MedStar Georgetown University Hospital

Department of Anesthesia	
Title: QUALITY ASSESSMENT AND IMPROVEMENT PROGRAM	**Policy Number:** 9353
Issued: July 1, 2001	**Page(s):** 6
Last Revised: June 2, 2015	**Attachment:** Anesthesia QA Form

POLICY

1. Objectives

In accordance with the mission of the Georgetown University Hospital to provide an "environment in which patients can receive quality care, delivered humanely…", the Department of Anesthesia has established a program for the systematic and continuous monitoring and evaluation of anesthesia services at Georgetown University Hospital. The program will evaluate the quality and appropriateness of patient care and resolve identified problems. The goal will be to develop effective and efficient processes that will provide quality patient care with improved outcomes and patient satisfaction.

2. Program Authority and Accountability

The Chair of the Department of Anesthesia has the overall responsibility and authority for the administration of the department Quality Assessment and Improvement Program. The Chair may assign staff members to assist in the implementation of the program at all levels as required. Training and time will be provided as is necessary for the staff members to complete these duties. The department members will commit themselves to the objectives of this program and provide information as is necessary and required for the successful execution of the program.

Monthly meetings with all department personnel in attendance will communicate the quality assessment and improvement activities of the department, provide a forum for the identification of important aspects of care and indicators for evaluating care, and allow for the presentation of topics for educational review.

3. Scope of Care and Services

The Quality Assessment and Improvement Program applies to all patients who require anesthesia services at Georgetown University Hospital. The Department of Anesthesia provides care for patients who require anesthesia services, pain management and critical care at Georgetown University Hospital.

The range of care includes the provision of anesthesia services for pain management, critical care, obstetrical services, surgical services, oncologic procedures, radiologic procedures, radiation therapy, interventional cardiology, GI/endoscopy and psychiatry.

In addition, anesthesia services may be required in emergent situations to provide expertise in the areas of emergency airway management, resuscitative interventions, vascular access and in the

management of the acutely traumatized patient. Anesthesia services are provided for all age groups, from the neonate to the aged, and all levels of complexity, from healthy to critically ill patients. These services may be provided in various hospital units, for either inpatients or outpatients, as is required.

The services may be provided in elective, urgent and emergent situations. The services are provided by anesthesiology residents, certified registered nurse anesthetists, student nurse anesthetists and attending anesthesiologists. All nurse anesthetists and resident physicians are supervised by an attending anesthesiologist. Preoperative screening is performed in the AM admit unit by a nurse practitioner under the direction of the Department of Anesthesia using guidelines prepared by the Department of Anesthesia.

All patients scheduled for anesthetic interventions, except in some emergency situations, are evaluated by an attending anesthesiologist immediately prior to initiation of an anesthetic intervention. The evaluation includes a review of pertinent medical history, drug history, anesthetic history, physical examination, and adjunct diagnostic data and consultations. A determination is then made of patient suitability for the planned procedure or whether there is a need for additional studies or consultations. Finally, an appropriate anesthetic plan is developed based upon the patient's condition and needs, and suitable for the planned procedure. The anesthetic plan will include the type of anesthetic to be administered, other options that may be utilized, an approach for airway intervention, and the level of monitoring required.

In urgent and emergent situations the evaluation of the patient will be determined by the level of urgency for the anesthetic intervention and by the amount of data available related to the patient's medical history. For all urgent and emergent situations, the patient will be evaluated as expediently as is required so that there will not be a delay in care, but adequate time will be taken to provide for a safe anesthetic intervention. All patients that receive anesthesia services are followed until care can be transferred to another responsible physician. Post-procedural follow-up is provided as required. Anesthesia services are provided in accordance with the standards set forth by the American Society of Anesthesiologists and Department Guidelines, where applicable.

Anesthesia services are available 24 hours a day, 7 days a week. There are two attendings available in-house, weekdays after 4 p.m. and on weekends and holidays, to provide services for patients requiring non-specialty surgical interventions, obstetrical care and pain management. A back-up attending to the surgical services attending is available by pager. Additional attendings, residents, and student nurse anesthetists are available on pager to provide services for the specialty areas of liver transplantation, pediatrics and pain management.

