



American Society of  
**Anesthesiologists**™

Central Line

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(SOUNDBITE OF MUSIC)

VOICE OVER:

Welcome to ASA Central Line, the official podcast series of the American Society of Anesthesiologists, edited by Dr. Adam Striker.

DR. BROOKE TRAINER:

Welcome back. This is Central Line, and I'm the guest host for today's episode, Dr. Brooke Trainer. Today, we're jumping on to one of my favorite subjects, patient safety, from a different angle. Drs. Marc Koch and Patricia Mack from the AQPSM planning committee are with me today to talk about the anesthesia quality and patient safety meeting, the AQPSM, which will be all virtual this year on July 14th and 15th. Thanks for joining me today. Can you tell us about yourselves and just how you got involved with the committee and the PSM meeting? And let's start with you, Dr. Mack.

DR. PATRICIA MACK:

I am the vice chair of Patient Safety and Quality Improvement at Weill Cornell Medicine, and it's a role I've had for about eight years. I've long been involved in quality and patient safety, something very important to me. And in this role I also decided to get involved with the Quality Management and Departmental Administration Committee of the American Society of Anesthesiologists. And I have been involved in the past with the Committee on Patient Safety Education. In these roles, I have had the opportunity to really become aware of this meeting and attended the meeting for the last couple of years and was very impressed with the content. This year I was appointed to be vice chair of the QMDA committee and also asked to be one of the planners for this meeting coming up in July. I'm really honored to have a role in the development and planning of the meeting, and I think that everyone is going to really find it very useful and practical for their practice.

DR. TRAINER:

And how about you, Dr. Koch?

DR. MARC KOCH:

So, hi, my name is Marc Koch and I'm an anesthesiologist. Also got my MBA in finance and have been serving as CEO for Somnia for the last 27 years. Somnia is an anesthesia management company and it works with about a thousand clinicians and administrators across the country. And for the last seven years, I've been a student of perioperative medicine and have worked very closely to support the ASA, some of the ASA executive leadership and like-minded physicians on the committee. I was asked by Dr. Shakar, who was in charge of the PSH committee to be part of and work with the membership of the AQPSM and representing the PSH in the development of a curriculum for the conference as it pertains to perioperative medicine.

DR. TRAINER:

I understand this year's meeting is a bit different than past years. Tell us why you changed things up and how you assess what changes were in order.

DR. KOCH:

Yes. So what we're seeing now is just an expansion of the role of anesthesiologists outside of the OR where it used to be. Maybe you would see the patient immediately preoperatively or maybe the day before and maybe see them the next day post-op. Now, those bookends have really extended outwards left and right to include periods of time way before surgery and even way after surgery. And the quality and the quality management activities need to expand and be included commensurate with that increase in role to include the pre and post op periods as well, and to think through ways and means we could improve patient reported outcomes and clinical outcomes as well.

This year we learned a lot of that, not just by our own experience as a committee, but also we got feedback from people who had attended the meeting last year. And as always, we wanted to be responsive and thoughtful in our consideration of that feedback and try to think of topics that people had mentioned to us that they'd like to hear more about, such as a physician wellness optimization and things of that nature. And the speakers also embody that, those activities and that expanded role. And we're so excited. We have many new speakers, many new areas of topics we're discussing. We're so proud and privileged to have the opportunity to share as an organization what we know with attendees at the conference.

DR. TRAINER:

So the meeting is all about quality and safety. Our listeners no doubt already know why those topics are so essential, but I'd like to hear about how you're elevating those topics or viewing them through a different lens. Dr. Mack would you mind talking about that?

DR. MACK:

Sure. As Dr. Koch said, we really value the feedback of the attendees last year. And you're right, we are all aware as anesthesiologists that quality and safety are our main priorities and our main goals. But there are many different ways to evaluate and look at and for all of us to discuss the challenges that we face in providing safe patient care, as well as maintaining safety and wellness for ourselves. And so there's always an opportunity to improve quality improvement. We've taken the suggestions that have been made and really revamped the program to focus on these areas. So Friday during the afternoon is going to focus on really clinical applications of quality, a little bit more of a how-to and specific sessions on things such as MIPS and other value based management and payment sessions, how we develop a quality improvement culture and really kind of a how-to session including challenges and opportunities and resident education as well as our residency QI engagement program. Saturday will focus really on the theme of the whole patient and the whole physician. So we're going to discuss and hear from really excellent speakers about, you know, how we maximize throughout the perioperative incident of care, both pre and post operatively and intraoperatively maximizing patient wellness, patient safety, as well as looking at issues in, I hope, a slightly different way, including pro cons with physician wellness and how quality programs actually impact physician wellness as well as vice versa. How physician wellness impacts quality. We've heard a lot about how physician wellness impacts quality of care, but there's also kind of the flip side of how all these metrics and measurements and programs can be challenging for both physicians and departments as well. And we're going to have a really vibrant discussions on those topics.

