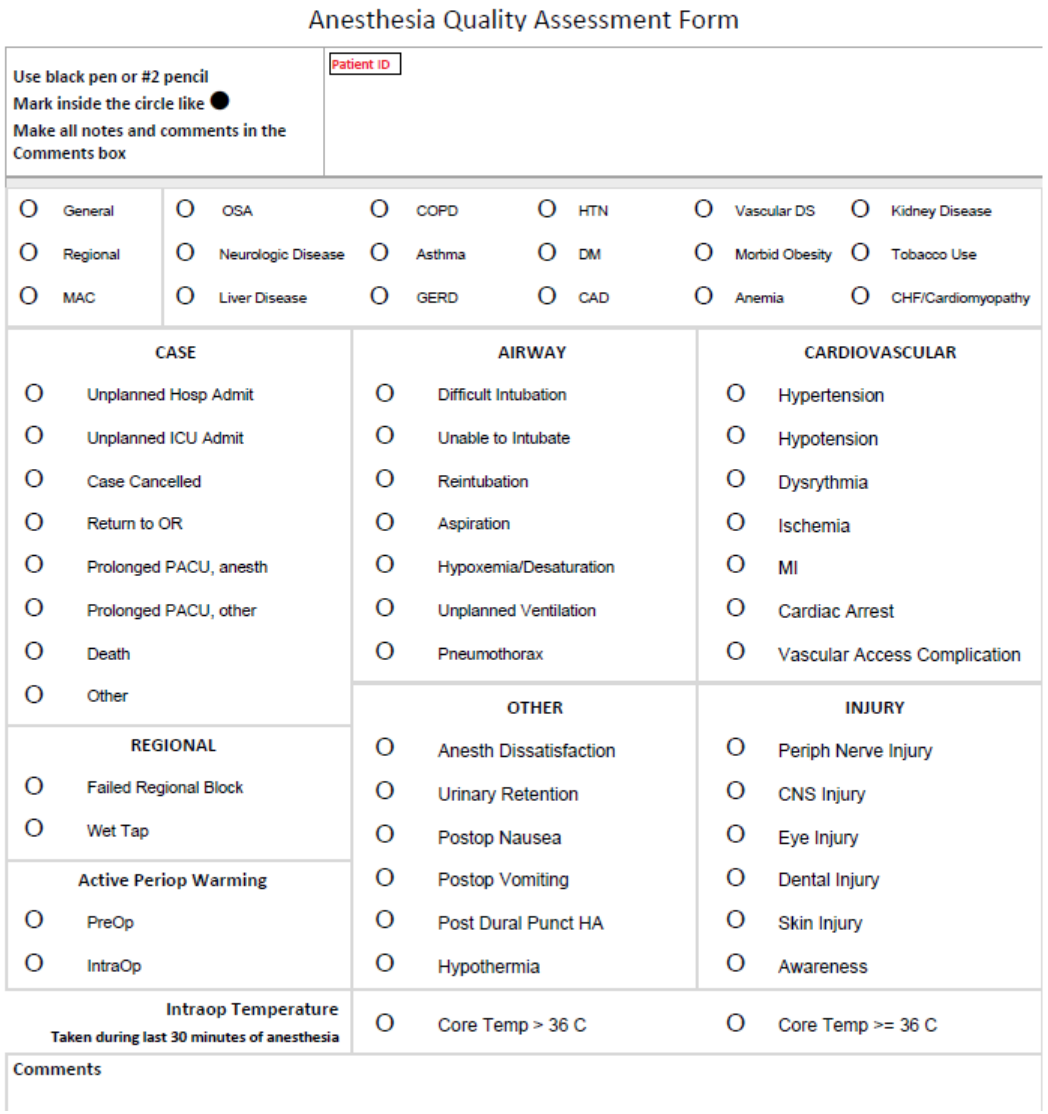
QA Forms

Take-aways from self-reported data

- Only the conscientious get penalized
- People who need the most help won't accept it
- Example of something that didn't/doesn't work



Anesthesia Quality Assessment Form

Use black pen or #2 pencil
Mark inside the circle like ●
Make all notes and comments in the Comments box

Patient ID

O General	O OSA	O COPD	O HTN	O Vascular DS	O Kidney Disease
O Regional	O Neurologic Disease	O Asthma	O DM	O Morbid Obesity	O Tobacco Use
O MAC	O Liver Disease	O GERD	O CAD	O Anemia	O CHF/Cardiomyopathy