4. Important Aspects of Care

Important aspects of care are those clinical activities with the greatest impact on quality patient care and are, therefore, the aspects on which monitoring and evaluation will be focused. Important aspects of care will be identified by evaluation of high volume, high risk, and/or problem prone clinical activities. Some examples of important aspects of care are as follows:

High Volume Activities

- General Anesthesia
- Regional Anesthesia/Blocks

- IV Access
- Multiple Drug Administrations
- Intubation
- Extubation
- Preoperative Evaluation and Preparation
- Postoperative Evaluation
- Pain Management, Acute and Chronic
- Obstetric Anesthesia
- Neuroanesthesia
- Noninvasive Monitoring

High Risk Activities

- Patient with a Full Stomach
- Open Orbit Procedures
- Obstetric Anesthesia
    - Fetal Distress
    - Maternal Compromise
- Cardiac Instability (dysrhythmia, ischemia)
- Trauma
- Neonatal/Pediatric Anesthesia
- Airway Compromise
- Major Vascular Anesthesia
- Thoracic Anesthesia
- Neuroanesthesia
- Liver Transplantation
- Major Joint Procedures
- Bone Marrow Transplant or Harvesting
- Major Intraabdominal Procedures
- Extensive Reconstructive Surgery
- Metabolic Derangement (malignant hyperthermia, electrolyte imbalances)
- Contagious Diseases (hepatitis, AIDS, TB, VRE)

Problem Prone Activities

- Rapid Sequence Inductions
- Nasal Intubation
- Invasive Monitoring
- Blood Transfusions
- Massive Intraoperative Fluid Resuscitation
- Airway Surgery
- Regional Anesthesia
- Endobronchial Intubation
- Extubation
- Re-intubation
- Fiberoptic Assisted Intubation
- Patients with Significant/Unstable Medical Conditions
    - Cardiac Instability (unstable angina, poorly controlled hypertension)
    - Pulmonary Compromise (COPD, poorly controlled asthma, acute condition)

- Obesity
- Bleeding Disorders
- Endocrine Dysfunctions
- Congenital Disorders

Neuropsychiatric Disorders/Existing Addictions

A generic screening tool will be utilized, in addition to, regular meetings with the department members to identify important aspects of care to be monitored.

5. Indicators for Monitoring

Through quality assessment and improvement meetings with the department members and information provided from outside of the department, for example, through committees or by incident reports, relevant indicators will be identified that will be used for on ongoing monitoring of the important aspects of care. The relevant indicators will be related to the important aspects of care. The indicators will be objective, measurable and based on current knowledge and clinical experience. The indicators will measure a patient outcome or a structure or process in patient care that is expected to be related, directly or indirectly, to patient outcome. Indicators may be identified as structure indicators, process indicators, or outcome indicators. Structure indicators will address the organizational framework of the resources available for care, such as, equipment, staffing, qualifications of staff, and the communication systems. Process indicators will address the actions carried out by anesthesia practitioners and ancillary personnel, such as the preoperative assessment, planning of an intervention, performance during the intervention, and management of complications as they arise. Outcome indicators will evaluate the results of anesthetic interventions, such as, complications and adverse events.

In addition to department and committee identified indicators the current JCAHO indicators will be monitored.

6. Data Collection

Data is continuously collected on the indicators through intradepartmental review, reports to counsel, patient input, incident reports, case conferences, same day surgery follow up screening, interdepartmental QA/QI meetings, and patient relation data. Data is collected on each patient that is provided care by the department.

7. Analysis and Evaluation of Care

Evaluation of the quality of care will be undertaken for important single clinical events and/or when a pattern or trend in care or outcome occurs that is at significant variance with present thresholds. Furthermore, evaluation of the quality of care may be undertaken, even if care or service are consistent with expected patterns, to further evaluate and identify ways to improve care or service. Evaluation may include peer review when analysis of the care provided by an individual practitioner is undertaken. Results of the evaluation will be documented and may include worksheets, discussions, and information derived from literature review or consultants.

8. Action

Based on the evaluation of care, recommendations will be made for action to resolve a problem or improve patient care. This may include referral for department case review presentation, a focused in-service or educational meeting, and/or personnel counseling. Recommendations may be made to modify system variables, such as, ordering of new equipment, implementing new maintenance agreements, staffing/scheduling, or resource management. In addition, policy and procedures may be reviewed with revisions recommended. Any recommended action will identify who will implement the recommendation, and an approximate time frame for implementation. Actions are to be appropriate with respect to the cause, scope and severity of a problem identified.

9. Assessment of Action Effectiveness

The actions taken for quality of care improvement and resolution of problems will be monitored on an ongoing basis. Determination of actual improvement in care, and the maintenance of such improvement, will be subject to ongoing review. Monthly reports will document pertinent data on relevant indicators, actions and follow-up.

10. Communication

Relevant information that is gathered through the departmental and interdepartmental quality assessment and improvement programs is reported at monthly faculty meetings. Furthermore, relevant information is reported by the Chair of the Department to the MGUH Quality and Safety Executive Council (QSEC) at its monthly meeting.

_____
Russell T. Wall, MD
Chief of Service, Anesthesia