

SOCIETY FOR AMBULATORY ANESTHESIA
2022 SAMBA ANNUAL MEETING
MAY 11 - 14, 2022

How to Practice Peri-Operative Medicine in the ASC

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www.SAMBAhq.org

COI Disclosures

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None

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What is Perioperative Medicine

Perioperative medicine emphasizes the importance of an integrated, planned, and personalized approach to patient care before, during, and after any surgical procedure involving anesthesia.

The goal is to improve the patient experience, reduce postoperative complications, reduce facility stay and reduce early re-admissions following surgery.
{ANZCA}

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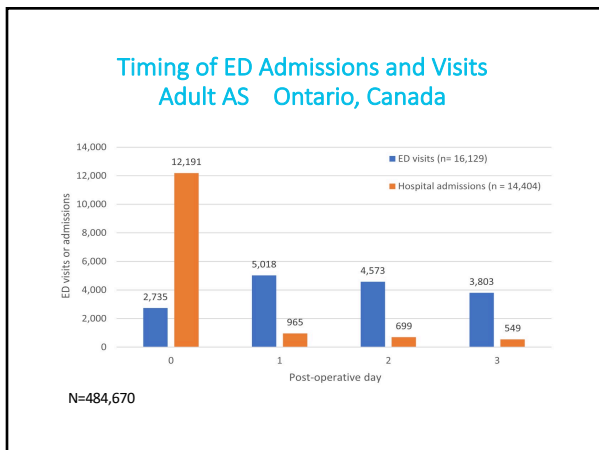
Need for Integrated Periop Approach: ASCs Admissions or Readmissions within 24 Hr Adults Mid-Atlantic US

0.1% = 0.07% hospital + 0.04% ICU

Risk for Unplanned Admission	Odds Ratio
Age >50	1.53
ASA III/IV vs. II	1.45/ 1.88
Comorbidity: COPD/ DM/ TIA	2.63/ 1.62/ 2.48
Procedure: resp/digestive/musculoskel	2.92/ 2.66/ 2.53
Anesthetic: GA+PNB/ MAC vs. GA	1.79/ 0.37
RA+sedation vs. GA	NS
ASC individual facility	to 3.7

N=211,389

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ED Visits after Ambulatory Surgery Ontario, Canada

Reasons for ED Visits	% of Visits
Acute pain	16.8
Hemorrhage and hematoma	14.2
Retention of urine	6.9
Attention to surgical dressings and sutures	5.0
Constipation	3.1
Infection	2.7
Vomiting	1.5

N=14,950

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Perioperative Medicine

Not just for major surgery.

Optimization of patient experience essential
to the Outpatient and ASC environments

- 1- identification of acceptable patient/procedure risk.
- 2- optimization of patient for specific surg+anes
- 3- improving patient "population" health

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Preoperative Assessment Process Reduces DOS Cancellation Rate HOP

Surgical practices use criteria list for pathway eligibility:

- Comprehensive Preop Assessment {CPA}
 - Assessment by NP or PA
 - Teaching by RN
 - Supervised by anesthesiologist or specifically-trained FP
- Nurse Screening {NS} 24% of all assessments
 - Health review & teaching by telephone
 - Application for NS denied ~10%.

DOS	No prior assessment	2.02
cancellation	CPA	0.48
rate, %	NS	0.60
n=15,133		

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Patient Selection - The Teachable Moment Smoking Cessation

Patients seen in preop clinic.

*Referral to smoking cessation program: brochures;
smokers' helpline; nicotine patch replacement.

Vs. Routine brief smoking cessation advice.

	Intervention	Routine
Cessation DOS (≥ 3 wk)	14.3%	3.6%
Cessation @ 30 da	28.6%	11%
**Counseling, hotline, varenicline.		
Cessation @12 mo	42.4%	26.2%

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Improving Population Health Periop Digital Lifestyle Interventions

reducing alcohol consumption, improving dietary
intake, increasing physical activity, smoking cessation

Engagement rates by format

Text message interaction	31-81%
Game and web-based	40-90%

High patient acceptability & satisfaction 80s%
But

Low recruitment rates

Reluctance for randomization

Majority of studies found drop-off in usage of
interventions after surgery:

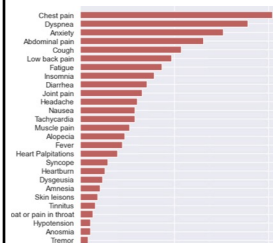
Activity 91% before to 65% post-discharge

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New Population 'Un'-Health Issue: Post-Covid Syndrome ~30% >1 mo; 68% 6 mo

*They Had Mild
Covid. Then Their
Serious Symptoms
Kicked In.*

Fatigue, headaches, and worse: For some,
neurologic symptoms are lingering after
COVID



Post-COVID Conditions: Information for
Healthcare Providers

Their virus symptoms were minor. Then they
had long Covid.