CASE

- O Unplanned Hosp Admit
- O Unplanned ICU Admit
- O Case Cancelled
- O Return to OR
- O Prolonged PACU, anesth
- O Prolonged PACU, other
- O Death
- O Other

REGIONAL

- O Failed Regional Block
- O Wet Tap

Active Periop Warming

- O PreOp
- O IntraOp

AIRWAY

- O Difficult Intubation
- O Unable to Intubate
- O Reintubation
- O Aspiration
- O Hypoxemia/Desaturation
- O Unplanned Ventilation
- O Pneumothorax

OTHER

- O Anesth Dissatisfaction
- O Urinary Retention
- O Postop Nausea
- O Postop Vomiting
- O Post Dural Punct HA
- O Hypothermia

CARDIOVASCULAR

- O Hypertension
- O Hypotension
- O Dysrythmia
- O Ischemia
- O MI
- O Cardiac Arrest
- O Vascular Access Complication

INJURY

- O Periph Nerve Injury
- O CNS Injury
- O Eye Injury
- O Dental Injury
- O Skin Injury
- O Awareness

Intraop Temperature
Taken during last 30 minutes of anesthesia

- O Core Temp > 36 C
- O Core Temp >= 36 C

Comments

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ASPIRE

- Improvements in all measures
- Thanks! BCBSM and especially UM crew
- Temperature management and NMB most notable

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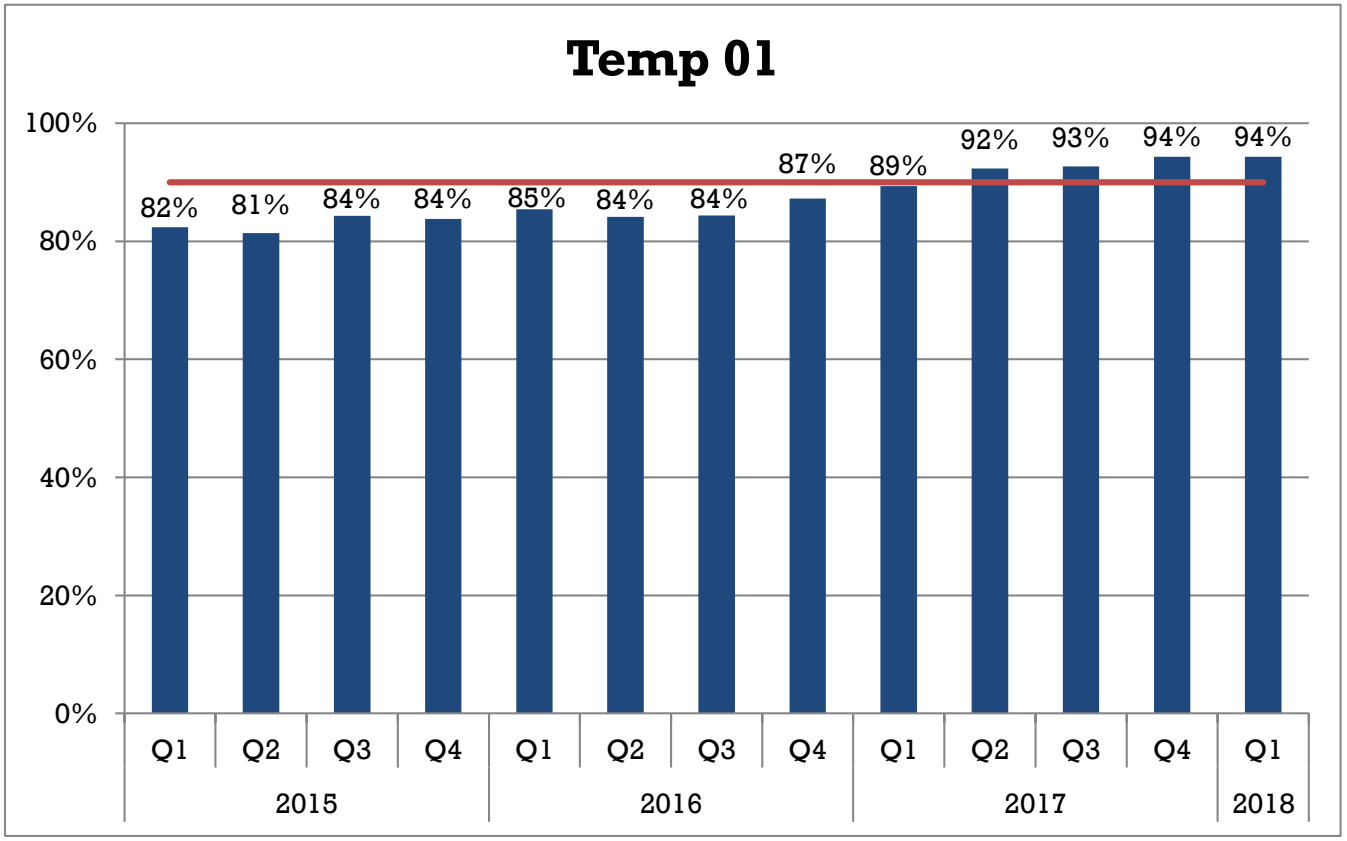
Aspire Measures