DR. TRAINER:

This sounds really valuable, and I just want to follow up on the meeting content that you're talking about. This year's meeting has been broken down into six themes. Can you tell us a bit about that and why you chose that organization and these themes?

DR. KOCH:

Yes, the six key themes were chosen based upon feedback that we got from previous attendees and trying to segregate those into specific areas. The thought here, that is, if somebody had a particular theme that they were particularly interested in, they might highlight that and might want to perhaps take more notes or think of a questions to ask.

And that way it was organized in a way that the attendees could better take in the information, assimilate the information in, and hopefully would lead to better retention of information.

As you could see from the topics, though, they are quite intertwined. So if you take a look about social determinants of health, which is one of the the themes, that ties into pre-op optimization and that also folds into quality. So they all sort of are related in their own way and somebody who wants to really get it all and take it all in and feel like they've got everything they can out of this conference will be perfectly able to do that. And that's because there's almost no duplication, you know, in any of the themes. And we tried hard to make it so that this is a rich and complete conference, that there was, on one hand something for everyone and on the other hand very little in terms of overlap. So people who did want to stay for the entire conference and take in the whole entire conference would feel satiated when it was when they went home.

DR. TRAINER:

Dr. Koch, you're planning the perioperative section of the events. And I'm interested in understanding how ASA defines perioperative medicine and how you're planning is coming along.

DR. KOCH:

Sure. Well, perioperative medicine is an area of practice that there's many participants in it. It's a sort of a team sport with regard to the preoperative period and surgeons, hospitalists, physiatrists, anesthesiologists, internists. There's many different people who have the requisite breadth and depth of knowledge and skill to really participate in the provision of perioperative medicine. Now, if you ask, well, when does that start? It usually starts from the time there's a decision before the patient whether to have surgery or not. And sometimes after they've made the decision to have surgery or not and then extends outward past typical acute recovery and it extends into the post acute recovery period, which might occur in a hospital, an inpatient rehab hospital, a long term acute care hospital or a skilled nursing facility, or now also at home with home health care. So again, those bookmarks and summary are from the decision to have surgery up to and through the highest plane of recovery.

DR. TRAINER:

And Dr. Mack, I want to turn to you now for a different topic. I'd also like to hear more about the wellness portion of the event. We've talked a lot about wellness on the show, but can you talk about how the conversation regarding wellness is evolving?

DR. MACK:

Yes. Well, I think that physician wellness is obviously a critical aspect of patient care nowadays throughout the health care system. And so we're going to start out by focusing on how hospital safety and reporting systems both maximize and otherwise impact the wellness of physicians, assessing the balance between the theme of just culture and how just culture programs and a just culture view of patient safety events impacts the physicians and other staff involved, as well as contrasting that with the need for personal accountability in patient care. And then we're going to move from that into very specific aspects financial maximization, taking care of yourself and your psyche, as well as a specific theme on, you know, protecting yourself at work from environmental dangers such as when you work in offsite areas or even in the operating room. And so we're trying to make it both broad themes of physician wellness and then also focus on some specific areas that our membership have expressed an interest in hearing more about.

DR. TRAINER:

I do have more questions. We do need to take a short break, but please stay with us.

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DR. KEITH RUSKIN:

Hi, this is Dr. Keith Ruskin with the Patient Safety Editorial Board. Mistakes calculating drug doses can be harmful. Smart intravenous infusion pumps reduce the risk of medical errors, but the technology hasn't eliminated medication errors. Unlabeled medications. Unauthorized medications. Incorrect rate or dose. And failure to use the Smart Pump library still occur. Prevent an incorrectly programmed pump or ventilator by evaluating multiple distinct data points to ensure that the programming is correct. When programming an infusion pump, check the weight based programmed infusion rate and compare that to the rate in milliliters per minute or hour. An infusion that will take significantly less or more time than expected to complete may be a warning that the pump has been incorrectly programmed. This extra step can prevent large errors and help keep your patients safe.

