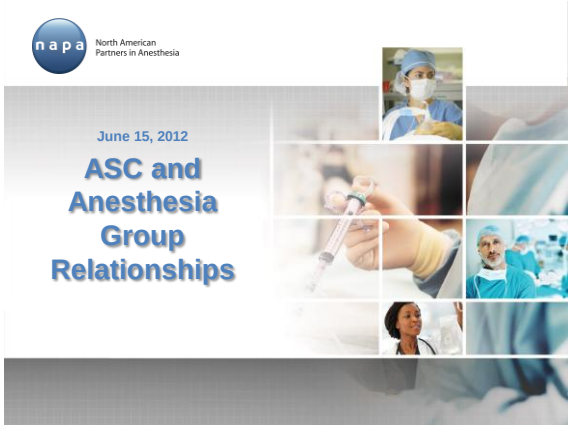
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North American
Partners in Anesthesia
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ASC and Anesthesia Group Relationships

• Introduction
• Goals of the Anesthesia Department
• Best Practices and Anesthesia's Role in ASC Success
• Conclusion/Q&A
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Overview
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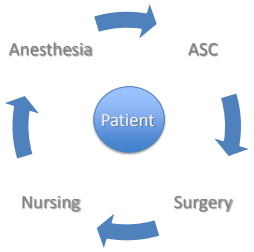
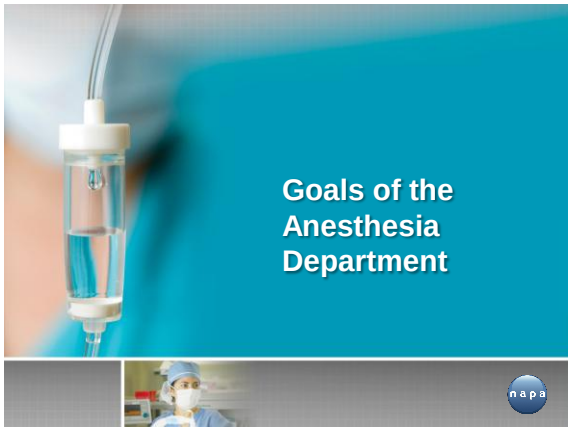
Teamwork

"There is no limit to what a man can do or where he can go if he doesn't mind who gets the credit."

Ronald Reagan

ASC Relationships





Goals of the Anesthesia Department

- Achievement of highest quality of patient care
- Patient satisfaction
- Efficient economic management
- Maximizing appeal of the ambulatory center to end users (patients and surgeons)
- Effective OR time management
- Appropriate QA data collection

Highest Quality of Care

- Presurgical testing
- Intraoperative management
- PACU care
- Postoperative follow-up

Presurgical Testing

- Thorough preoperative evaluation
- Risk factor identification
- Patient optimization
- Anesthetic protocols
  - NPO requirements
  - Preemptive analgesia
  - Postoperative nausea and vomiting (PONV)

Intraoperative Management

- Ambulatory trained anesthesiologists
  - Preemptive analgesia
  - PONV protocols
  - Regional anesthesia techniques
  - Short acting anesthetic techniques and agents
- Appropriate equipment/technology/pharmacology
  - Laryngeal mask airway
  - Regional ultrasound use
  - Narcotic sparing agents as Precedex
- Turnover and efficiency

PACU Care

- PONV management
- Appropriate pain management
- Obstructive sleep apnea protocol
- Patient perception of individualized care

Postoperative Follow-up

- Postoperative follow-up including regional anesthetic cases
- QA tracking to determine effectiveness of anesthetic protocols
- Tracking of patient satisfaction indexes
  - Pain control
  - PONV
  - Overall opinion of quality of care

Patient Satisfaction

- Patient satisfaction is directly linked to an ASC's success
- The patient's experience begins with PST and continues through the postoperative period
- Effective and efficient PST process
- Appropriate ambulatory anesthesia techniques
- Aggressive pain and PONV control
- Appropriate postoperative follow-up

