The electronic anesthesia record can be used to improve patient care.
Mohamed A. Rehman, MD

Anesthesia Information Management Systems (AIMS) have been around for more than two decades. “AIMS” was a term that was agreed upon as a part of a review article on implementation in 2008. In the last couple of years there has been a sudden increase in the implementation rate of AIMS at major hospitals. Anesthesia health care providers continue to ask the question “Can AIMS improve patient care and ultimately reduce morbidity and mortality?”

Rapacuronium data published by The Children’s Hospital of Philadelphia Group in 2002 was one of the first studies to show the impact of AIMS data on improving patient care. This study had a major impact on the drug being pulled off the market. There are several studies that have shown the improvement in rates of prophylactic antibiotic administration. There are many ongoing studies looking at the impact AIMS has on patient care, which will be published in the near future.

It is important to think of the data that will be collected before you embark on any project using AIMS data. A multidisciplinary group that designs the project should include the database specialist, who will be responsible for extracting the data. If the study has specific goals, AIMS data can help to improve patient care. This is a very exciting field and we will be seeing more studies published related to AIMS. These studies will not only look at patient care but will also look at the impact AIMS has on morbidity and mortality.

During the meeting we will present specific data related from our group on how we have used AIMS to improve patient care.

1. Anesthesia Information Management System Implementation: A Practical Guide

Stanley Muravchick, MD, PhD, James E. Caldwell, MB, ChB, Richard H. Epstein, MD, Maria Galati, MBA, Warren J. Levy, MD, Michael O'Reilly, MD, Jeffrey S. Plagenhoef, MD, Mohamed Rehman, MD, David L. Reich, MD, and Michael M. Vigoda, MD, MBA
Anesth Analg 2008; 107:1598-1608

2. Rapacuronium and the Risk of Bronchospasm in Pediatric Patients

Donna M. Rajchert, MD, Caroline A. Pasquariello, MD, Mehernoor F. Watcha, MD, and Mark S. Schreiner, MD

3. An Anesthesia Information System Designed to Provide Physician-Specific Feedback Improves Timely Administration of Prophylactic Antibiotics

Michael O’Reilly, AkkeNeel Talsma, Sharon VanRiper, Sachin Kheterpal, and Richard Burney
4. Operator dependent data entry in AIMS is not a reliable resource for retrospective clinical outcome studies.

Christopher Ward, M.D., Scott Cook-Sather, M.D., Mohamed Rehman, M.D.

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