

SOCIETY FOR AMBULATORY ANESTHESIA
Outpatient • Office Based • Non-Operating Room

SAMBA 2021 OBA Virtual Symposium

Office-Based Anesthesia: Principles of Patient Selection

Richard D. Urman, MD, MBA, FASA
 Associate Chair for Dana-Farber Cancer Institute
 Department of Anesthesiology, Perioperative and Pain Medicine
 Brigham and Women's Hospital
 Harvard Medical School
 Boston, MA

Disclosures: NIH, AHRQ, NSF, APSE, FAER, Department of Defense, Mallinckrodt, Merck, AcetRx, Medtronic/Covidien, Acacia, Takeda

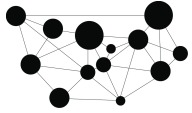
BRIGHAM HEALTH
BRIGHAM AND WOMEN'S
Center for Surgery and Public Health BRIGHAM AND WOMEN'S HOSPITAL
Anesthesiology and Perioperative Medicine HARVARD
MEDICAL SCHOOL

1

OBA Patient Selection

Patient Selection is also contingent on the following factors:

1. Conditions of the facility
2. Procedure planned/complexity
3. Medical condition of the patient
4. Skill of the surgeon/proceduralist
5. Skill/experience of the anesthesiologist
6. Anesthetic technique required



Adopted from: Koch ME, Dayan S, Barinholtz D. Office-based anesthesia: an overview. Anesthesiol Clin North America. 2003 Jun;21(2):417-43.

2

OBA Closed Claims: What We Do Know

- Female (65%), middle-age (46 + 18 yrs.), and generally healthy (79% ASA 1-2).
- More likely to involve plastic surgery (45%) vs other outpatient claims (18%).
- Eye surgery was common (16% of OBA).
- Many cases involved respiratory or equipment AEs.
- Single most common adverse event leading to injury: inadequate ventilation or oxygenation (17% vs. 6% other outpatient, p=0.003).
- Cautery fires occurred in 9% of OBA claims (same as other outpatient). Outcomes did not differ between groups, with death in 27% and permanent disabling injury in 17% of OBA claims.
- Care was more commonly substandard in OBA claims (52%) vs. other outpatient claims (37%).
- OBA claims were more likely to result in payment (72%) than other outpatient (56%, p=0.014, Fig). Payments were similar between OBA (median \$135,800) and other outpatient claims (\$211,500).

Twersky R, Posner KL, Domino KB. Liability in Office-Based Anesthesia: Closed Claims Analysis. Anesthesiology. A2078, 2013.

Closed Claims Project
www.closedclaimsproject.org

3

Patient Selection: What's Important?

Do we have any evidence for the OBS (vs. other ambulatory settings):

- Patients at risk for DVT/PE?
- Social/psychological History?
- Cognitively Impaired
- Morbid obesity?
- OSA/ COPD?
- Renal or Liver Disease?
- CAD?
- HTN?
- Substance use/Chronic pain?
- DM?
- Airway issues?
- Multiple drug allergies/side effects?
- MH-susceptible?
- No adult escort

Generally, lack of good quality evidence; Most comes from non-OBS settings

Very few studies in OBA attempt to link patient selection with outcomes

There is more emphasis on outcomes and less on choosing your patients wisely...

Shapiro FE, ... Urman RD. Anesth Analg 2014;119:276-89

4

Ways To Improve Safety and Patient Selection Process... Are we being complacent?

1. **Communication** (effective communication between the anesthesia provider and surgeon)
2. **Set exclusion criteria** (this may vary based on the office type)
3. **Develop red flags**
4. All patients should fill out a **preliminary anesthesia questionnaire**, no exceptions
5. Questionnaires should be reviewed by the anesthesia provider
6. Telephone interviews
7. Use recommendations made by the different professional medical societies
8. Education and **Benchmarking**

5

References:

- Koch ME, Dayan S, Barinholtz D. Office-based anesthesia: an overview. Anesthesiol Clin North America. 2003 Jun;21(2):417-43.
- Twersky R, Posner KL, Domino KB. Liability in Office-Based Anesthesia: Closed Claims Analysis. Anesthesiology. A2078, 2013.
- Whippley A, et al. Predictors of unanticipated admission following ambulatory surgery. Can J Anesth 2013;60:675-83.
- Seligson C, Beutler SS, Urman RD. Office-based anesthesia: an update on safety and outcomes (2017-2019). Curr Opin Anaesthesiol. 2019 Dec;32(6):756-761. doi: 10.1097/ACO.0000000000000789. PMID: 31488329.
- Shapiro FE, Punwani N, Rosenberg NM, Valedon A, Twersky R, Urman RD. Office-based anesthesia: safety and outcomes. Anesth Analg. 2014 Aug;119(2):276-85. doi: 10.1213/ANE.0000000000000313. PMID: 25046785.
- Urman RD, Punwani N, Shapiro FE. Patient safety and office-based anesthesia. Curr Opin Anaesthesiol. 2012 Dec;25(6):648-53. doi: 10.1097/ACO.0b013e3182835904. PMID: 23026805.
- Sawen MA, Urman RD, Yepes JF, Gabriel RA, Jones JE. Comparison of Anesthesia for Dental/Oral Surgery by Office-based Dentist Anesthesiologists versus Operating Room-based Physical Anesthesiologists. Anesth Prog. 2017 Winter;64(4):212-220. doi: 10.2344/angp-65-01-04. PMID: 29200371. PMCID: PMC5715304.
- Gaulton TG, Shapiro FE, Urman RD. Administrative issues to ensure safe anesthesia care in the office-based setting. Curr Opin Anaesthesiol. 2013 Dec;26(6):692-7. doi: 10.1097/ACO.0000000000000005. PMID: 24113266.
- Shapiro FE, Jani SR, Liu X, Dutton RP, Urman RD. Initial results from the National Anesthesia Clinical Outcomes Registry and overview of office-based anesthesia. Anesthesiol Clin. 2014 Jun;32(2):431-44. doi: 10.1016/j.ancin.2014.02.018. PMID: 24882129.
- Soltani AM, Keyes GR, Singer R, Reed L, Fodor PB. Outpatient surgery and sequelae: an analysis of the AAAASF Internet-based quality assurance and peer review database. Clin Plast Surg. 2013 Jul;40(3):465-73. doi: 10.1016/j.cps.2013.04.010. PMID: 23830755.

6