

Understanding the Various Ecosystems to have Relevant and Meaningful Conversations

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Session:

- This session includes a panel of representatives from different hospital settings (e.g. large health system, rural hospital, academic).
- Each panelist will provide perspective on all aspects of workflow within their system, the decision tree for the system, and the touchpoints for meaningful connections and conversations.
- The presentation will accommodate questions and answers throughout.
- This session will include reflection and small group activities to outline and roleplay the most effective and relevant interactions within the various institution types.

The Process:

- We will present a case to the room
- One of the presenters will come to your group and tell you which size hospital system you are
- The goal will be defined in the case
- Your team will work through the problem with one individual taking notes
- After 20-25 minutes we will come back together and one individual from each group will present the size of hospital and the solution to the case

Case 1:

Dr. Mason has been working on medication administration safety. She believes there is an opportunity to improve quality and safety by bringing pre-drawn syringes into her institution. She is a senior practitioner in her group but does not have direct control over pharmaceuticals or acquisition. She call FK for pricing and data to support her decision to pursue the process of getting syringes into her institution/hospital.

Discuss and solve the following:

- What information would you provide and which medications would you start the process with?
- How would you support her initial efforts and guide her based on her needs within her system?

Case 2:

Dr. Khan is the liaison between his anesthesia department and the pharmacy at his institution and he is getting a lot of requests to improve the frequency of narcotic discrepancies associated with the department. With the recent focus on the opioid crisis and the perpetual concern regarding diversion the pharmacy administration has tasked pharmacy leaders with minimizing errors. Dr. Patel has heard there may be an opportunity to acquire pre-drawn narcotic syringes that offer single use dosing with less requirement for waste. He contacts FK for information.

Discuss and solve the following: (Will vary on the size of the hospital)

- What data do you need from Dr. Patel to understand his departmental/institutional requirements, and if he doesn't have that information how do you help him get it.
- What is the value proposition to his institution

Case 3:

Dr. Stevenson is a regional attending that runs the block service for his department. He is new to his position and has no other leadership roles in the hospital. The physician he took over had been in charge for the last 20 years and she was not fond of change. Now Dr. Stevenson has been given many tasks, one being to change the practice of mixing/preparing local anesthetic injections at the bedside for a block. His initial idea was to pre-order (the night before) all the block syringes to be made by pharmacy. He is getting push back from his colleagues who have never had to order their block drugs and the pharmacy who states they do not have the capacity to make all these medications the night before or morning of. He contacts FK with hopes there is a solution.

Discuss and solve the following:

- If you can provide a solution to Dr. Stevenson's problem, who should you suggest needs to be part of the discussion to make the process go smoothly?
- What kind of information are you going to need from Dr. Stevenson to create the best possible solution for him and his institution

Recap:

- What did we learn about the Anesthesiologist
- What additional steps need to be taken from here to help our two worlds communicate efficiently
- No matter what the size of practice, the Anesthesiologist is always looking for efficiency and safer patient care. If we start there, we will never go wrong