

# DEPARTMENT OF ANESTHESIOLOGY

VANDERBILT  UNIVERSITY  
MEDICAL CENTER

**Standard Operating Procedure Title:** Quality Assurance Plan & Monitoring

**Policy Number:** C 320

**Date Established:** 7/84

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## *Purpose*

1. To provide a comprehensive system of reviewing anesthesia care.
2. To provide a routine, planned, and systematic process to monitor and evaluate the quality and appropriateness of anesthesia care provided to patients at Vanderbilt University Hospital.
3. To provide a mechanism to resolve problems and/or potential problems identified by the process of monitoring and evaluation.
4. To provide an information system designed to inform the anesthesiology professional staff of quality assurance issues within the department and identify issues for educational programs.

## *Goals*

1. Routine collection and documentation of information regarding all important aspects of anesthesia care.
2. Periodic assessment of the collected information.
3. Anesthesia staff input and agreement for the establishment of specific criteria that reflect current knowledge and clinical experience to be used in the assessment of collected information and the monitoring and evaluation of anesthesia care.
4. Identification of opportunities to improve anesthesia care.
5. Identification of potential or existing problems associated with the provision of anesthesia care.
6. Initiation of action to be taken to improve anesthesia care or to resolve problems and/or potential problems identified and to evaluate the effectiveness of such action(s).
7. Documentation of the findings from and conclusions of the monitoring, evaluation, and problem solving activities and when appropriate, reporting of such findings and conclusions.

Documentation of the action(s) taken to improve anesthesia care and/or resolve problems or potential problems.

8. Documentation of information concerning the impact of such action(s) taken to improve anesthesia care and/or resolve problems or potential problems and when appropriate, reporting of such information and impact(s).
9. Annual reappraisal of the effectiveness of the monitoring, evaluation, problem identification and problem solving activities described above.

## *Scope*

The areas of anesthesia service covered by this plan are inpatient and outpatient service provided in the general operating suite in Vanderbilt University Hospital, the obstetrical suite and any other areas in Vanderbilt University Hospital where the anesthesiology department provides the service. Specifically excluded from this plan are anesthesia services provided by non-anesthesia

# DEPARTMENT OF ANESTHESIOLOGY



staff in the outpatient clinics, Burn Unit, Rehabilitation Center, and other such locations, and local anesthesia provided in any location by non-anesthesia personnel.

## ***Reporting Responsibility***

Documentation of the routine monitoring activity, problems and/or potential problems identified, problem solutions, action(s) to improve the quality and appropriateness of anesthesia care and the results of any specific studies will be summarized and reported to the Quality Assurance Committee of the Hospital Medical Board on a monthly basis via the minutes of the Anesthesiology Quality Assurance Review committee meetings. If indicated or required, selected information will also be reported to the Office of Patient Affairs, Risk Management Department, or other qualified and appropriate individuals or departments.

## ***Organization***

The implementation and supervision of the provisions of this Quality Assurance Plan are the responsibilities of the Chief of Anesthesia Services. This responsibility has been delegated to the Anesthesiology Quality Improvement Committee. The Committee Chair is the Department's quality assurance representative to the Hospital Medical Board's Quality Assurance Committee. Administrative support and coordination is the responsibility of the Department's Administrative Officer.

## ***Continuous Monitoring Program***

1. On a daily basis, specific statistics, information, outcomes, and other appropriate indicators of the volume and quality of the anesthesia service provided will be compiled. The daily reports will be summarized monthly and appropriately documented and maintained.
2. At least annually, the Anesthesiology Quality Assurance Review Committee will develop criteria by which the summarized indicators of volume and quality will be evaluated.

## ***Action Plan(s)***

1. After reviewing the compiled monthly summary of indicators of volume and quality and assessment of such indicators according to the pre-established criteria, a summary report will be prepared to clearly document any or all of the following possible findings:
  - a. Ways to improve the quality of anesthesia care.
  - b. No problems exist.
  - c. Potential problems.
  - d. Existing problems.
2. Included in this summary report will be a plan(s) of action designed to:
  - a. Implement any of the identified methods to improve the quality of anesthesia care,
  - b. Avoid potential problems,
  - c. Resolve existing problems, and
  - d. Review and evaluate the effectiveness of action(s) taken.
3. Anesthesiology Morbidity & Mortality Conference (M&M) will be held the fourth Friday morning of each month from 6:30 AM – 7:30 AM in 214 Light Hall. The need for alternative Friday mornings during a specific month or months may be necessitated if conflicts with Departmental Grand Rounds, Combined Surgical/OB-GYN/Anesthesiology M&M Conferences, or other scheduling issues arise. Conferences will be advertised in advance, and all clinical personnel not working at the time of the conference or not on vacation are expected to attend.

# DEPARTMENT OF ANESTHESIOLOGY



Sign in sheets will be provided at the entrance of the conference, and all attendees must sign in. Attendance will be tabulated and reported to the M&M conference coordinator.

## *Annual review*

At least annually, the Anesthesiology Quality Assurance Review Committee will assess the effectiveness of the overall anesthesiology quality assurance activities and review, evaluate and revise if indicated:

1. The Quality Assurance Plan,
2. Specific information (indicators of volume and quality) being compiled and evaluated,
3. Criteria by which such information is evaluated,
4. Techniques by which information is compiled, reviewed, and evaluated.