CQI/Outcomes and Data Base Issues

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Inquiries best handled by email correspondance. With your question, please include full name, institution, and contact information to facilitate my reply.

Prerequisites:
Implementation of a CQI system is a department-wide process often initiated and spurred by a single individual. Your enrollment in this workshop is an indication of your interest to be that individual or to facilitate the support of such a person.

The presenter assumes that the student has basic knowledge of medical terminology. Familiarity with anesthesia clinical record keeping is useful but not required. Knowledge of relational database systems is useful but not necessary.

Overview:
Clinical material and adverse outcome data may have many different uses. Certain reports are mandated by regulatory or institutional oversight bodies (e.g. JCAHO). Other uses include support of education, outcome based research as well as time and/or performance reporting.

Long term success of a CQI implementation depends on continued support from the individuals of a department. Continued support comes by providing POSITIVE reward(s) which can have many different expressions.

In 1988, the Children's Hospital of Pittsburgh - Department of Pediatric Anesthesiology instituted a concurrently collected, comprehensive, longitudinal QA (now termed CQI) system[1] designed to support a multitude of requirements and activities. Using material from this system, the CQI choices for anesthesia providers will be presented.

Goals:
(1)   Understand that outcome data can be used for varied reasons - regulatory, institutional, departmental, educational, research, and financial.
(2)   Appreciate that anesthesiology can easily be the institution's "gold standard" for implementation of CQI regulatory systems.
(2)   Understand that proper collection and organization of data provides you and your department with the broadest latitude for future projects.

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[1] CHiP QA DBMS went live April 1, 1988 after 18 months of preliminary data collection and system design. Today the system includes up to 100 data elements for each of the 190,000 anesthetic events stored. It is designed to continue into the future.

(3)   Appreciate that concurrent and complete outcome data collection and analysis can benefit your patients and improve clinical care.

Conceptual structure:
(1)   The presentation will commence with "DIFFERENT VIEWS" of the same material and present rationale for the CQI effort.
(2)   Several approaches to data collection and use (within the largest anesthesia department in the world) will be presented.
(3)   Benefits
        Examples of bimonthly conferences.
        Examples of Outcome research
        Example of Adverse Event research

Describe the format or activities of the course:
This workshop will be a computer facilitated presentation. It will include computer generated slides of didactic material & screen shots of several variations of the University of Pittsburgh's Department of Anesthesiology CQI/QA/QI implementations. Numerous examples of CHiPitt Anesthesia QA conferences will be available.

Recommended reading:
Saitz, SE, Borland, LM, Utility of a Pediatric Anesthesia Quality Assessment Database as a Clinical Information System, J. Qual. Assur., vol 16, 1990, pp 381-.

Vitez, Terry S, A Model for Quality Assurance in Anesthesiology, J. Clin. Anesth., vol. 2, 1990, pp 280-287.

Identify additional materials or equipment needed for the course:
None

CME:
Signed attendance will be required.

Course policies:
Registrants can email Dr. Borland (blckrose@pitt.edu) prior to the SPA Spring Annual Meeting date with questions and issues.

Questions and answers will be accepted at the end of the presentation. Dr. Borland will be available after the formal workshop to address additional questions.

To contact Dr. Borland:
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Include supplementary material to help students succeed in the course.

*   Helpful hints on how to study, take notes or do well in class
*   Calendar of campus lectures, plays, events, exhibits, or other activities of relevance to your course
*   Online Resources that may be helpful to students

References:

JCAHO
http://www.jcaho.org/

ASA
http://www.asahq.org/

HIPAA
http://www.hep-c-alert.org/links/hippa.html

Pennsylvania Act 13
http://www.legis.state.pa.us/WU01/LI/BI/BT/2001/0/HB1802P3420.HTM

Posner, K.L. and P.R. Freund, Trends in quality of anesthesia care associated with changing
        staffing patterns, productivity, and concurrency of case supervision in a teaching hospital.
        Anesthesiology, 1999. 91(3): p. 839-47.
Eagle, C.J., J.M. Davies, and D. Pagenkopf, The cost of an established quality assurance
        programme: is it worth it? Can J Anaesth, 1994. 41(9): p. 813-7.
Posner, K.L., et al., Linking process and outcome of care in a continuous quality improvement
        program for anesthesia services. Am J Med Qual, 1994. 9(3): p. 129-37.
Schisler, J.Q., Implementing continuous quality improvement: a private practice's experience. Int
        Anesthesiol Clin, 1992. 30(2): p. 45-56.