Medically Challenging Case/Quality Improvement Project Submission Guidelines

Don’t miss the opportunity to interact with fellow colleagues and discuss the challenging cases they have managed in their hospital or practice. This section provides physicians with a forum to share experiences and teach others how they handled a difficult situation. Presenters will receive feedback regarding how others might have proceeded under the same circumstances. All learning tracks will be represented so there is a case for every medical specialty.

Quality Improvement Project (QI) Presentations:
If you are interested in sharing your innovative quality improvement project or quality measures/analyses that you have implemented in your own practice, please indicate this below. All quality improvement projects will be presented in an electronic poster format if accepted.

CME Credit will not be provided for the Medically Challenging Case or Quality Improvement poster sessions.

General Submission/Session Guidelines

Submission Deadline: May 24, 2021 (11:59pm CT)

- Submission is open to ASA members and non-members. Members may submit cases/projects for free. Non-members may submit cases/projects for $25 per submission. If the submitter is not the presenting author, please enter the name and e-mail address of the presenter on the submission.

- All cases/projects will be presented in an electronic poster format. There will be no hard copy posters at the meeting. If the case/project is accepted, you will be required to create/upload the case/project to the ePoster On Demand system.

- All cases/projects will be available to conference registrants for viewing online through the ePoster On Demand website from October 4, 2021 – January 12, 2022. Presenters must upload their final ePoster by early September 2021.

- All Medically Challenging Case and QI presentations will be displayed on an assigned, timed ePoster monitor for 10 minutes. The presenter will present their case/project and discuss their findings with session attendees and expert moderators. Posters will advance automatically after 10 minutes.

- All accepted Medically Challenging Cases and QI Projects will be scheduled for presentation once during the conference either on Saturday, Sunday, or Monday. Requests for changes to the schedule will not be accepted due to the large number of presentations. Presenters
should be prepared to present their case/project at the date and time listed in their notification email or should provide ASA with an alternate presenter from their list of co-authors.

- The presenter and/or submitter will certify they were involved in the care of the patient and the preparation and submission of the case report. Please make sure that ALL authors are added at the time of submission and before the May 24th submission deadline.

- Changes to a submitted case/project will be reviewed and accepted on a case-by-case basis. Typically, only minor changes, grammatical changes, or changes to the author list will be made. The presenter and/or submitter must request any changes to the submission or author list by Wednesday, June 30, 2021. All change requests should be sent to Rachel Gutterman at r.gutterman@asahq.org.

- All Presenters will be notified by email as to whether or not their case/project was accepted for presentation. Make sure the presenter’s email address is current through October 12, 2021 to ensure that all important communication is received. All notifications will be sent by late July 2021.

Required Submission Fields

1. Title (Must be entered in Title Case, titles should NOT be entered in all caps)
2. Author List
3. Author and Presenter Agreement
4. Learning Track/Category:
   - Ambulatory Anesthesia
   - Cardiac Anesthesia
   - Critical Care Medicine
   - Fundamentals of Anesthesiology
   - Geriatric Anesthesia
   - Neuro anesthesia
   - Obstetric Anesthesia
   - Pain Medicine
   - Pediatric Anesthesia
   - Perioperative Medicine
   - Professional Issues
   - Regional Anesthesia and Acute Pain
5. Case/Project Description (100 words or less)
6. Image/Table (Optional) – Submitters may upload one image/table to supplement their case.

Quality Improvement Project Presentations

Quality improvement (QI) refers to a systematic framework to improve the delivery of patient care in a particular setting. A QI project is a continuous effort to achieve predictable performance results utilizing processes that can be measured and controlled. The goal should be to improve patient safety, process efficiency, and clinical outcomes in the health care organization.
QI Models are used to provide a formal framework, including: Plan-Do-Study-Act (PDSA) cycles, Six Sigma, Lean Methodology.

Quality tools include: run/control charts, cause and effect diagrams, process maps, failure mode and effect analysis (FMEA), etc...

**Submissions should utilize a recognized QI methodology.**

Although there can be overlapping methodologies, it is important to differentiate QI activity from human subjects research. Research is a *systemic investigation* designed to develop or contribute to *generalizable knowledge*.

**Submissions that align with human subjects research will not be accepted.**

The following table illustrates key differences:

<table>
<thead>
<tr>
<th>Starting Point</th>
<th>Quality Improvement</th>
<th>Human Subjects Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim</td>
<td>To assess process/program/system as judged by established/accepted standards</td>
<td>To develop or contribute to generalizable knowledge</td>
</tr>
<tr>
<td>Design</td>
<td>Adaptive</td>
<td>Follows a fixed protocol throughout</td>
</tr>
<tr>
<td>Risks</td>
<td>No anticipated increase in risk to patients, with exception of possible private/confidentiality concerns</td>
<td>May put subjects at risk of harm</td>
</tr>
<tr>
<td>Benefits</td>
<td>Directly benefits a process/program/system; may or may not benefit patients</td>
<td>May or may not benefit current subjects; intended to benefit future patients</td>
</tr>
<tr>
<td>Participation Obligation</td>
<td>Responsibility to participate as component of care</td>
<td>No participation obligation</td>
</tr>
<tr>
<td>Analysis</td>
<td>Compares a program/process/system to an established set of standards</td>
<td>To statistically prove or disprove a hypothesis</td>
</tr>
<tr>
<td>Adoption of Results</td>
<td>Promptly adopts results into local care delivery</td>
<td>Little urgency to disseminate results quickly</td>
</tr>
</tbody>
</table>