VOICE OVER:

For more information on patient safety, visit [HQ. Org Slash Patient safety](http://HQ.Org/Slash/Patient%20safety). Two two.

DR. TRAINER:

So we went over how you organized everything, but is there anything that's new on the horizon? Any new topics this year that might surprise people or that maybe you haven't covered consistently in the past?

DR. KOCH:

You know, in terms of new presentations this year, we're getting pretty granular, especially on the perioperative medicine piece. For instance, we're getting into very specific diagnostic and therapeutic considerations that we know will improve quality and outcomes. For instance, we're going over vapors and marijuana and tobacco and opioid use preoperatively in going over how that could impact quality and safety outcomes. We're going over anemia diagnosis and correction. What does that mean and how is it could help our patients? We're discussing frailty and cognitive testing and what we can do to perhaps intervene and actually change the trajectory of a patient outcome. The information is going to be so cutting edge. You know, there was just an article in this week's JAMA about Prehabilitation and talking about exercise and nutrition. So the perioperative medicine piece in particular is going to give you some very cutting edge information that's practical, pragmatic and deployable that you could bring home to your facility and use almost immediately.

DR. MACK:

One thing I'd like to add to that is that sometime people assume that the AQPSM meeting features the same content year after year. And we really took a hard look at the program, listened to participants feedback and this is a completely new program with completely new themes and new speakers. And most of the topics came from requests from members to hear hear more about these areas.

DR. TRAINER:

Awesome. I happen to know there will be some really unique and interesting keynote speakers. Do you want to tell our listeners about that? Dr. Mack?

DR. MACK:

Yes. Well, we have on Friday two excellent keynote speakers, well known to anesthesiologists throughout the country: Michael Champeau, our president of our society, and Daniel Cole, the president of the Anesthesia Patient Safety Foundation. And they are going to be focused on exactly how each organization is individually and

collaboratively working for the membership and for patients and for clinicians as a whole to maximize both quality and patient safety.

And then on Saturday, we are so honored and privileged to hear from Ella Watson Stryker from Doctors Without Borders. They will be speaking to us about the very difficult substances in which that organization works and cares for refugees, patients, and the huge volume of people that need their assistance in terms of crisis and in difficult areas to work without the resources that we are fortunate to have in the United States in terms of monitoring and ICU care and including preoperative assessment, how they manage to ensure that they are delivering quality care and maximizing the safety of their patients when they are out in the field providing care. I'm really looking forward to hearing from them.

DR. TRAINER:

Oh, that is just going to be fantastic. I'm really looking forward to that presentation. But beyond some of the amazing keynote speakers that you have lined up, there are a variety of other opportunities, including poster opportunities for residents to submit posters and and gather some unique experiences. But what are the expectations for that?

DR. MACK:

It is truly an opportunity for us to engage the future anesthesiologists of our country with our programs, with our dedication to patient safety and really allow them to feature their great ideas. You know, the residents are in many institutions, you know, our frontline people, and they come with fresh eyes and they can really see where there are opportunities for improvement in the way we deliver the care to our patients. And so we are very lucky. We had a record number of submissions of quality improvement projects this year. Some will present at the meeting and many others will be available ... actually are available online currently. We have residents that have worked with some of our most prominent anesthesiologists, well regarded in terms of patient safety and quality improvement. Not only is it an opportunity for the residents to put forth their ideas, learn how to engage in quality improvement projects in a really formal manner, but it's also an opportunity for our faculty at their institutions to serve as mentors and to have their work highlighted at this meeting as well.

DR. TRAINER:

Okay. Very good. And another piece of the puzzle at this meeting for our listeners, I believe are the safe tables. Can you tell us a little bit more about what these are?

DR. MACK:

Sure. Well, we've done this for a few years at this meeting. It is a great opportunity for physicians to enter into a purely confidential, safe environment to discuss near-misses and learn how to address them and to share our experiences when there have been significant safety events, how we as individuals and institutions have learned from them. And it really provides an opportunity for us to grow together. The sessions will be led by members of the AIRS committee who are really dedicating their careers to reducing the number of errors and patient safety events in our care. So it's definitely a very interactive session and an opportunity not just to ask questions, but to really become part of the discussion.

