Quality Presentation

How we are utilizing Trello

- Presented By: Daniel Applefield, M.D. QI Champion
- Peter Paik, M.D. Resident & Cheryl Quinn RN ACQR
- Date: November 26, 2018

ST. JOSEPH MERCY OAKLAND
SAINT JOSEPH MERCY HEALTH SYSTEM

BeRemarkable.

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.

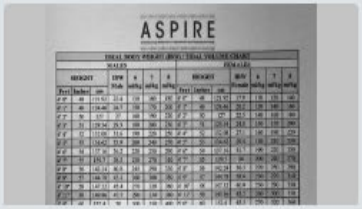
Our Trello Board

Aspire Tidal Volume

Males TV 7 ml/kg	PBW kg	Height cm	Females PBW kg	Females TV 7 ml/kg
		150	43	300
350	50	152	45	325
375	52	155	48	325
375	53	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 H_2O PEEP				

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

1



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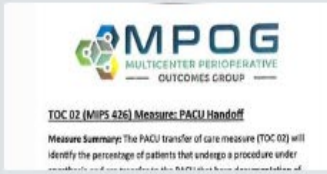
Transitions of Care Handoff Checklist

Transition of Care Handoff Checklist

Background
Introduction
Identification of patient
Anesthesiologist in charge of case
Discussion of surgical/procedure course
Pertinent PMH/PSH
Baseline Vital Signs prior to procedure
Allergies
Contact Precautions
Anesthetic Management
Type of Anesthetic
Airway management (ETT/LMA)
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, U/O, NG/OG Suction)
Pertinent and Intraoperative labs
Expectations/Plans
Allow opportunity for questions/acknowledgement of understaning of report from

MPOG Transition of Care Handoff Checklist TOC-02

2



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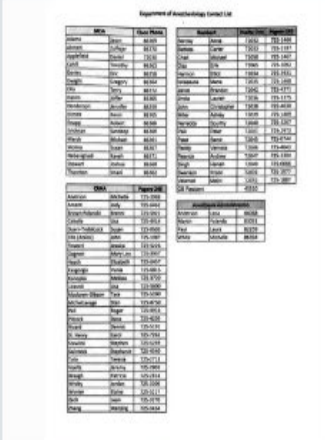
Anesthesiology Contact List



Anesthesiology Contact List

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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

ALGORITHMS

Hypoglycemic – For any BS < 70 mg/dl

1. Call the anesthesiologist.
2. Stop insulin pump. Stop IV insulin infusion.
3. Give 25 ml 50% dextrose IV bolus.
4. Recheck BS in 15 minutes then hourly.

Hyperglycemic

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

BS	Novolog (Insulin aspart)
180-249	3 units SQ
250-299	4 units SQ
300-349	5 units SQ
>349	6 units SQ

Medium Dose – Pts requiring 40 - 80 units of insulin/day

BS	Novolog (Insulin aspart)
180-249	4 units SQ
250-299	6 units SQ
300-349	8 units SQ
>349	9 units SQ

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

BS	Novolog (Insulin aspart)
180-249	5 units SQ
250-299	8 units SQ
300-349	11 units SQ
>349	13 units SQ

Perioperative Management of Diabetes Mellitus in Non-Cardiac Surgery

2

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Using Trello for Teaching and Quality Improvement

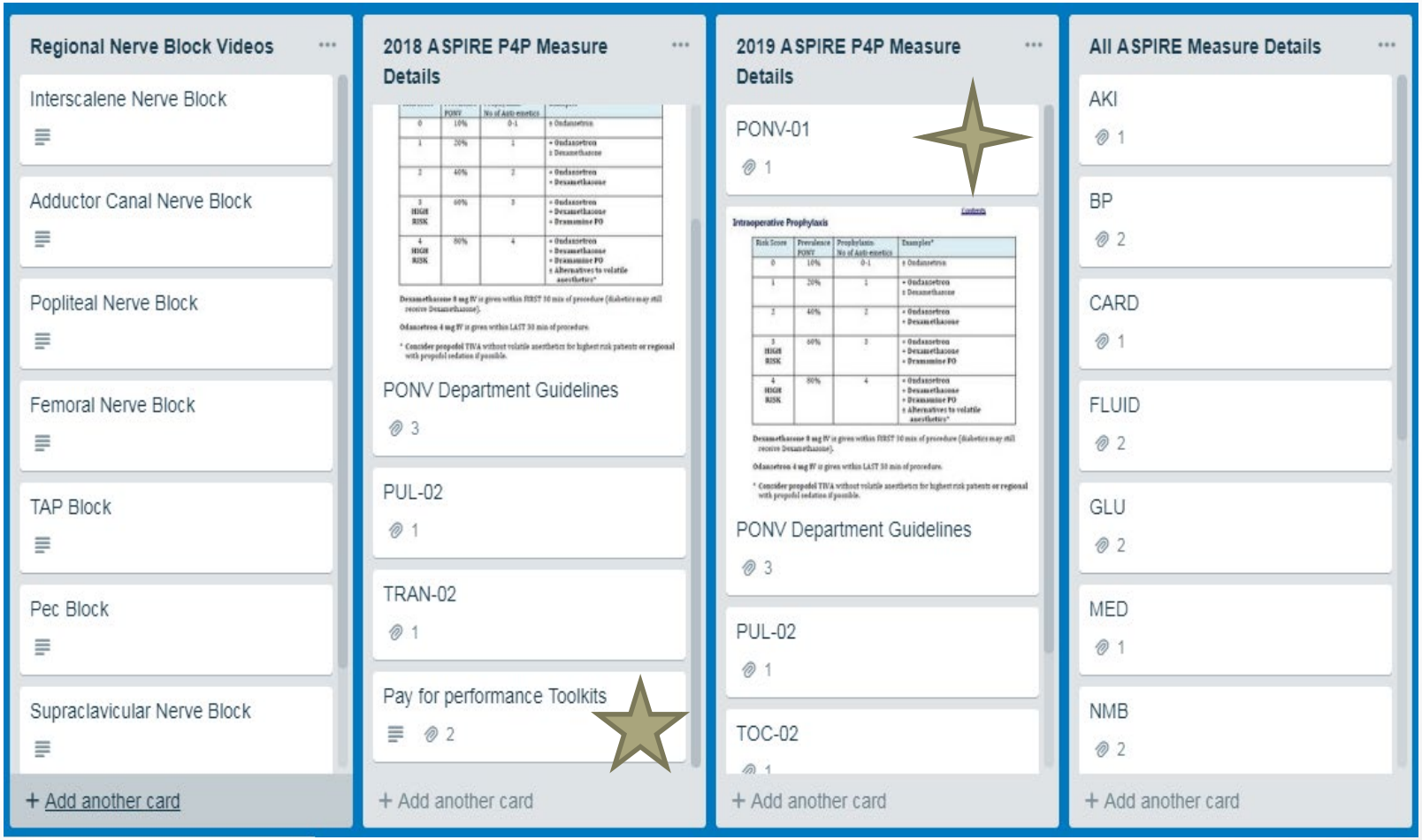
- Design Resident Quality Improvement Projects to encompass the Aspire measures.
- Lead resident will present the Toolkit to the resident group and instruct them on navigating the reference material on our Department's Trello Board. (Project started this past October)
- Lead resident will review failed 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.

