

**Perioperative Services,
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Researchers at the University of Manchester have discovered that a potential new anti-inflammatory drug reduces the number of brain cells destroyed by a stroke, and helps repair damage

True or False?

It is not important to document *who* placed the additional lines, but only that they were placed.

T or F?

Check next month's issue for the answer!

Last month's answer is: False.
If the Exploratory Laparotomy progresses into an over sew of an ulcer, your stated diagnosis and procedure should reflect that to keep records accurate.

CMS Releases Possible Medicare Quality, Efficiency Reporting Measures

CMS recently published a list of nearly 100 reporting measures under consideration for Medicare's quality and value-based purchasing programs. The list includes new quality and efficiency measures for nursing homes, hospitals, clinician practices and dialysis facilities, and the measures focus on patient outcomes, appropriate use of diagnostics and services, cost and patient safety, Kate Goodrich, director of the Center for Clinical Standards and Quality at CMS, said in a blog post. CMS publishes a list each year of quality and cost measures that are under consideration for Medicare quality and value-based purchasing programs and works with the National Quality Forum to get input from patients, clinicians, commercial payers and purchasers, on the most suitable measures.

For this year, 39% of the measures being considered will focus on outcomes, and specialty societies also submitted more measures than in the previous years, said Goodrich. The measures, if adopted, will ultimately help patients choose the provider that is the best for them, while helping providers deliver quality care. For more information, please visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Measures-under-Consideration-List-for-2016.pdf>.

CMS Launches Online Tool To Assist In MACRA Compliance

CMS recently released an online tool for clinicians to identify which new Medicare payment models best suit them and their practices. This new tool is an application program interface, or API, that will allow physicians and their practices to build software that enables sharing of quality measure data for the Medicare Access and CHIP Reauthorization Act. The application has been used by "tens of thousands" of users so far, according to CMS. In October, the agency released the quality payment program website that helps providers understand how to adhere to MACRA and find the best ways for them to participate. Under the Merit-based Incentive Payment System, which was mandated under MACRA, physician payments will be based on a compilation of quality measures and the use of electronic health records. Physicians could also meet MACRA requirements by participating in an alternative payment model like an accountable care organization.

"An important part of the quality payment program is to make it easier and less expensive to participate, so clinicians may focus on seeing patients," said Andy Slavitt, acting administrator of CMS. "This first release is a step in that process, both for physicians and the technologists who support them."

Tips Offered For Deep Propofol Sedation and Aspiration For Non-OR Settings

With exponential growth in the number of procedures being done under anesthesia, especially in the gastrointestinal suite, providers are wondering about the best way to provide safe, efficient and affordable care but also prevent adverse events (AEs), such as aspiration. “We need to realize that sedation for endoscopic procedures is as much an art as it is a science,” said Sekar Bhavani, MD, associate program director of the Anesthesiology Institute at the Cleveland Clinic. Dr. Bhavani discussed risks and patient harm associated with deep propofol sedation at “Driving Change in Ambulatory Anesthesia,” a joint meeting held by the Society of Ambulatory Anesthesia and the American Society of Anesthesiologists. “Anesthesia-directed care is often associated with propofol sedation, and its use in the GI suite is fraught with more danger than in the main OR [operating room],” Dr. Bhavani noted.

A prospective cohort study published in *Gastroenterology* (2016;150:888-894) examined outcomes following a routine colonoscopy, using the Commercial Claims and Encounters Database. For this study, researchers analyzed regional differences and complications, such as perforation, colonic bleeding, abdominal pain and stroke. Use of anesthesia services was higher on the East Coast (particularly in Florida) at 73.4%, and lower on the West Coast (particularly in Washington) at 15.4%. In the Northeast, use of anesthesia services was associated with a 12% increase in risk for complications. In the West, use of anesthesia services was associated with a 60% increase in risk. The increase was greatest for patients in regions with a low prevalence of use of anesthesia services, even after adjusting for patient and procedural characteristics. “If we want to decrease the risk of aspiration, we need to look at all the aspects of care that we provide and the effects of all the anesthesia agents on swallowing,” Dr. Bhavani said. “Perforation and abdominal pain were related to the absence of patient feedback, which would have prevented the endoscopist from having those outcomes,” Dr. Bhavani said. “When we achieve our aim of providing relief from pain and anxiety, we must not lose sight of the need for doing what is safe for our patients.”

During the session, Dr. Bhavani was asked about routine intubation for all patients undergoing endoscopy. “Intubation doesn’t necessarily prevent aspiration,” he said. “But it does help prevent hypercapnia and maintain oxygenation for certain patients. The risk of intubation has to be balanced against the risk of aspiration.”

In general, anesthesiologists should consider and potentially reassess the need for opioids, benzodiazepines and topical sprays to reduce instances of aspiration, according to Dr. Bhavani. In addition, a patient’s positioning plays a role, as supine patients are more likely to aspirate. Similarly, NPO guidelines make a difference, particularly if preoperative evaluations can assess gastric volume. Monitors can better track the depth of sedation and ventilation, and carbon dioxide insufflation could make a difference in postoperative pain and regurgitation. “Simply put, all [anesthetic] medications affect swallowing and set the potential for aspiration,” Dr. Bhavani said.