Twelve of the 35 cases involving succinylcholine resulted in patients being awake while paralyzed, due to succinylcholine boluses given prior to induction agents, or succinylcholine infusions that were started inadvertently in awake patients. Succinylcholine was administered to five patients with a previous history of definite or probable pseudocholinesterase deficiency, resulting in prolonged neuromuscular blockade. Hyperkalemic cardiac arrest occurred in two paraplegic patients and a patient with Guillain-Barré syndrome who received succinylcholine. Succinylcholine infusions were involved in 14 of the 35 succinylcholine-related cases.

Drug administration errors involving epinephrine were particularly dangerous, with death or major morbidity resulting in 11 of the 17 epinephrine-related cases. Six of the 17 cases involving epinephrine were caused by ampoule swaps where epinephrine ampoules were confused with ampoules of the intended drugs. Drugs that were interchanged with epinephrine were ephedrine (two cases), pitocin (three cases) and hydralazine (one case). An informative case report describing the nearly fatal results of inadvertent epinephrine administration due to an ampoule swap has been


Cardiac surgery 8.64/10,000 cases
Spine fusion surgery 3.09/10,000 cases

Patients <18yrs at greatest risk
Other risk factors: male, comorbidity index, anemia, blood transfusion

*Welch MB et al. Anesthesiology 2009:111:490*

112 nerve injuries – 0.03%

Associated with hypertension, tobacco use, diabetes

Associated with general and epidural anesthesia

Associated with neuro, cardiac, general and orthopedic surgery
QUALITY MANAGEMENT TEMPLATE

Committee on Performance and Outcomes Measurement (CPOM)
Committee on Quality Management and Departmental Administration (QMDA)

Members of the above ASA committees have developed this Quality Management Template as a service to ASA members. The ASA House of Delegates has not reviewed this product. The Template is made up of two components, the first a document containing an overview of the quality management process, subdivided into the following sections:

- Introduction and Overview
- Principles of Quality Management
- Data Collection Tools
- Peer Review
- Model Quality Management Database Instructions

Right-click to save to your local drive. Left-click to open in your browser.

The second component is the Model QM Database described in the above document. The Database is available on CD-ROM by sending an email request to:
QUALITY MANAGEMENT TEMPLATE

American Society of Anesthesiologists

Committee on Performance and Outcomes Measurement (CPOM)

Committee on Quality Management and Departmental Administration (QMDA)

October 2004
Anesthesia Quality Institute

1997 Comm on Performance-Based Credentialing

2007 HOD approved: “ASA explore the feasibility of the construction of patient registries and databases with confidential benchmarking of individual practitioners using (performance) measures”

2008 BOD approved establishing a Quality Institute to house a data registry (Aug)

AQI chartered as a 501(c)(3) not-for-profit corporation (Dec)

2009 $1.5 million start-up funding. Exec Director and staff hired. Advisory group meets.

2010 Start accepting data
Anesthesia Quality Institute: 
**Underlying Principles**

The foundation of quality improvement is data

Without solid data a physician, practice, or hospital cannot accurately know his/its true level of performance and outcomes.

Benchmarking reports will provide anesthesiologists with a mechanism to assess their own practices.
Accuracy of Physician Self-assessment Compared with Observed Measures of Competence

*Davis et al. JAMA 296:1094, 2006*

Physicians have a limited ability to accurately self-assess

The worst accuracy in self-assessment occurs among physicians with the least skills and most confidence
We can benefit from feedback.
Quality Measurement and Improvement are needed because:

- Systems are flawed
- People are distracted
- Wrecks happen
“Among my primary tasks will be development of a business plan for the ASA Quality Institute, the anesthesiology data registry.”

“Our efforts to advance quality and ensure patient safety continue unabated...through our new Anesthesia Quality Institute.”
Anesthesia Quality Institute

Vision: To become the primary source for quality improvement in the clinical practice of anesthesiology

Goal: To establish and maintain the National Anesthesia Clinical Outcomes Registry
Data flow into the NACOR
Multiple reporting relationships of AQI

- ASA Leadership
- ASA Committees
- Anesthesia Patient Safety Foundation
- Closed Claims Project
- Subspecialty Societies
- Individual Practitioners
- ABA
- Anesthesia Practices
- Joint Commission, federal and state regulators
- Researchers
- Surgical Quality Alliance
April 17, 2009

Michael Rapp, MD, JD  
Director, Quality Measurement and Health Assessment Group  
Office of Clinical Standards and Quality  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244  
PQRITemp@cms.hhs.gov

RE: 2010 Physician Quality Reporting Initiative (PQRI) Reporting Options

Dear Dr. Rapp,

The Surgical Quality Alliance (SQA) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to offer recommendations on reporting options for the 2010 Physician Quality Reporting Initiative (PQRI). The SQA’s mission is to represent the surgical specialties and anesthesiology together to define principles and tools for surgical quality improvement, and to develop meaningful tools for surgical quality improvement, which can be used to support programs that are truly designed to improve patient care, and we continue to demonstrate our commitment to developing new tools that help to develop performance measures and by participating in performance measurement programs. However, we are concerned that if current programs, such as the PQRI, are having a positive impact on quality improvement, there is a need for further improvements to make them more effective.

In considering reporting options for the 2010 PQRI, it is critical that one model of quality reporting does not necessarily fit all specialties. The SQA recommends that CMS consider offering various options through which to measure quality, such as measures adopted or endorsed by a consensus organization (e.g., AQA), including claims-based submission and reporting through electronic health records (EHRs). By offering a range of alternatives, CMS can ensure that the PQRI is actionable and meaningful for a range of different specialties. It is important that CMS also consider the level of physician burden that would be created and whether a reporting option would hinder accurate eligibility determinations or provide physicians with meaningful feedback. Reporting options that are overly complicated would reduce the effectiveness of the program for both physicians and their patients.

While the SQA appreciates CMS’ effort to expand PQRI reporting options, we recommend that the agency seriously consider broadening the scope of measurement activities that would qualify a physician for the PQRI incentive. In addition, we think it is important that CMS consider the long-term potential of the PQRI to truly improve quality across specialties, including in its ability to accommodate multiple mutually reinforcing quality indicators. Therefore, physicians should be recognized for a range of quality measures that reflect higher quality care and not simply the reporting of claims-based quality indicators.

Sincerely,

The Surgical Quality Alliance

American Academy of Ophthalmology
American Academy of Otolaryngology-Head and Neck Surgery
American Association of Neurological Surgeons/Congress of Neurological Surgeons
American College of Obstetricians and Gynecologists
American College of Orthopaedic Surgeons
American College of Osteopathic Surgeons
American College of Surgeons
American Pediatric Surgical Association
American Society of Anesthesiologists
American Society of Breast Surgeons
American Society of Cataract and Refractive Surgery
American Society of Colon and Rectal Surgeons
American Society for Metabolic and Bariatric Surgery
American Society of Plastic Surgeons
American Urogynecologic Society
American Urological Association
Society for Vascular Surgery
Society of American Gastrointestinal Endoscopic Surgeons
Society of Gynecologic Oncologists
Society of Thoracic Surgeons
The American Society of Transplant Surgeons
**A Q I  M e m b e r  s e r v i c e s ,  T a s k s**

Benchmarking – variety of quality indicators

Credentialing – documentation for institutions

Maint of Cert – support pract perf assessment

Maint of Licensure – prof activities document

Clinical Research – facilitate

Facilitate Advocacy – provide data for leaders, publish quarterly report

Public Reporting – define appropriate content

Quality Improvement – provide data, serve as clearinghouse across ASA for quality management
Anesthesia in the United States 2009