PST

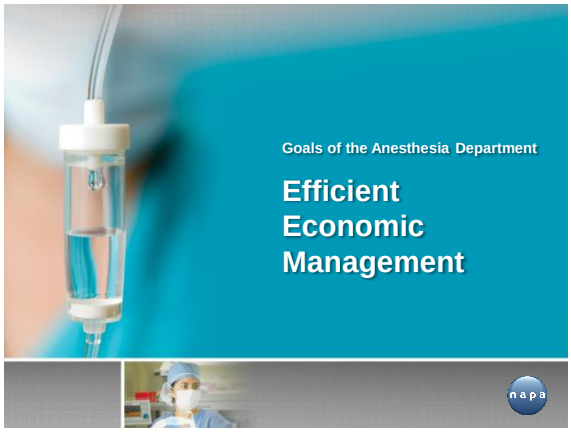
- The patient's first introduction to an ASC is at PST
- Process must be effective and efficient at the same time
- Risk factor identification to optimize patient and minimize same day cancellation

Preoperative Protocols

- Preemptive analgesia
  - Tylenol/Celebrex
- H2 antagonist protocol
  - Pepcid
- Emend protocol
  - Patients at high risk for PONV

Anesthetic Techniques

- Use of short acting anesthetic agents
  - Remifentanil
- Regional anesthetic techniques when appropriate
  - Brachial plexus and femoral nerve blocks
- Narcotic sparing agents
  - Precedex
- Intraoperative antiemetic use
  - Reglan, Zofran, Decadron



Efficient Economic Management

- Appropriate PST to minimize same day cancellations
- Use of ambulatory protocols
- Strict OR start times
- Appropriate ambulatory anesthetic techniques
- Aggressive PONV and pain control to increase PACU efficiency

Maximizing Appeal

- Always apply the highest standard of care
- Efficient PST process
- Minimize same day cancellations
- OR efficiency and turnover time must be as effective as possible
- First case start times must be a QA issue
- Patients and surgeons must feel like they are always a priority

Effective OR Time Management

- An efficient PST process will determine the appropriateness and optimization of patients to minimize same day cancellations
- The anesthesia and nursing departments together must enforce first case start times
- Appropriate ambulatory anesthetic techniques must be used
- Efficient OR turnover times must be a goal
- PACU flow can be improved with the appropriate anesthetic protocols

QA Collection

- The anesthesia department can be a significant resource for QA data collection
- Types of cases, OR times, PACU stays, incidence of PONV, and overall OR efficiency can be tracked
- Efficiency and OR usage can be reviewed on an ongoing basis to effectively manage an ASC's overall productivity

Triangle of Interaction

Quality of Care and Best Practice

- Quality of care must include all facets of the patient's experience
- Best practice must be "practiced" with each and every patient
- This includes preoperative, intraoperative, and PACU care

Patient Satisfaction

- Patient satisfaction is directly tied to an ASC's success
- The patient's experience begins with PST and continues through the postoperative period
- Understanding the department of anesthesia's role in each step is key to success

Anesthesia and ASC Success

- Overall patient satisfaction is a key factor to success
- Patient's "likely to recommend" or "use facility again" scores are reliable indicators for an ASC's success
- Surgeons who view patient care as "high quality" are more likely to continue use of the facility

Anesthesia and Economic OR Management

- Strict OR first case start times
- Departments of anesthesia and nursing together must provide consistent enforcement
- Appropriate anesthetic techniques to maximize patient satisfaction and improve OR efficiency
- Appropriate use of anesthetic drugs and secondary cost savings
- QA protocols and data collection

Ambulatory Best Practice Protocols

- Sleep Apnea
- Postoperative Oxygen and Transport Monitoring
- Preoperative H2 Antagonist
- Preemptive Analgesia
- Tonsillectomy and Adenoidectomy
- PONV Prophylaxis
- Postoperative Regional Catheter Analgesia

Role of Anesthesia in Patient Satisfaction

- Supervision and administration of PST
- Preemptive analgesia protocols
- PONV protocols
- Determination as to the appropriateness of patient as an ambulatory candidate
- Ambulatory anesthetic techniques
- Anticipation of postoperative pain requirements
- Effective and efficient use of the PACU

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Anesthesia and ASC Recipe for Success

- Understand what the anesthesia department's goals are
- Look to the anesthesia department to provide key leadership roles
- Keep in mind that interdepartmental communication is a key to success
- Routine QA meetings are key
- Rely on the ability of the department to make a unit effective and efficient

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Leadership

"The greatest leader is not necessarily the one who does the greatest things. He is the one that gets the people to do the greatest things."

Ronald Reagan

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