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Advanced AS: Joint Replacements Anemia Correction

For ASCs, need for avoid transfusions.

1- Patient (& surgeon) selection

2- Health improvement.

Preferred 4-6 wks – Dx & Tx:

oral/IV iron; erythropoietin

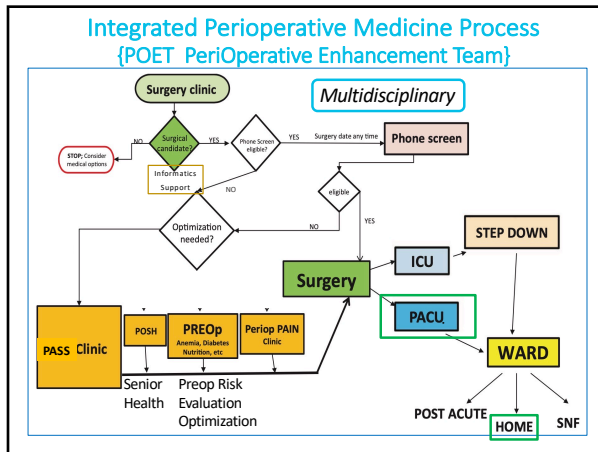
Ultra-short treatment pathways

- 2-5 days before surgery - IV iron; erythropoietin.

- 1-3 days - IV Iron, erythropoietin; B12 ; folate.

-- Tx regimen effective independent cause of anemia

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Implementation of Perioperative Medicine in ASCs: Non-Clinical Process Management

Contracting and Billing
Scheduling: Optimal Block Schedule, Utilization
Lean Management: Inventory, Waste
Sterile Processing and Infection Control
Human Resources: Privileging, Diversity, Harassment
Education and Training: Staff and Facility
Emergency Preparedness
Risk Management and Quality Improvement

Manual of Practice Management for Ambulatory
Surgery Centers. Rajan N, ed. **SAMBA**
ASCA Online education

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Enhanced Recovery Pathways



ERPs for ASCs \neq ERPs for Inpatients



Science – Based, Patient – Focused Care

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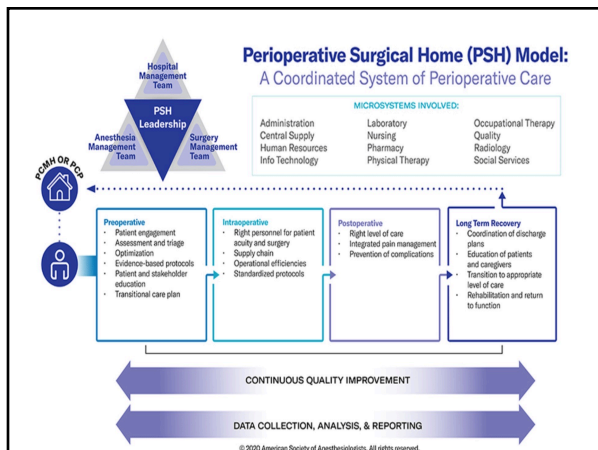
Implementation of Perioperative Medicine: Integrated Process Management

Perioperative Surgical Home

"the PSH initiative should enable an institution to
increase caseload
increase the quality of care for each case
improve patient satisfaction
decrease relative costs

Multidisciplinary team

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Implementation of PSH in ASCs Laparoscopic Cholecystectomy KaiserPerm standard vs integrated/PSH

	n= 878	n=1082	
Preoperative wait time (min)	121 [1002, 189]	80 [60, 139]	<.001
Surgical case length (min)	59 [51, 67]	59 [52, 66]	.8
Postoperative recovery time (min)	193 [151, 327]	124 [95, 221]	<.001
Unplanned hospital admission (%)	8.5% (5.8–11)	1.7% (0.6–2.8)	<.001
PONV in PACU/phase 2 unit (%)	22% (18–26)	12% (9.2–14.8)	<.001
7-day ER visit	5.4% (3.2–7.6)	5.0% (3.1–6.9)	.066

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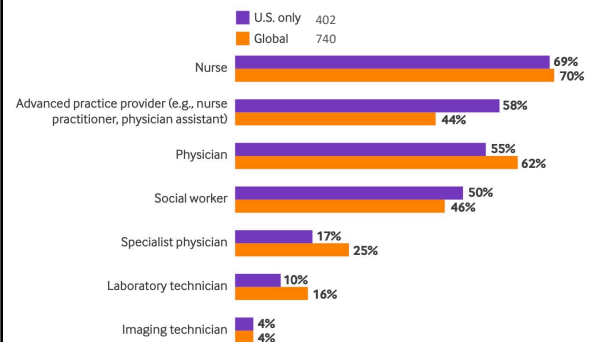
PSH with 23-Hour Stay Freestanding Oncologic ASC

Selected surgeries: Mastx, Thyroidx, MIS hystx, prosth.