DR. TRAINER:

You've talked about this already, but there might be some assumptions that the meeting is primarily more geared towards mid-career physicians like myself. But is that a wrong assumption? And is the content calibrated to meet the needs of anesthesiologists from all stages of their career? And I want to turn back to Dr. Koch to talk more about who should attend the meeting.

DR. KOCH:

So this is really a conference for anybody with an interest in patient safety, quality and clinical outcomes will find this conference to be extremely helpful and extremely relevant. You could be a resident, you could be an early career, mid-career, late career or senior career anesthesiologists and still get a tremendous amount out of this conference. You'll get information that you'll be able to take home to your facility, to your colleagues and share that information with them and right away start making a difference with regard to quality, safety or patient outcomes. We actually have been sharing the conference and talking to people about the conference in many of the facilities that we work at and podiatrists, hospital administrators, surgeons, nurses, all of them have asked, how could we come, where do we sign up? You know, where do we learn more about it? So, you know, consistent with perioperative medicine being a team sport, anybody on that team, whether you're you practice perioperative medicine or anesthesia, this is a conference where you'll feel at home welcome and be able to take a lot of information in that you could bring home to help yourself, your colleagues and patients.

DR. TRAINER:



Are there myths or misunderstandings about the meeting that you want to take a moment just to dispel or talk about something or anything that you wish people could understand a little better or had more accurate information about?

DR. KOCH:

So a lot of people who I speak to about the conference know it perfectly well, understand what it is, why it is, what they will get out of it by attending. Some people once in a while will say, oh my goodness, there's going to be numbers and statistics and charts and I'm really not good at that. And I wonder if I'm just going to feel like a fish out of water. I would say to those people, you couldn't be any further from the truth. This is really a place where the qualitative and the quantitative aspects of quality will both be represented simultaneously, oftentimes within the same lecture, within the same session. So neither type of clinician will feel out of place. Those that want to learn more about the qualitative aspects of quality or the quantitative aspects of quality.

DR. MACK:

I'd really like to echo that. I think that attendees will really come away with a sense that it was very valuable and there will be a lot of information, some of it quantitative, but a lot of it qualitative and really useful. This is all going to be information that you can use on Monday when you are back in your operating room or your area of practice and there will be something for you that will be new information or information that you might have viewed in one way, and you'll now be able to view it in another way.

DR. TRAINER:

And I'm sure some of our listeners would like to learn more. So where can our listeners go to learn more?

DR. KOCH:

So the big two day conference is almost here. It's going to be on July 14th and 15th. They can learn more by going to [asahq.org/aqpsm](http://asahq.org/aqpsm). Don't forget, it's a virtual conference and it's been that way for the last few years. So you could sit in your kitchen, in your study, outside and you could learn while you're you're comfortable. And even if you can't make it, you should go back to that website because you could buy it after the conference and still continue to learn about lectures you might not have had a chance to go to. Or maybe there's a lecture you really like and you want to listen to it again.

DR. TRAINER:

Just one last question before we wrap up. And Dr. Mack, I'm going to turn to you first. Do you mind both talking about what you hope learners will take away from the conference, like what they can expect to walk away with?

DR. MACK:

Well, I think it's just such a unique opportunity for those who are interested in quality and patient safety to really learn on Friday. It's a little bit more of a how to maximize any of your efforts at developing a quality improvement program and culture. We're going to talk about challenges. Again, as Dr. Koch said, there will be definitely actionable items that you can bring back to improve your quality improvement program in your home institution. And on Saturday, I just really think that people will value all the information as well as the robust discussions that are going to occur around both patient wellness, patient safety, as well as the whole physician, whole patient, whole physician coming together to provide those patients with excellent, safe care.

DR. TRAINER:

And Dr. Koch?

DR. KOCH:

So I think that attendees to the conference, I would hope and expect them to come out with a broadened appreciation for the role anesthesiologists can play in the greater perioperative period and the quality considerations that go along with it. If they were to broaden and deepen and update their knowledge of quality, that too is a key goal. So whether you're a hospital, anesthesiologist, operating room, anesthesiologist or perioperative physician, we hope that you'll have a deeper, broader appreciation for the perioperative period the care patients receive and the quality considerations that go along with it.

DR. TRAINER:

Thank you both so much for joining us. I have to be honest, I have not attended yet this meeting, but now hearing more about it, I am very compelled to do so and I hope other listeners will do the same. And to learn more about this upcoming meeting, you can explore the agenda and register today at [asahq.org/aqpsm](http://asahq.org/aqpsm).

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