

2022 SAMBA ANNUAL MEETING
MAY 11 – 14, 2022

**How to Practice
Peri-Operative Medicine
in the ASC**

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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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Timing of ED Admissions and Visits
Adult AS Ontario, Canada

Post-operative day	ED visits (n= 16,129)	Hospital admissions (n= 14,404)
0	2,735	12,191
1	5,018	965
2	4,573	699
3	3,803	549

N=484,670

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

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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

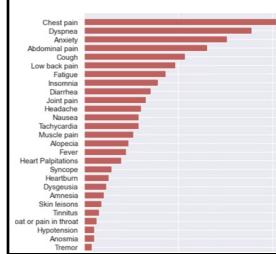
~30% >1 mo; 68% 6 mo

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 to avoid transfusions.

- 1- Patient (& surgeon) selection

- 2- Health improvement.

Preferred 4-6 wks – Dx & Tx:

oral/IV iron; erythropoietin

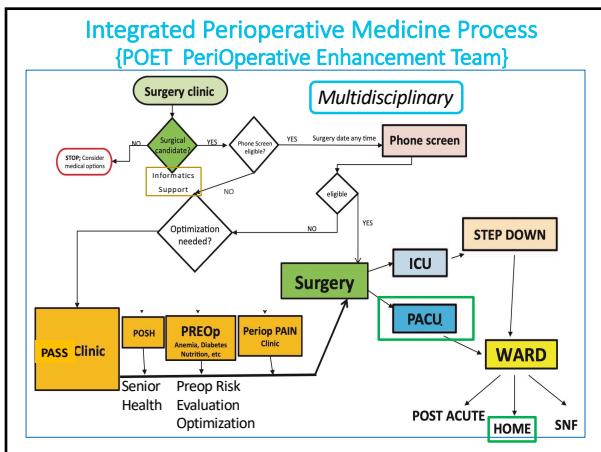
Ultra-short treatment pathways

- 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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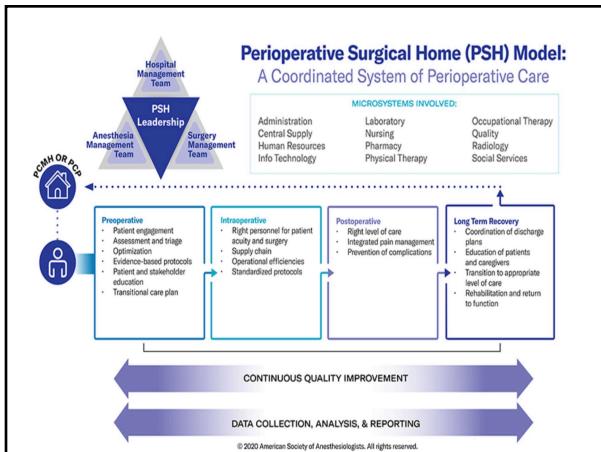
Implementation of Perioperative Medicine: Integrated Process Management

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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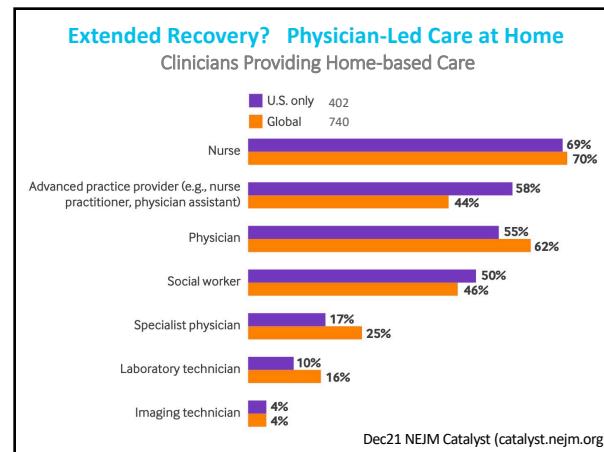
PSH with 23-Hour Stay
Freestanding Oncologic ASC

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

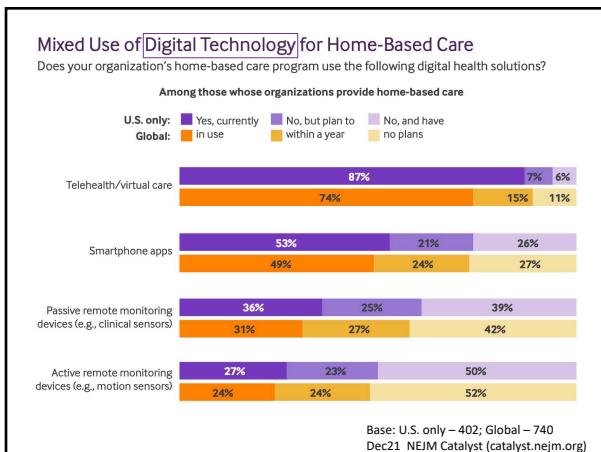
- Facility prep: *Multidisciplinary*
Protocol devel, Electronic order sets, Staff education.
- Preop components:
Pt selection, Comorbid optimization, Pt Education.
Hydration, PONV proph, Multimodal analg (incl RA).
- Intraop:
Fluid maint, Multimodal analg, PONV.
- Postop:
Multimodal analg. Ambulation, Full diet.

QI Overall: ↓ intraop opioid, ↓ PONV, ↓ time orals.
Iterative protocols & ↑ compliance.

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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.asahn.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-1, 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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