ASC and Anesthesia Group Relationships

Introduction

Goals of the Anesthesia Department

Best Practices and Anesthesia's Role in ASC Success

Conclusion/Q&A

Overview
Overview

“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
**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
Goals of the Anesthesia Department

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 of the Ambulatory Center to End users
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
Appropriate QA Data 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

Best Practices and Anesthesia's Role in ASC Success
Best Practices and Anesthesia’s Role in ASC Success

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

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

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