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Real World Issues and Solutions for Medical Directors

1

DISCLOSURES

Conflicts/Commercial Support/Sponsorships:
Arc Medical-Literature Review

NO INFLUENCE
ON PRESENTATION CONTENT

2

Real World Issues and Solutions for Medical Directors

- Objectives:
  - Discuss clinical and administrative friction points currently faced by medical directors in ambulatory surgery facilities
  - Discuss some potential solutions to the issues stated by the attendees

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3

Real World Issues and Solutions for Medical Directors

- Stipend Agreements for ASCs…
  - What do you know about them? When partnering with ASCs, are stipends based on volume? case complexity? Or a flat amount?
- Any new ideas/tips on making an Anesthesia group more financially viable?

4

Real World Issues and Solutions for Medical Directors

Quality Measures

- Death
- Cardiac arrest
- Perioperative myocardial infarction
- Anaphylaxis
- Malignant hyperthermia
- Transfusion reaction
- Stroke, cerebral vascular accident, or coma following anesthesia
- Visual loss
- Operation on incorrect site
- Operation on incorrect patient
- Medication error
- Unplanned ICU admission
- Intraoperative awareness
- Unrecognized difficult airway
- Reintubation
- Dental trauma
- Perioperative aspiration
- Vascular access complication, including vascular injury or pneumothorax
- Pneumothorax following attempted vascular access or regional anesthesia
- Infection following epidural or spinal anesthesia
- Epidural hematoma following spinal or epidural anesthesia
- High spinal
- Postdural puncture headache
- Major systemic local anesthetic toxicity
- Peripheral neurologic deficit following regional anesthesia
- Infection following peripheral nerve block

5

Real World Issues and Solutions for Medical Directors

- "Effective marketing for more business"-
  - An ASC marketing plan is an integrated system.
    - Define your target audience your
    - Define your competition
    - Define the services to promote, cases to attract
    - Define image you want to portray, etc.
  - https://www.jointcommission.org/resources/news-and-multimedia/blogs/ambulatory-buzz/2021/06/creative-ways-to-market-your-surgery-center/

6

Real World Issues and Solutions for Medical Directors

- Strategic Categories
  - Internal marketing
  - Branding
  - External advertising: newspapers, broadcast media, internet advertising, direct mail, circulars, posters, billboards
  - Internet marketing
  - Professional Internal Strategies
- Avoid:
  - Spaghetti marketing
  - Wait-and-see
  - Treat marketing as an expense
  - Marketing by Committee

7

Real World Issues and Solutions for Medical Directors

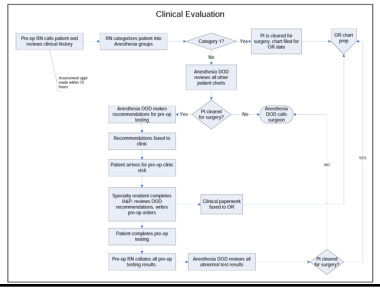
- "Robust administrative support for PAT staff"
  - What is the exact need?
  - Online preadmission technology
  - Established PAT protocols

8

ASC Service Design & Planning

Soyring Consulting Case Study

- **Preadmission testing process design**. One element to the successful start of an patient visit is the preadmission testing process, and with this in mind, Soyring set out to develop a model of the area, with policy and procedures, staffing needs, an intraoperative flow chart, combined preop and intraoperative flow chart and best practice recommendations.



9

Real World Issues and Solutions for Medical Directors

- How do you protect your business from surgery centers poaching your team?

10

Real World Issues and Solutions for Medical Directors

- One of the challenges at our surgery center is reminding nurses/techs to check the surgeon's preference cards to make sure they have what they need on the day of surgery. I have two people who do the ordering and are responsible for that, invariably one may be on vacation, and the other person forgets to check OR they think the other person has done so. We even have weekly meetings on Mondays to go over every case, and still it falls through. It may be more for discussion purposes, and tackling it from a systems standpoint.
  - **Perhaps if anyone has a better system of 1) checking preference cards and doing inventory and 2) reminding staff to contact the surgeons office regarding cases that may require special instruments or supplies.**

11

Real World Issues and Solutions for Medical Directors

- "My number 1 challenge as a medical director is finding out *who trumps who* regarding regulatory bodies"

12

Real World Issues and Solutions for Medical Directors

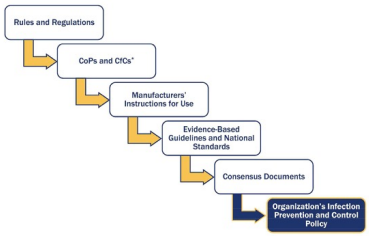
Regulations vs Standards vs Local Policies vs Advisories
Who Is In Charge??