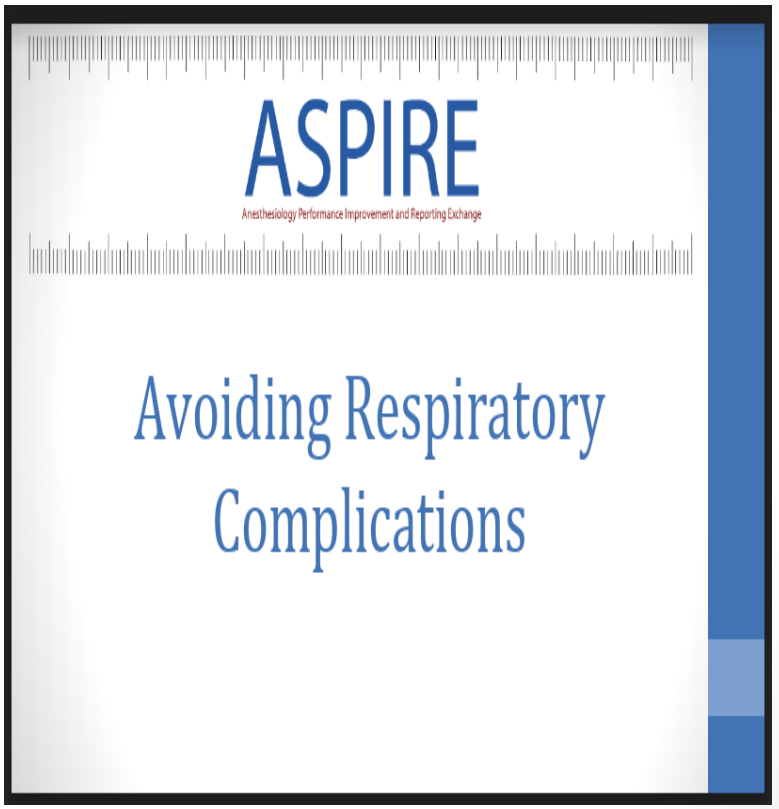
- Eventually, this learning tool can be applied across multiple measures and be utilized with subsequent Anesthesia Resident Classes.

- 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!



View Toolkits



PONV -01

ASPIRE ONE PAGE

MPOG MULTICENTER PERIOPERATIVE OUTCOMES GROUP

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://qpp.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

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HOSPITAL GUIDELINES

PROTOCOL

Prophylaxis for and Treatment of Postoperative Nausea and Vomiting

ST. JOSEPH MERCY OAKLAND
SAINT JOSEPH MERCY HEALTH SYSTEM

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

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

SCOPE

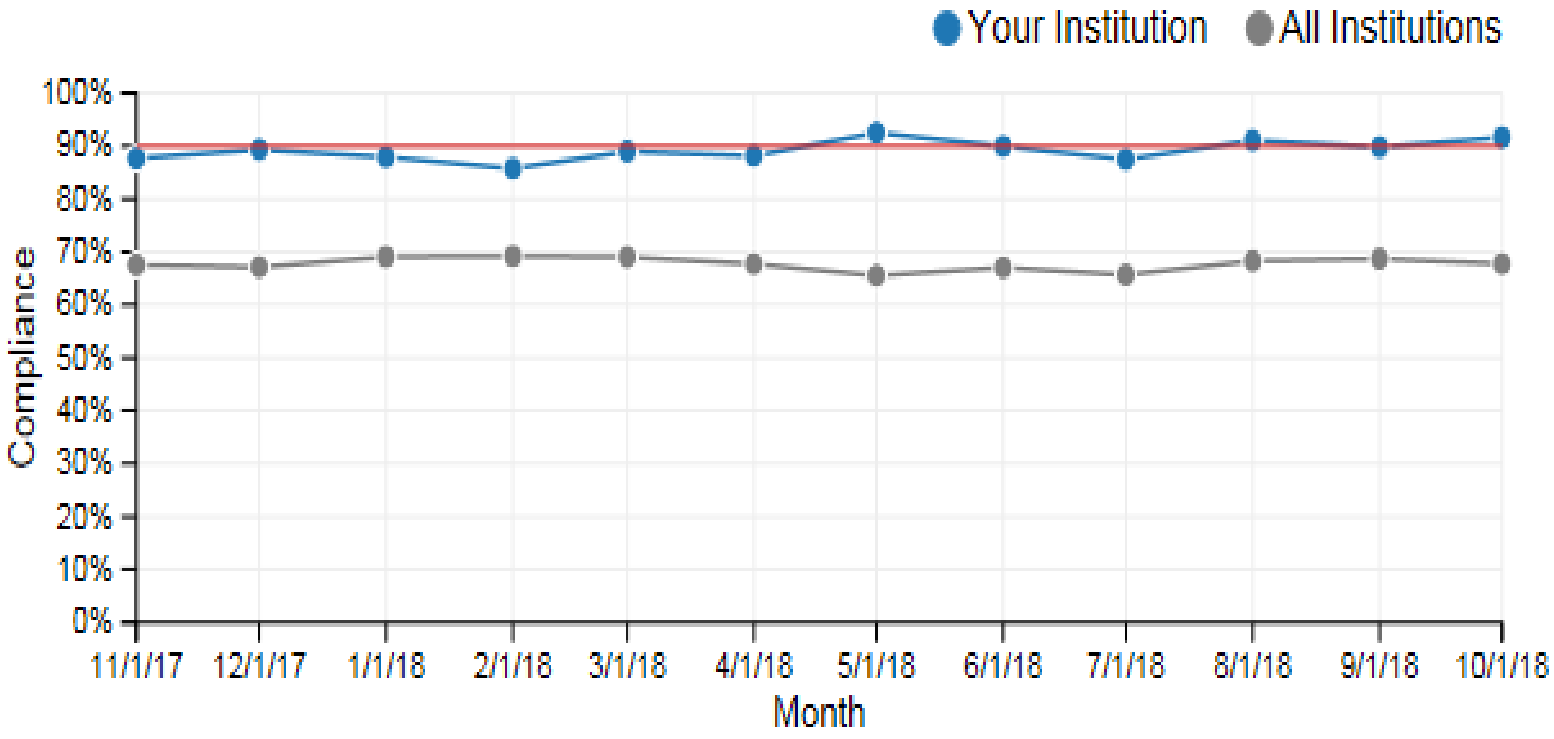
All patients expected to receive general anesthesia in the Main Operating Room or the Ambulatory Surgery Center (ASC).