Active warming or temp ≥36ºC



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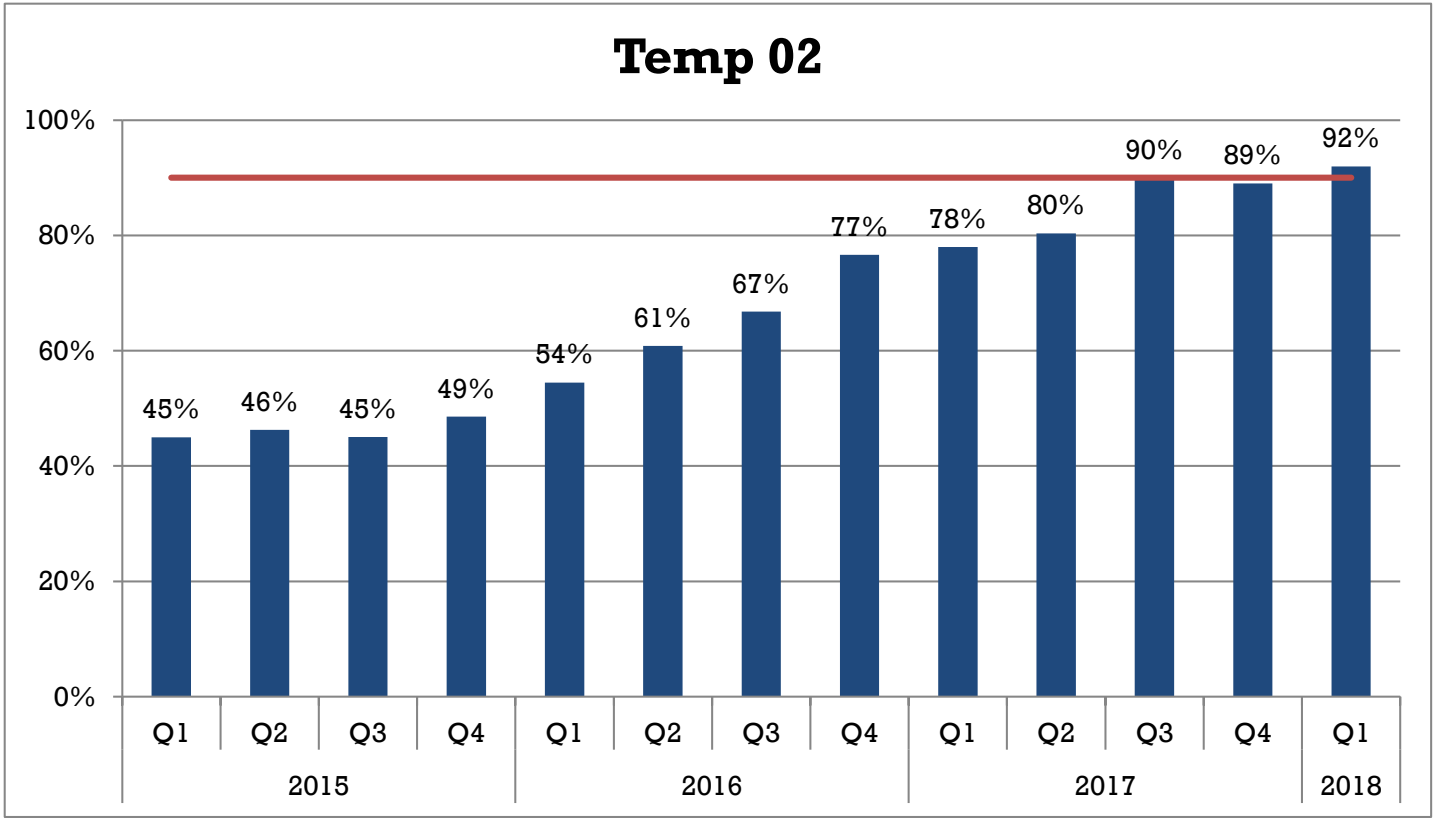
Aspire Measures