- Facility prep: *Multidisciplinary*
Protocol devel, Electronic order sets, Staff education.
 - Preop components:
Pt selection, Comorbid optimization, Pt Education.
Hydration, PONV proph, Multimodal analg (incl RA).
 - Intraop:
Fluid maint, Multimodal analg, PONV.
 - Postop:
Multimodal analg. Ambulation, Full diet.
- QI Overall:** ↓ intraop opioid, ↓ PONV, ↓ time orals.
Iterative protocols & ↑ compliance.

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Extended Recovery? Physician-Led Care at Home Clinicians Providing Home-based Care

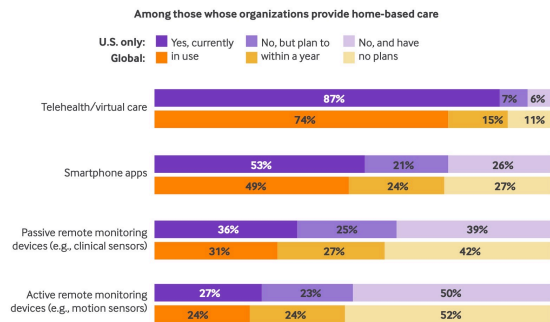


Dec21 NEJM Catalyst (catalyst.nejm.org)

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Mixed Use of Digital Technology for Home-Based Care

Does your organization's home-based care program use the following digital health solutions?



Base: U.S. only – 402; Global – 740
Dec21 NEJM Catalyst (catalyst.nejm.org)

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Perioperative Physician as Leader Opportunities ASC and Anesthesiology and Beyond

Join - and Get Involved.

Pathways for Opportunities to Lead, Through:

- Anesthesiology subspecialty societies - **SAMBA**
- Anesthesiology state and national societies
- State and national medical societies

Also,

- ❖ ASC, Hospital and healthcare system leadership
- ❖ State and national elected governments

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Leadership Education: Interested? ASA Leadership Academy

- M1 - *What You Can Do to Advance Your Career*
M2 • Center for Physician Leadership Excellence (CPLE)
Personality Assessment
- Self-guided analysis of your assessment report
 - Expanded leadership learning into:
Advanced human relations skills
Recognizing & integrating emotional intelligence
Facilitation and negotiation
Ethical decision-making
Giving effective feedback
 - Personal improvement plan ← assessment feedback

<https://www.asahq.org/education-and-career/leadership-development/leadership-academy>

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ASA Executive Physician Leadership Program Sept. 15-18, 2022 Northwestern University

Session Topics:

- Conflict Resolution
- Creating Inclusive Cultures for Courageous Conversations
- Building a Comprehensive DEI Strategy
- High Impact Negotiations
- Influence without Authority
- Leading in Uncertain Times
- Strategy Formulation, Implementation and Change
- Understanding the Changing Healthcare Landscape

25.5 AMA Category 1 CME. Certificate of Completion, NW University.
<https://www.asahq.org/meetings/executive-physician-leadership-program>

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Executive Physician Leadership Program II: Transformational Skills Development

Five-day program.

Designed for those who have taken EPLP-I,
or who have senior executive leadership positions.

Session Topics

Values-based leadership
Health care economics and policy
Design thinking
Communicating change in organizations
Advanced negotiations and conflict resolution

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How to Practice Peri-Operative Medicine in the ASC



Thoughts today:

The need exists in the ASC (and OP) environment

Value of patient assessment
for the procedural episode
for the good of the patient

Integrated perioperative processes
Enhanced recovery pathways, ERAS, &
Perioperative Surgical Home

Extended Recovery at Home

Non-medical Roles of the Perioperative Physician

The Perioperative Physician as Leader

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How to Practice Peri-Operative Medicine in the ASC



*Perioperative medicine is the future of anaesthesia,
if our specialty is to thrive.*

(Grocott and Pearse)

Perioperative Physicians Demonstrate Value
Especially
In Ambulatory Surgery Settings

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