PONV-01

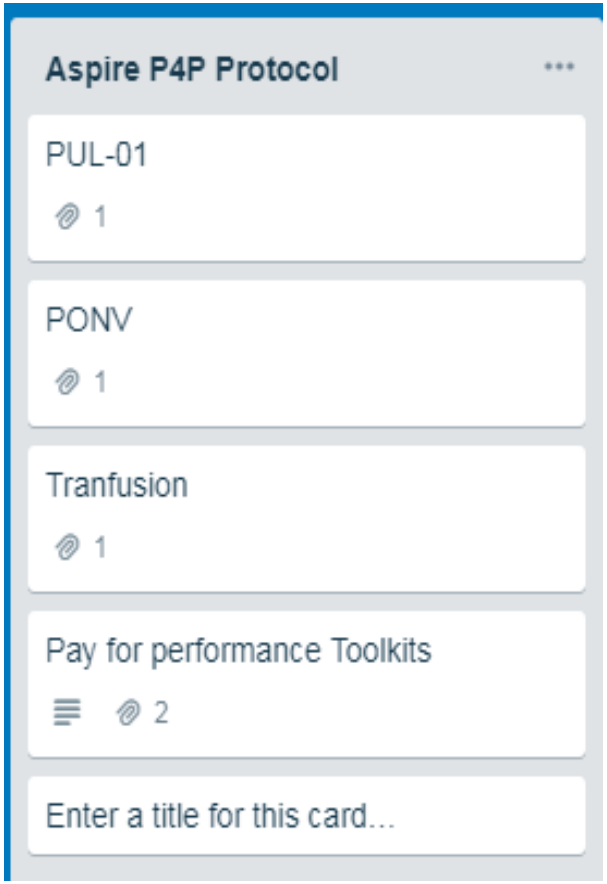
Overall Performance

✖ 89% Target 90%

Trend



TRAN-02



MPOG
MULTICENTER PERIOPERATIVE OUTCOMES GROUP

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 ≤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 ≥ 2000ml
- 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