Regulatory Bodies	Accrediting Bodies	Clinical Bodies
• Department of Health and Human Services • Center for Medicare and Medicaid Services (CMS) • Children's Health Insurance Program (CHIP) • Center for Disease Control • State Departments of Health • US Department of Labor • Occupational Safety and Health (OSHA)	• Joint Commission (JC)[1] • Accreditation Association for Ambulatory Healthcare (AAAHC)[2] • QUAD A (Previously know as AAASF, American Association for Ambulatory Surgery Facilities)[3] • Accreditation Canada (AC)[4] • Det Norske Veritas (DNV)[5]	• Local Governing Boards • Clinical Departments • Manufacturers • Specialty Boards • Professional Societies

13

Real World Issues and Solutions for Medical Directors

JOINT COMMISION:
INFECTION CONTROL HIERARCHICAL APPROACH



14

Real World Issues and Solutions for Medical Directors

- "How can I follow how my ASC is performing against other CMS-certified facilities?"

15

Real World Issues and Solutions for Medical Directors

- Public reporting of Facility-Specific Quality Reporting Data:
  - CMS Publicly reports ASC Data here: https://data.cms.gov/provider-data/
  - Facility Comparison Dashboard: https://www.qualityreportingcenter.com/en/facility-compare-dashboard/

https://www.qualityreportingcenter.com/globalassets/2021/11/asc/facilitycomparetooluserguide_final.pdf

16

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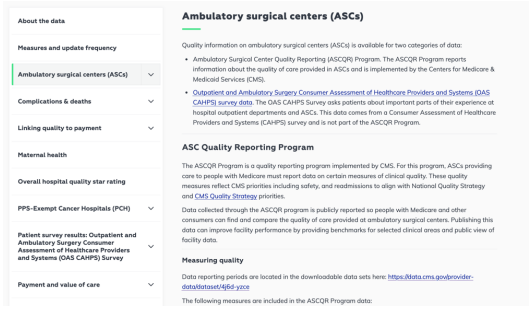

17

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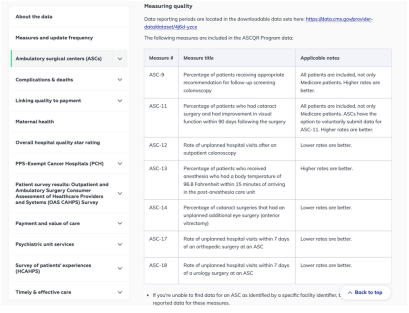

18

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19

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20

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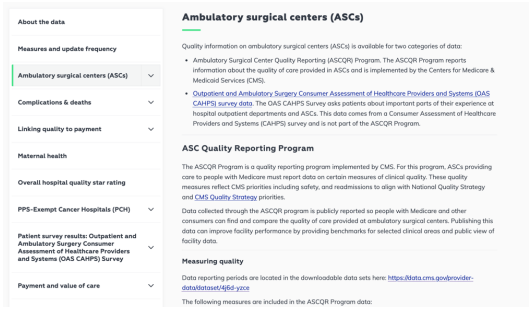

21

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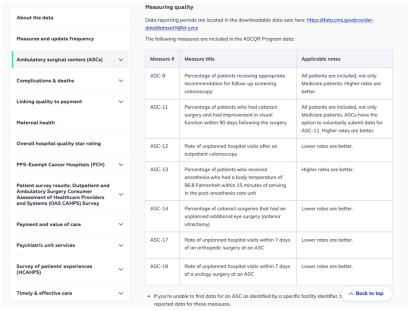

22

Real World Issues and Solutions for Medical Directors

- "We are starting to Total Joints in our ASC in a couple of months. Any good anesthesia recipes?"