Core temp documented



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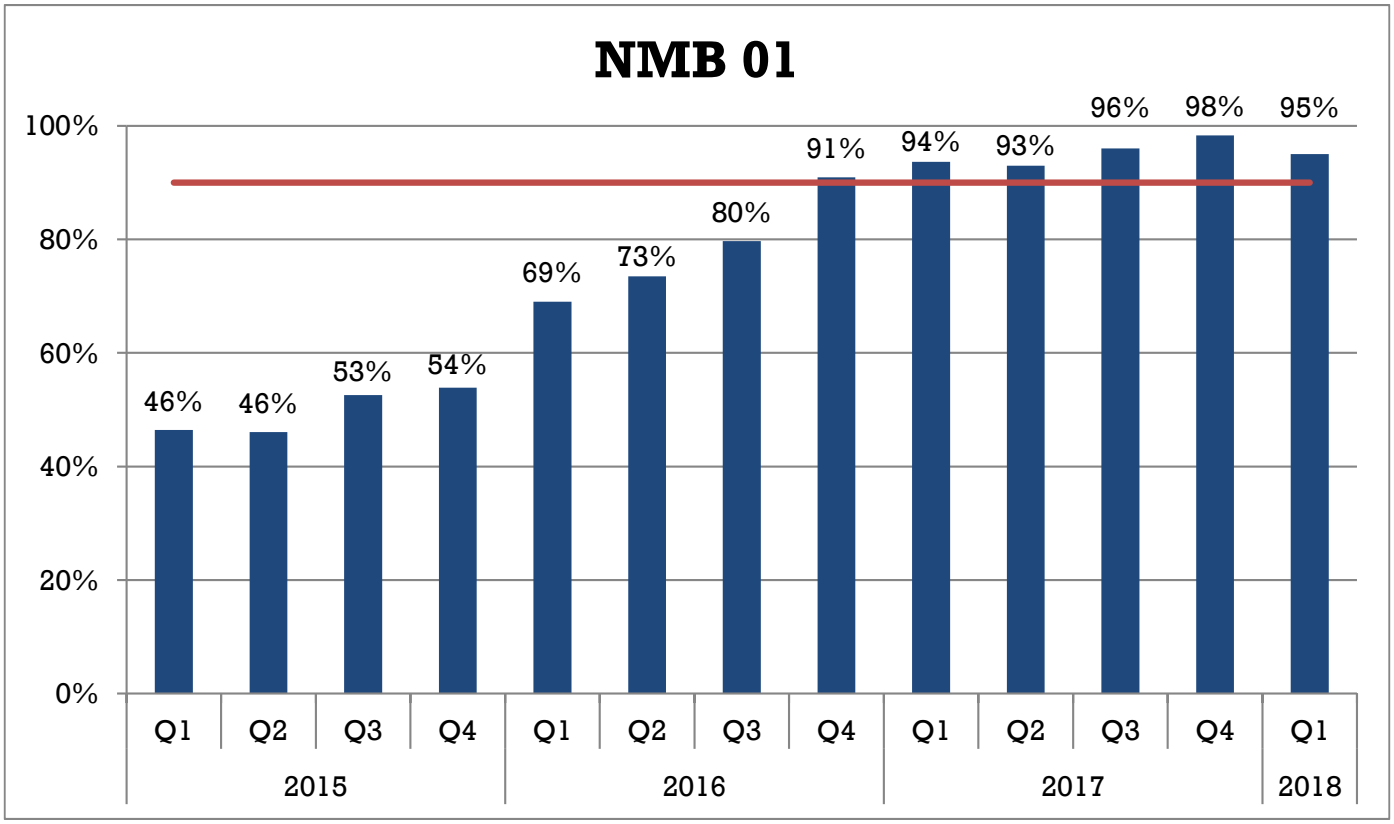
Aspire Measures