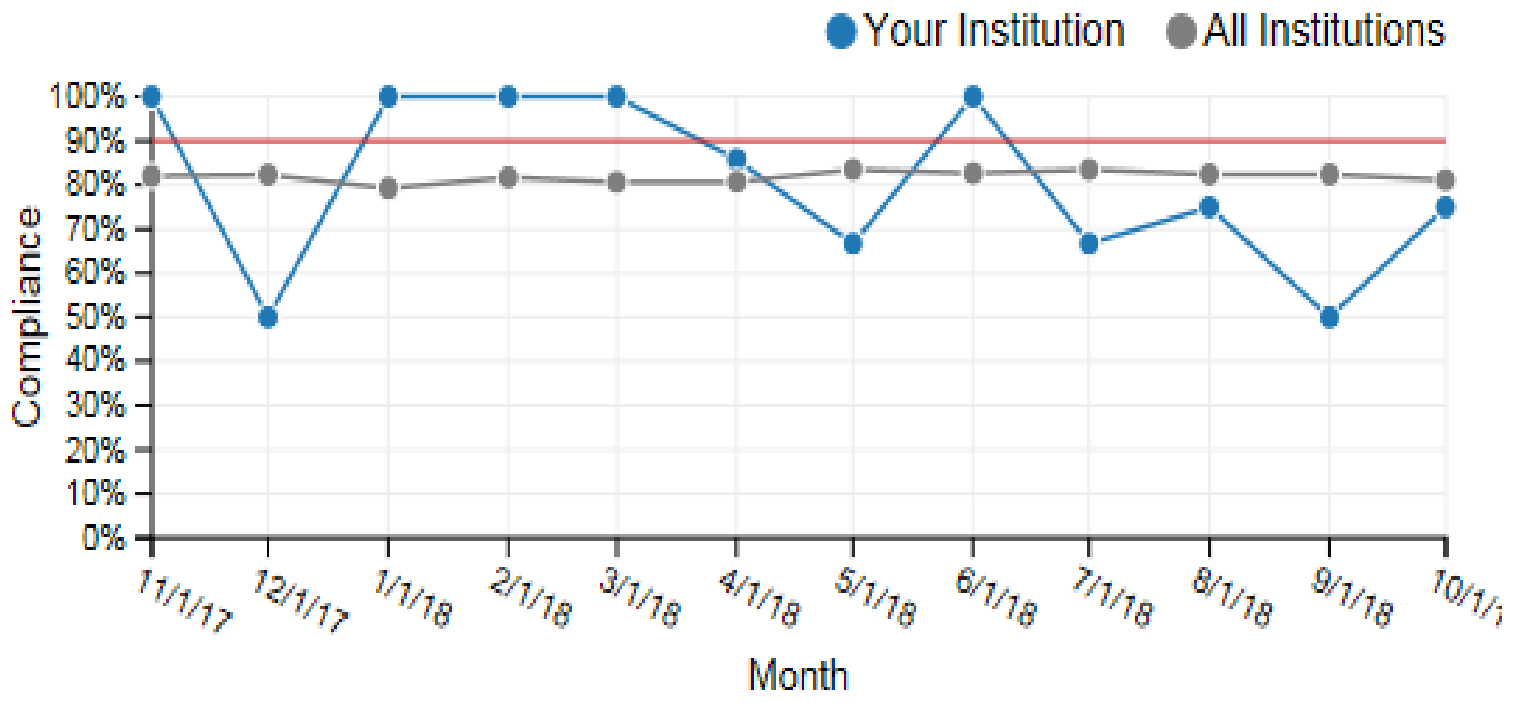
TRAN-02

TRAN-02

84%

Target 90%

Trend

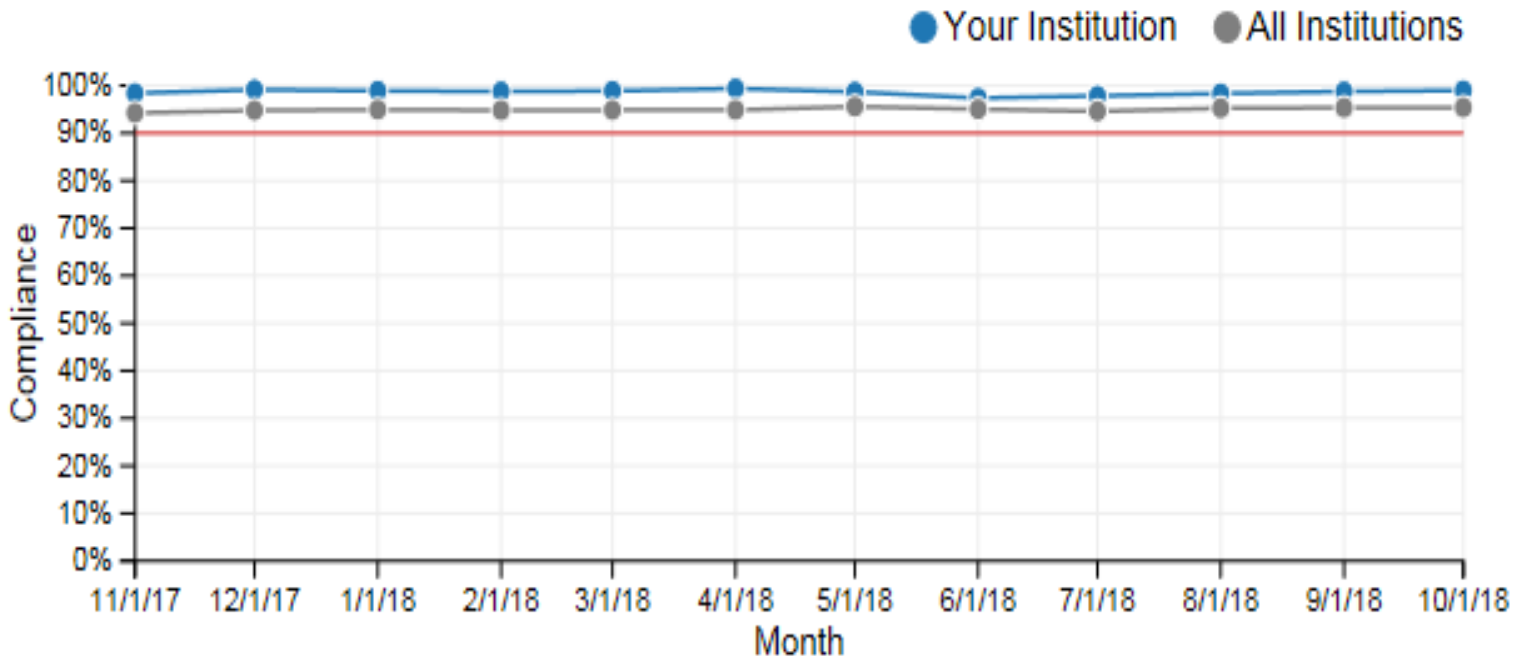


PUL-01

Overall Performance

✔ 99% Target 90%

Trend



WORKING ON FOR 2019

MPOG Transition of Care

MPOG
MULTICENTER PERIOPERATIVE OUTCOMES GROUP

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		
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625	89	195		
650	91	198		
Add 6-8 cm H_20 PEEP				

Males			Females	
TV *7 ml/kg*	PBW *kg*	Height *cm*	PBW *kg*	TV *7 ml/kg*
		150	43	300
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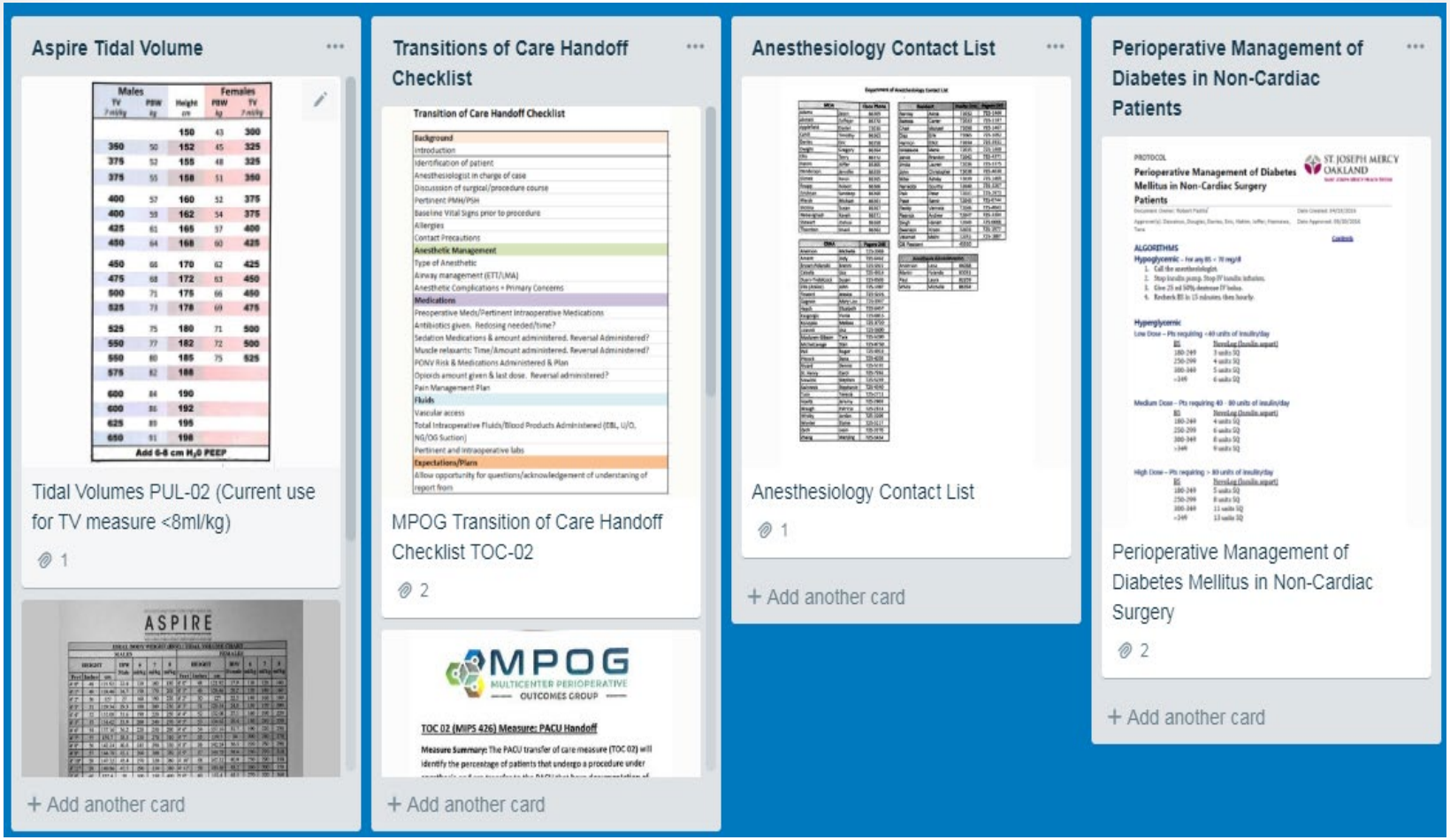
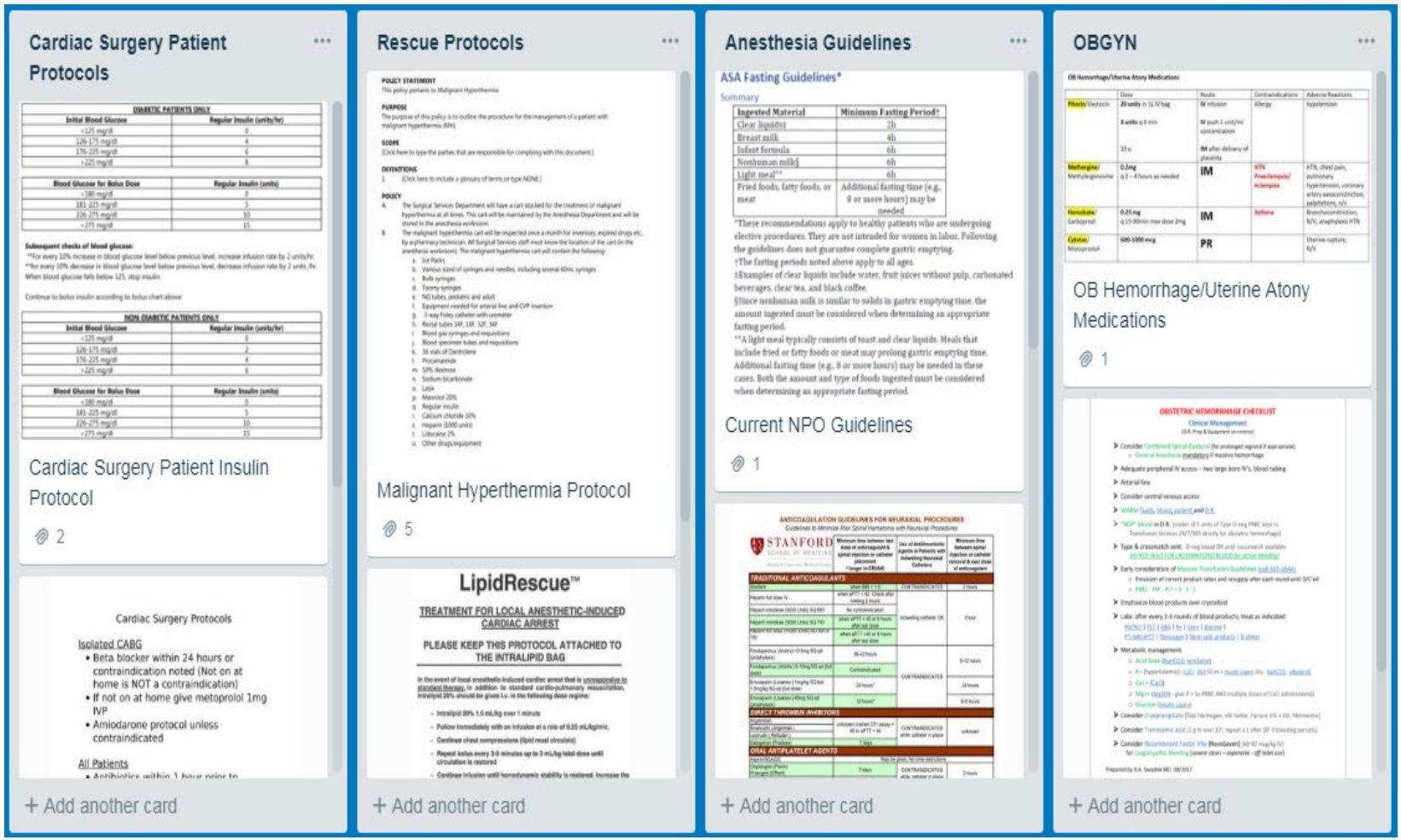
550	77	182	72	500
550	80	185	75	525
575	82	188		
600	84	190		
600	86	192		
625	89	195		
650	91	198		
Add 6-8 cm H_20 PEEP				