23

Anesthesia for Ambulatory Total Joints
Example of Multimodal Approach

PREOPERATIVE

- Immediately prior on upon arrival to Pre-op:
  - Gabapentin 600 po
  - Oxycontin 10mg po
  - Celebrex 400mg po
  - Zofran 4mg IV
  - Dexamethasone 10mg IV
  - Antibiotic prophylaxis (e.g., Cephalosporin vs. Vancomycin vs. Clindamycin)
- For Hemi or Total Knee Arthroplasties: Adductor Canal Block plus IPACK Block
- For Hip Arthroplasty: Fascia Iliaca Block

24

Strategies for Severe Pain Control After Hip and Knee Arthroplasty

- **Intraoperative**
  - General Anesthesia
  - Tranexamic acid 10 mg/kg IV x1 after induction
  - Ketamine 10-20 mg IV
  - Liposomal bupivacaine periarticular infiltration by surgeon (20cc diuted with 40cc NS); Bupivacaine with Epi for superficial closure
  - Toradol 30 mg IV within 30 min prior to wound closure
  - IV Tylenol 1000 mg IV within 30 minutes prior to wound closure
  - Second dose of Tranexamic acid 10 mg/kg

25

Strategies for Severe Pain Control After Hip and Knee Arthroplasty

- **Post-Operative: Aim for Opioid-Sparing Analgesia**

Alternative:
  - Fentanyl 25-50 mcg q 5-10 min for moderate pain
  - Dilaudid 0.5 mg q 10min for severe pain
  - PO Analgesics
    - Mild/Moderate Pain
      - Acetaminophen 325 or 650 mg po q 4 hrs
      - Oxycodone 5-10 mg po q 4 hrs
      - Tylenol #3 (acetaminophen/codeine 15-60 mg po q4-6hrs PRN)
      - Percocet (acetaminophen/oxycodone 325mg/2.5-5 mg po q 6hrs PRN)
      - Norco (acetaminophen/hydrocodone: 325 mg/5-10mg po q 4-6 hrs PRN
      - Lortab (acetaminophen/hydrocodone solution: 300 mg/2.5-10 mg po q 4-6 hrs PRN)
      - Vicodin (acetaminophen/hydrocodone: 300mg/5mg po q 4-6 hrs PRN)

26

Strategies for Severe Pain Control After Hip and Knee Arthroplasty

- Post-Discharge Analgesia
  - Acetaminophen and NSAIDs or COX-2 specific inhibitor around the clock
  - Oxycodone as a rescue
  - Avoid combinations of acetaminophen and weak steroids (codeine, hydrocodone, oxycodone)?; Only marginally superior to NSAIDs alone

McQuay, H. et al; BMJ. 1997 May 24; 314(7093): 1531–1535

27

Real World Issues and Solutions for Medical Directors

- "I have conflicting views from our anesthesia providers on whether or not patients with neuromuscular diseases should be done in ASC's? Any evidence-based guidelines as to who NOT to do?"

28

Neuromuscular Disorders in Ambulatory Surgery

- Cardiac Complications of NMDs[4]
  - Variable cardiac involvement
  - Duchenne muscular dystrophy: most severely affected; cardiac disease/myopathy leading cause of death. Similar with several subtypes of limb-girdle muscular dystrophy
  - Becker muscular dystrophy also associated with cardiomyopathy-later onset and slower course
  - Myotonic dystrophies and Emery-Dreifuss muscular dystrophy: primarily associated with conduction defects and may require pacemaker implantation
  - Friedreich ataxia and Pompe disease can be associated with hypertrophic cardiomyopathy

29

Neuromuscular Disorders in Ambulatory Surgery

- Sleep Dysfunction and NMDs[5]
  - Sleep dysfunction related mostly to sleep-related breathing disorders or sleep-disordered breathing (SDB); very common in neuromuscular diseases
  - The most common neuromuscular disorders causing SDB and sleep dysfunction consist of:
    - motor neuron disease (amyotrophic lateral sclerosis)
    - poliomyelitis and postpolio syndrome
    - myasthenia gravis including myasthenic syndrome
    - acute inflammatory demyelinating polyradiculoneuropathy (Landry–Guillain–Barré–Strohl syndrome)
    - phrenic neuropathy
    - muscular dystrophies including myotonic dystrophies
    - congenital myopathies

30

Neuromuscular Disorders in Ambulatory Surgery

- Gastrointestinal Dysfunction and NMDs
  - May alter intestinal wall muscle or myenteric plexus or both
    - Motor
    - Intestinal Pseudo-obstruction
    - Hollow visceral neuropathy/myopathy
  - Symptoms: chronic unexplained abdominal pain, abdominal distention and bloating, early satiety, nausea, vomiting, and alternating diarrhea and constipation

31

Neuromuscular Disorders in Ambulatory Surgery

QUESTIONS STRONGLY ENCOURAGED!

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32