Quality Management and Registries

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KEYWORDS

• Ambulatory anesthesia • Quality management • Registries
• Anesthesia Quality Institute • National Anesthesia Clinical Outcomes Registry

KEY POINTS

- Continuous improvement in outcomes is a professional obligation of all anesthesiologists.
- What is not measured cannot be improved; data collection is critical to quality management in anesthesia.
- Participation in national registry efforts allows an ambulatory anesthesia practice to benchmark its performance against other practices and providers.
- Reporting outcome data is a sensitive topic, and must be customized for each practice and each piece of information.

WHY QUALITY MANAGEMENT IS IMPORTANT AND HOW TO DO IT

Striving to improve patient outcomes is a professional obligation of every anesthesiologist. This obligation applies no less in ambulatory practice than in office-based practice. Most patients in the outpatient setting are in good health and most procedures are routine, but there is always opportunity for improvement. Major adverse events are rare, but operational metrics are as important as in any practice, and patient-centered outcomes even more so. This article describes basic principles of quality management (QM) in ambulatory anesthesiology, provides resources for external benchmarking and education, lists the indicators and outcome measures that should be pursued, and concludes with some ideas for reporting QM data and reacting to unusual events.

In addition to professional obligation, QM reporting will soon be needed for practice viability. The notion of pay for performance is strongly influencing government and private-payor activities.[1] Although efforts such as the Physician Quality Reporting

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System (PQRS) began as incentive programs designed to encourage public reporting of clinical outcomes, they are transitioning now to penalty programs that will rapidly escalate into mandatory requirements for provider payment. Both public and private quality reporting are strongly emphasized under the Affordable Care Act. Under new payment models incorporating bundled and capitated payments, quality measures are a necessary public safeguard to protect against skimping on indicated care. Participation in a national benchmarking registry is an emerging standard for anesthesia practices, and is likely to become the most expedient way to meet multiple regulatory requirements. In the specific realm of ambulatory surgical care, institutional requirements for quality data reporting are just as important. Organizations such as the Accreditation Association for Ambulatory Health Care (AAAHC) are developing performance metrics for public reporting that will necessitate the participation of anesthesiologists.[2]

W. Edwards Deming, the father of QM in American business, is famously paraphrased as saying that those things that cannot be measured cannot be improved.[3] The essence of QM is the ability to measure and to understand a practice in a way that encourages continual improvement. This process requires the collection and reporting of objective data. In a perfect world, anesthesiologists would learn something from every patient for whom they provide care. **Box 1** summarizes the basic steps in creating a QM program, including the collection and reporting of patient-based data. A few of these points are worthy of comment.

First, anesthesia practice culture and human dynamics are such that best results are achieved with a single person in charge. Designating a QM officer for the practice and making it this person's responsibility to do the job creates a level of accountability that leads to tangible results. Other opinions are welcome and should be included, especially when considering outcomes in different subspecialty areas, but the project works better with a single individual in charge.

Once the administrative structure is created, the QM officer and assistants should begin a search for data. In the so-called Information Age, there is a lot of data already in existence and a good QM program begins by harvesting all available material before creating anything new. In our present fee-for-service health care system, every anesthetic is remunerated from a digital record, meaning that somewhere in every practice (or its billing company) is a record of every case performed. This file includes patient specifics (age, sex, American Society of Anesthesiologists [ASA] physical status,

Box 1
Essential steps in creation of an anesthesia QM program

- Designate a single individual to lead the effort
- Recruit interested participants from the practice
- Collect and investigate sentinel cases
- Collect structured data for every case from billing and medical record systems
- Collect relevant clinical outcomes (may require creating new data capture tools)
- Benchmark practice performance to internal trends and external peers
- Identify outliers in the data, and determine why
- Create reports for the public, for facility leadership, for the practice, and for individuals
- Make changes to improve care
- Repeat continuously

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