PUL-01

Currently on each anesthesia machine

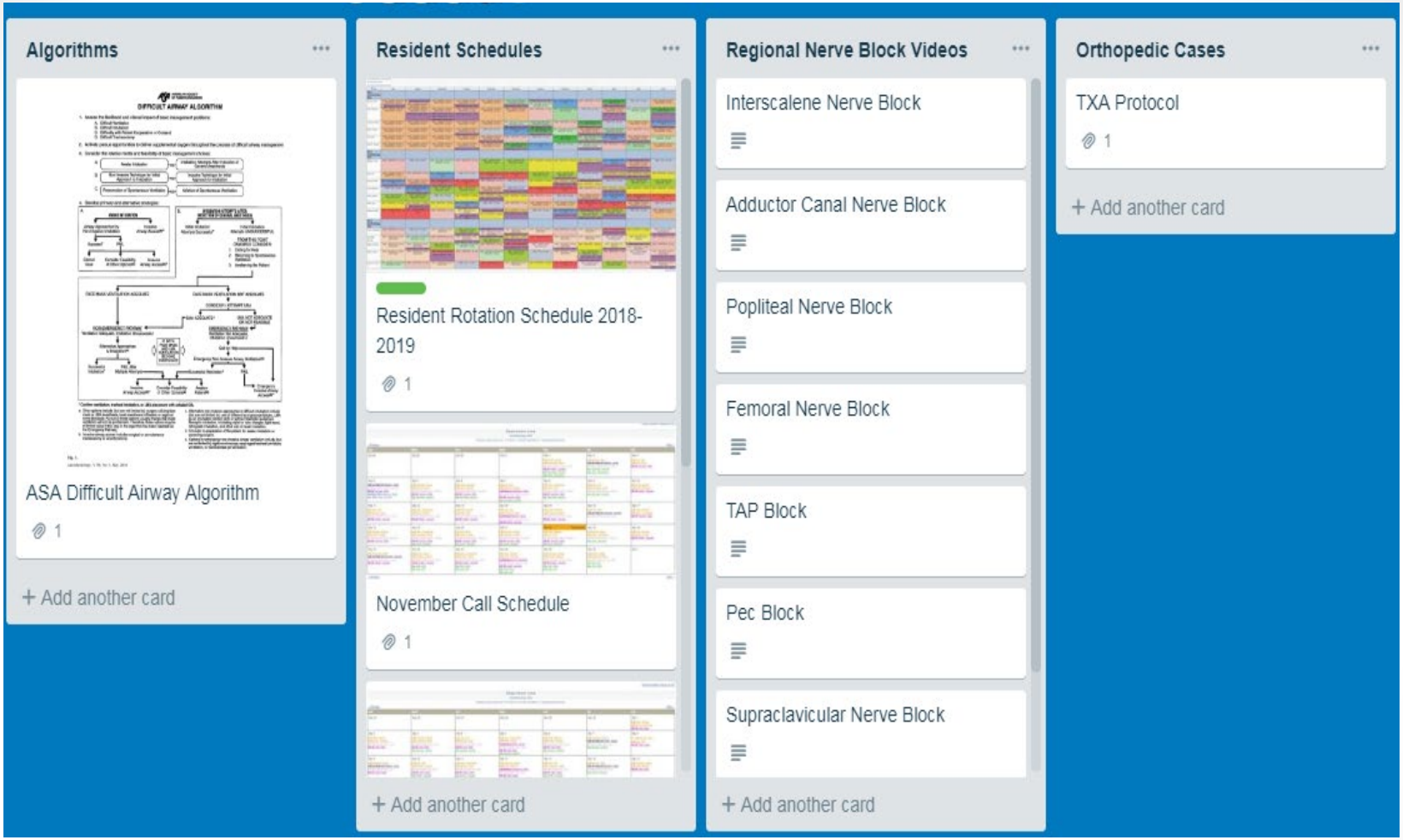


We have arranged our dashboard in order of importance and frequently used information