Documentation of TOF



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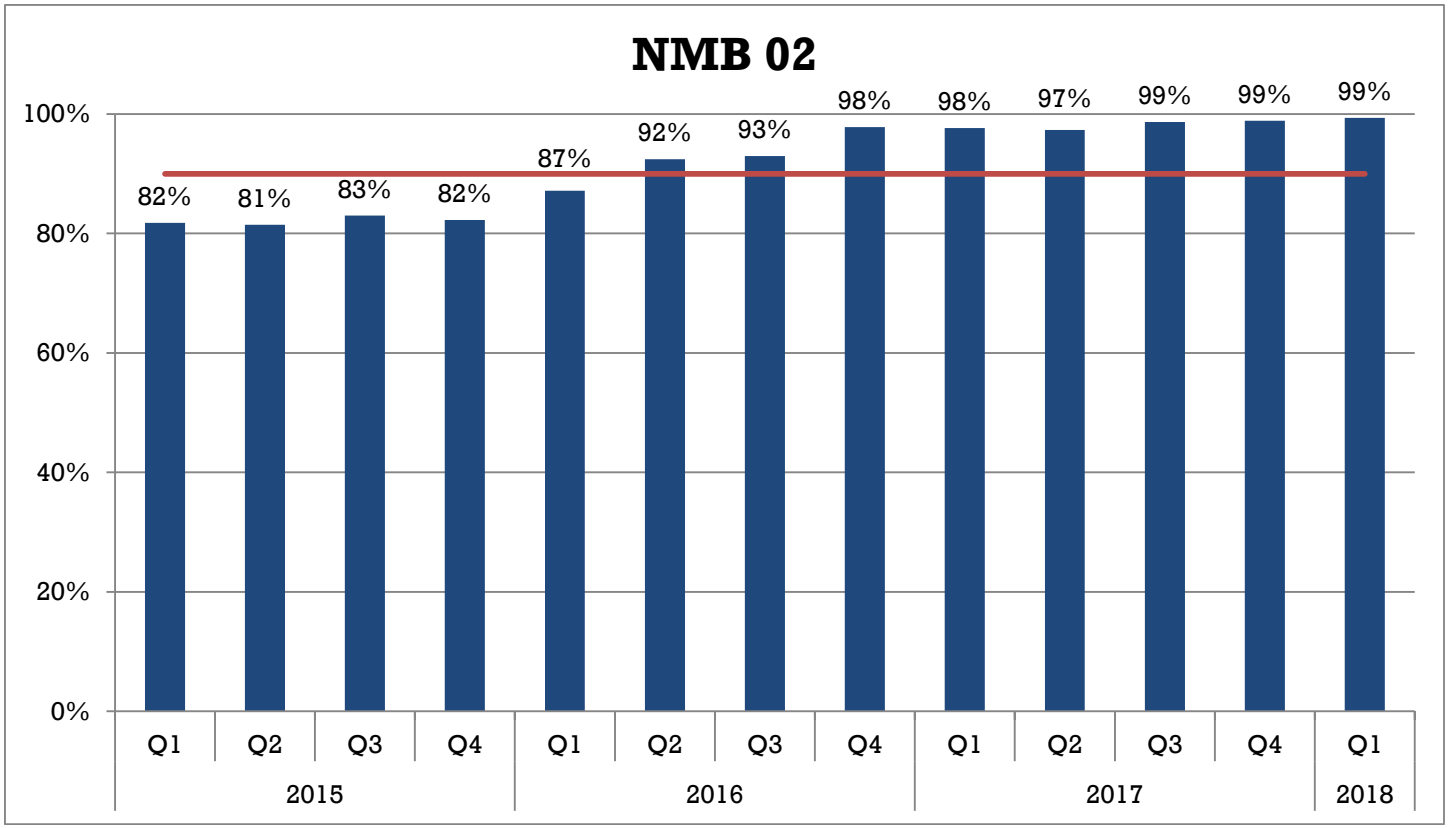
Aspire Measures

NMB Reversal given



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Individual

- ASPIRE e-mails/MOCA
- Physician Feedback Report
    - HAWD cards
    - Performance Measures
    - Citizenship

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Future

- Timing of obstetric epidural placement
- PACU pain evaluation
- Intraop/postop narcotics

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