

Two ASA committees have just published manuals online at <[www.ASAhq.org](http://www.ASAhq.org)> that will help anesthesiologists and others interested in improving the quality of anesthesia services or the management of an anesthesia department, or both. These are the ASA Manual for Anesthesia Department Organization and Management and the ASA Quality Management Template. Robert E. Johnstone, M.D., who serves on both committees, has graciously contributed the description of the latter.

## Quality Management Tools for the Anesthesia Department

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The MADOM consists of six chapters, each containing relevant ASA policy, selected documents from ASA committees, forms from private as well as academic practices and materials from other agencies such as the hospital and ambulatory facility accreditation organizations. Table 1 lists the chapters and some of the subsections to which we most frequently refer anesthesiologists.

Without suggesting any rank-ordering among the important subjects listed in Table 1, we call the reader's attention in particular to the Anesthesia Consultation

## The 2005 ASA MADOM

Are you preparing for a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey? Do you need sample forms for requesting anesthesia privileges? Are you looking for ASA policy on postanesthesia care and discharge? The latest edition of the Manual for Anesthesia Department Organization and Management (MADOM) offers practical help with these and many other questions. The ASA standards, guidelines and statements around which most of the MADOM is built are of considerable use in resolving routine — and novel — complex problems.

Program. Under this program, four hospitals so far in 2005 have contracted for formal, structured evaluations of their anesthesia departments. The evaluations are performed by teams of two members of the Committee on Quality Management and Departmental Administration who spend three days on site developing recommendations for a detailed, confidential written report. For a discussion of what we have learned from many years of Consultation Program experience, please see the Practice Management column in the April 2002 issue of the *NEWSLETTER* <[www.ASAhq.org/Newsletters/2002/4\\_02/pm402.htm](http://www.ASAhq.org/Newsletters/2002/4_02/pm402.htm)>.

**Table 1: MADOM Chapters and Select Subsections**

**Chapter 1: The Department of Anesthesiology,**  
*Robert E. Johnstone, M.D.*

- Organization of a Department
- Informed Consent
- Documentation of Anesthesia Care
- Procedural Times Glossary

**Chapter 2: Delineation of Clinical Privileges in Anesthesiology,**  
*Mary Ellen Warner, M.D.*

- Examples of Policies and Procedures

**Chapter 3: Standards and Guidelines for Patient Care in Anesthesiology,**  
*Sorin J. Brull, M.D.*

- The Anesthesia Care Team
- Guidelines for Regional Anesthesia in Obstetrics
- Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia

- Anesthesia Care Standards From the JCAHO Comprehensive Accreditation Manual for Hospitals
- Example of a Policy on Unintended Intraoperative Awareness

**Chapter 4: Quality Improvement and Peer Review in Anesthesiology,**  
*Jerry A. Cohen, M.D.*

- CQI in an Anesthesiology Department
- ASA Anesthesia Consultation Program

**Chapter 5: Ambulatory Anesthesiology,**  
*Beverly K. Philip, M.D.*

- Anesthesia Care Standards from the JCAHO Comprehensive Accreditation Manual for Ambulatory Care
- AAAHC and AAAASF Standards
- Guidelines for Office-Based Anesthesia

**Chapter 6: Sample Administrative Manual for the Department of Anesthesiology,**  
*William H. Montgomery, M.D.*

The Committee on Quality Management and Departmental Administration placed the 2005 edition of the MADOM on the ASA Web site in August. This revision represents hundreds of hours of committee members' time (not to mention that of the committee chair Jeffrey L. Apfelbaum, M.D.), demonstrating once again the great service that ASA volunteers provide to their fellow anesthesiologists.

The MADOM now runs to nearly 300 pages not including hyperlinks to the ASA Standards, Guidelines and Statements and Practice Advisories, Medicare Web pages, accreditation organizations and other third-party Web sites. For that reason, and to ensure automatic updates if and when the contents of the linked documents change, the MADOM is available only as a dynamic online manual, although users may print or save copies of each chapter for themselves.

ASA members may access the MADOM on the "Members Only" section of the ASA Web site at <www.ASAhq.org> in exchange for completion of a demographic profile. You are encouraged to check the manual periodically for updates. The Web site will contain instructions for non-members who wish to purchase copies. For further information on access, please contact <webmaster@ASAhq.org> or <publications@ASAhq.org>.

## The ASA Quality Management Template

*Dr. Johnstone is a Professor of Anesthesiology at West Virginia University, Morgantown, West Virginia. He serves as the ASA Director from West Virginia, and in addition to being a member of the Committee on Performance and Outcomes Measurement and the Committee on Quality Management and Departmental Administration, he chairs the Committee on Practice Management.*

Anesthesiologists can download information from the ASA Web site on quality management (QM) programs and software to implement them. The information is extensive and helpful, and the software is free of charge. Find both at <www.ASAhq.org/quality/qmtemplate013105.pdf>. Reading the information manual, as with most ASA documents, requires Adobe software, which is also available without charge.

Members of the Committee on Performance and Outcomes Measurement (CPOM) developed this QM manual and software template to improve patient care. Its development arose from committee responses to individuals seeking QM help and from assistance provided through the ASA Anesthesia Consultation Program. Reviewers have long found that most departments requesting consultations lack mechanisms to effectively measure or improve their quality of care. These departments can now use the QM template

with minimal modifications to start their programs.

The QM template manual contains 64 pages, organized into five chapters, and is robustly illustrated with sample forms, diagrams and charts. Expert anesthesiologists have written the chapters, listed in Table 2, to explain the need for continuous quality improvement, familiarize readers with terms and concepts and offer practical advice. The manual contains instructions for obtaining the QM software, which ASA staff members send on a compact disc due to its size.

**Table 2: QM Template Chapters/Authors**

<b>Introduction</b> .....	Ronald A. Gabel, M.D.
<b>Principles</b> .....	Alan P. Marco, M.D.
<b>Data Collection</b> .....	J. Kent Garman, M.D.
<b>Peer Review</b> .....	Robert S. Lagasse, M.D.
<b>Model/Instructions</b> .....	Robert S. Lagasse, M.D.

The introductory chapter explains the QM processes of data gathering, analysis and review as well as making improvements based on review findings. It defines such terms as "indicators," "outcomes," "peer review" and "trending." Adverse patient outcomes in most departments result from dysfunctional systems that affect the performance of all clinicians, even the most skillful and knowledgeable.

The chapter on principles describes suitable ways to start and focus a QM project and illustrates the use of flow charts, fishbone diagrams, histograms, scattergrams, Pareto charts and other display techniques. (The Pareto principle states that 20 percent of factors cause 80 percent of the results.) The chapter on data collection tools explains the differences between numerator and denominator data and lists sources for obtaining them. Capturing self-reported data requires a contributory culture. Reading these chapters in the downloaded electronic format facilitates understanding them because clicking on the words "figure" or "table" or on referenced software or articles immediately brings them or their Web sites into view.

The chapter on peer review contains a sample incident-reporting form and describes how several anesthesiologists can review confidentially the actions of one. Peer review of adverse outcomes is a recommended means for evaluating the competence of a clinician. The final chapters describe the model QM database software and instruct how to use it. The software arose from a program used for many years in a large academic department. Groups can easily customize it for other settings.

CPOM members will revise the QM manual and template from time to time to improve its usefulness, so groups using the template should report back their experiences and observations.