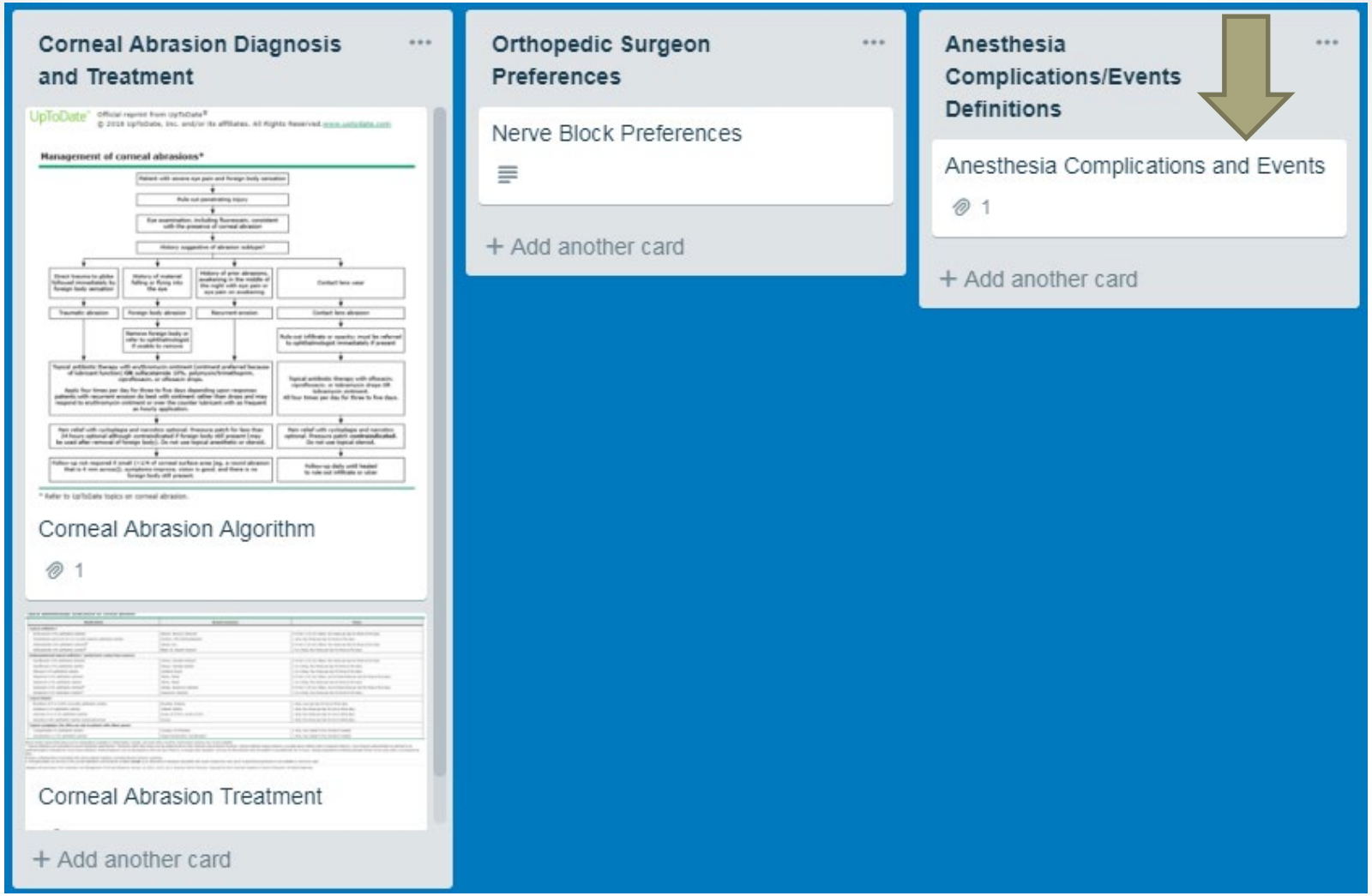


Cards are easily moved

Information is easily added and updated.



Algorithms and Videos are at our fingertips!



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

Boards

SJMO | Personal | Private | BH C DA AR 51

Aspire Tidal Volume

Males TV 7 cc/kg	Males PBW kg	Height cm	Females PBW kg	Females TV 7 cc/kg
		150	43	300
350	50	152	45	325
375	52	155	48	325
375	55	158	51	350
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400	59	162	54	375
425	61	165	57	400
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500	71	175	65	450
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550	77	182	72	500
550	80	185	75	525
575	82	188		
600	84	190		
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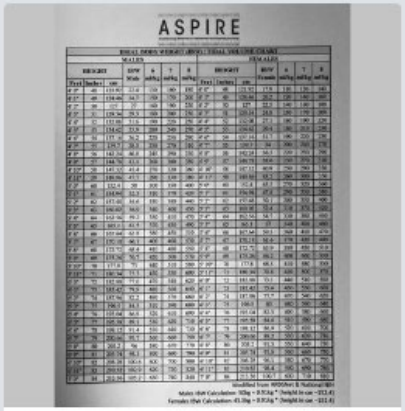
650	91	198		
Add 6-8 cm H_2O PEEP				

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

1



Alternate Aspire Chart Tidal Volume PUL-02

1

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Transitions of Care Handoff Checklist

MPOG Transition of Care Handoff Checklist TOC-02

2

MPOG Transition of Care Handoff

2

OB Epidural Consult Transition of Care

Name

+ Add another card

Boards | Trello

SJMO | Personal | Private | BH C DA AR 51 | Show Menu

Aspire Tidal Volume

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

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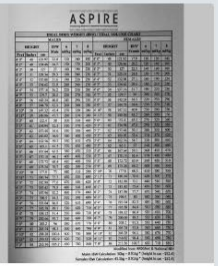

Alternate Aspire Chart Tidal Volume PUL-02

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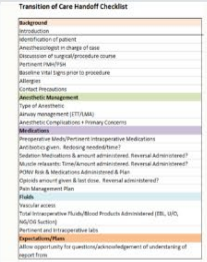
Transitions of Care Handoff Checklist



MPOG Transition of Care Handoff Checklist TOC-02

2

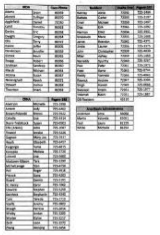
MPOG Transition of Care Handoff

2

OB Epidural Consult Transition of Care

+ Add another card

Anesthesiology Contact List



Anesthesiology Contact List

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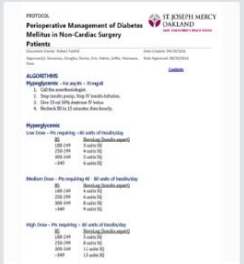
Perioperative Management of Diabetes in Non-Cardiac Patients



Perioperative Management of Diabetes Mellitus in Non-Cardiac Surgery

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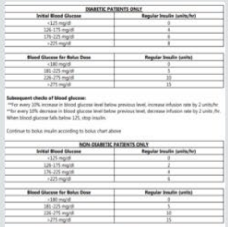
Cardiac Surgery Patient Protocols



Cardiac Surgery Patient Insulin Protocol

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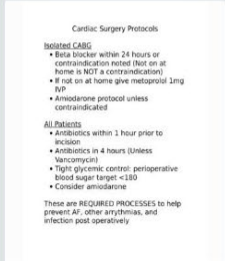

Cardiac Protocol

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Epoprostenol Protocol

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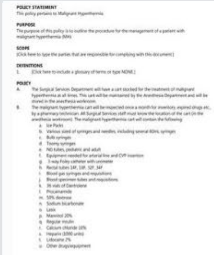
Rescue Protocols



Malignant Hyperthermia Protocol

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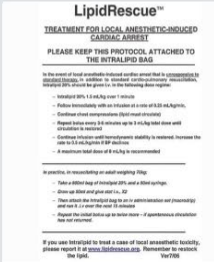

Intralipid Rescue Protocol

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Massive Transfusion Protocol

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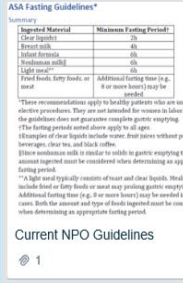
Anesthesia Guidelines



Current NPO Guidelines

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Anticoagulation Guidelines

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Full ASRA Anticoagulation Guidelines

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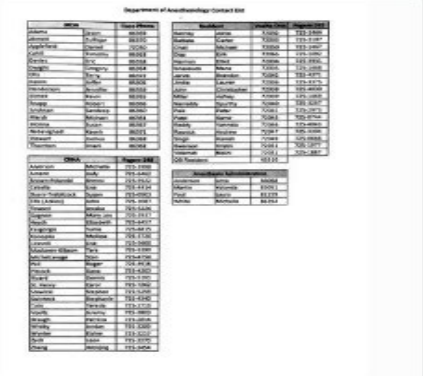
SJMO | Personal | Private | BH C DA AR 51

Anesthesiology Contact List



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

ST JOSEPH MERCY OAKLAND

ALGORITHMS

Hypoglycemic – For any BS < 70 mg/dl

1. Call the anesthesiologist.
2. Stop insulin pump. Stop IV insulin infusion.
3. Give 25 ml 50% dextrose IV bolus.
4. Recheck BS in 15 minutes. then hourly.

Hyperglycemic

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

BS	NovoLog (Insulin aspart)
100-249	3 units SQ
250-299	4 units SQ
300-349	5 units SQ
>349	6 units SQ

Medium Dose – Pts requiring 40 - 80 units of insulin/day

BS	NovoLog (Insulin aspart)
100-249	4 units SQ
250-299	6 units SQ
300-349	8 units SQ
>349	9 units SQ

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

BS	NovoLog (Insulin aspart)
100-249	5 units SQ
250-299	8 units SQ
300-349	11 units SQ
>349	13 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
181-225 mg/dl	5
226-275 mg/dl	10
>275 mg/dl	15

Subsequent checks of blood glucose:

**For every 10% increase in blood glucose level below previous level, increase infusion rate by 2 units/hr.

**For every 10% decrease in blood glucose level below previous level, decrease infusion rate by 2 units /hr.

When blood glucose falls below 125, stop insulin.

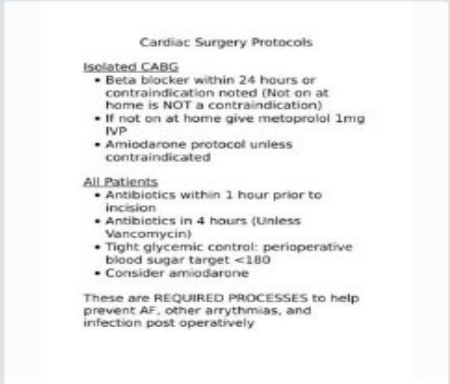
Continue to bolus insulin according to bolus chart above

NON-DIABETIC PATIENTS ONLY	
Initial Blood Glucose	**Regular Insulin (units/hr)**
<125 mg/dl	0
126-175 mg/dl	2
176-225 mg/dl	4
>225 mg/dl	6

Blood Glucose for Bolus Dose	**Regular Insulin (units)**
<180 mg/dl	0
181-225 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
- Antibiotics in 4 hours (Unless Vancomycin)
- Tight glycemic control: perioperative blood sugar target <180
- Consider amiodarone

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

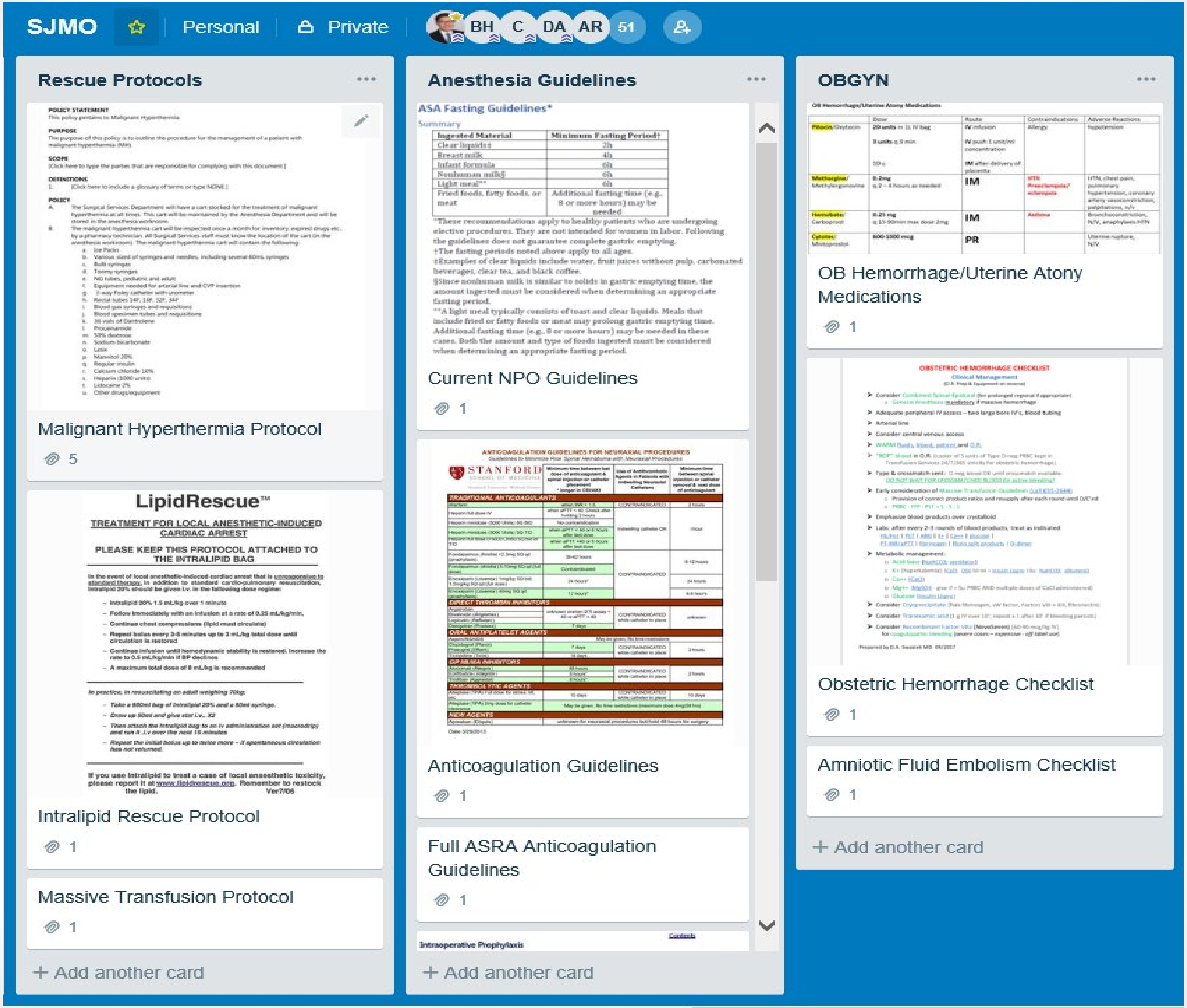
Cardiac Protocol

1

Epoprostenol Protocol

2

+ Add another card


SJMO
Personal
Private
BH
C
DA
AR
51
Rescue Protocols
Malignant Hyperthermia Protocol
5
LipidRescue™
TREATMENT FOR LOCAL ANESTHETIC-INDUCED CARDIAC ARREST
PLEASE KEEP THIS PROTOCOL ATTACHED TO THE INTRALIPID BAG
Intralipid Rescue Protocol
1
Massive Transfusion Protocol
1
+ Add another card
Anesthesia Guidelines
ASA Fasting Guidelines*
Current NPO Guidelines
1
Anticoagulation Guidelines
1
Full ASRA Anticoagulation Guidelines
1
Intraoperative Prophylaxis
+ Add another card
OBGYN
OB Hemorrhage/Uterine Atony Medications
1
OBSTETRIC HEMORRHAGE CHECKLIST
Obstetric Hemorrhage Checklist
1
Amniotic Fluid Embolism Checklist
1
+ Add another card

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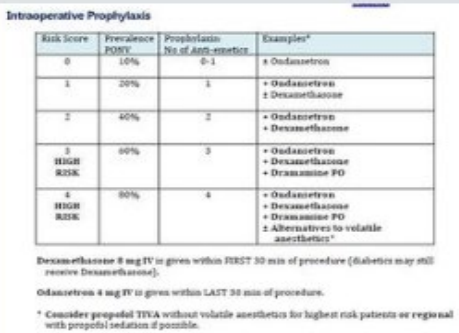
2018 ASPIRE P4P Measure Details

PONV-01
1


Intraoperative Prophylaxis

Risk Score	Prevalence PONV	Prophylaxis No of Anti-emetics	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).

Odansetron 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

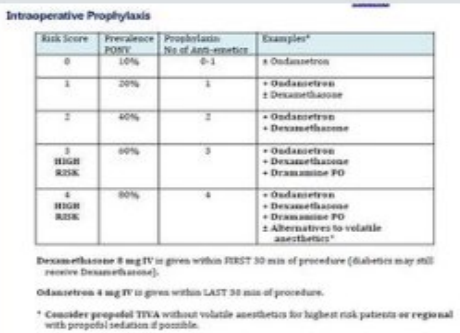
TRAN-02
1

Pay for performance Toolkits
2

+ Add another card

2019 ASPIRE P4P Measure Details

PONV-01
1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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

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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
- Axillary Nerve Block

+ Add another card

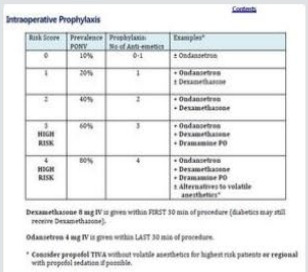
TXA Protocols

- 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
- 

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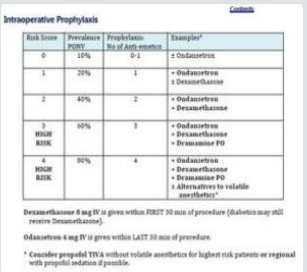
  PONV Department Guidelines
  - 3
- PUL-02
  - 1
- TRAN-02
  - 1
- Pay for performance Toolkits

+ Add another card

2019 ASPIRE P4P Measure Details

- PONV-01
  - 1
- 

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  PONV Department Guidelines
  - 3
- PUL-02
  - 1
- TOC-02
  - 1
- TRAN-02

+ 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

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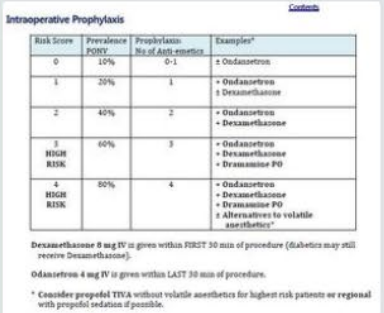
2018 ASPIRE P4P Measure Details

PONV-01
1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PONV Department Guidelines
3

PUL-02
1

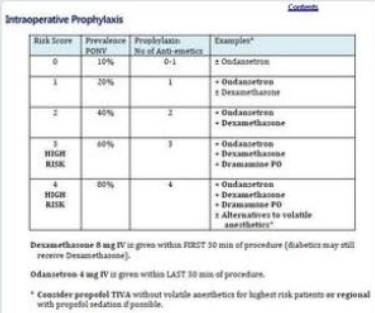
TRAN-02
1

Pay for performance Toolkits

+ Add another card

2019 ASPIRE P4P Measure Details

PONV-01
1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PONV Department Guidelines
3

PUL-02
1

TOC-02
1

TRAN-02

+ Add another card

All ASPIRE Measure Details

AKI
1

BP
2

CARD
1

FLUID
2

GLU
2

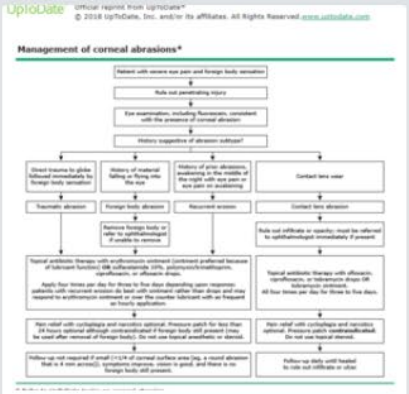
MED
1

NMB
2

OPIOID
1

+ Add another card

Corneal Abrasion Diagnosis and Treatment



Corneal Abrasion Algorithm
1

Corneal Abrasion Treatment
1

+ Add another card

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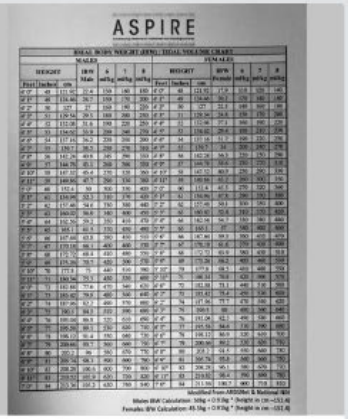
Aspire Tidal Volume

Males			Females	
TV 7 ml/kg	PBW /p	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 H_2O PEEP				

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

1



Alternate Aspire Chart Tidal

+ 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 PMH/PSH
Baseline Vital Signs prior to procedure
Allergies
Contact Precautions
Anesthetic Management
Type of Anesthetic
Airway management (ETT/LMA)
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, U/O, NG/OG Suction)
Pertinent and Intraoperative labs
Expectations/Plans
Allow opportunity for questions/acknowledgement of understaning of report from

MPOG Transition of Care Handoff Checklist TOC-02

2

MPOG MULTICENTER PERIOPERATIVE OUTCOMES GROUP

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 transfer 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, regordless 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 transfers)

+ Add another card

Anesthesiology Contact List

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

ALGORITHMS

Hypoglycemic – For any BS < 70 mg/dl

1. Call the anesthesiologist.
2. Stop Insulin pump. Stop IV insulin infusion.
3. Give 25 ml 50% dextrose IV bolus.
4. Recheck BS in 15 minutes, then hourly.

Hyperglycemic

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

BS	NovoLog (Insulin aspart)
180-249	3 units SQ
250-299	4 units SQ
300-349	5 units SQ
>349	6 units SQ

Medium Dose – Pts requiring 40 - 80 units of insulin/day

BS	NovoLog (Insulin aspart)
180-249	4 units SQ
250-299	6 units SQ
300-349	8 units SQ
>349	9 units SQ

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

BS	NovoLog (Insulin aspart)
180-249	5 units SQ
250-299	8 units SQ
300-349	11 units SQ
>349	13 units SQ

Perioperative Management of Diabetes Mellitus in Non-Cardiac Surgery

2

+ Add another card