SCOR News

SAMBA Clinical Outcomes Registry

Participation in SCOR Database Improves Performance at our ASC

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Introduction

The SAMBA Clinical Outcomes Registry (SCOR) is a national database which has been collecting data about ambulatory surgery cases since 2010. It collects demographic, anesthetic, co-morbidities of the patients, operative and post-op times and follow-up outcomes including PONV and patient satisfaction. Our ASC has been participating in SCOR since 2011. We have used this information in different ways to improve our Performance Indicators in the following areas:

- PONV prophylaxis
- Antibiotic administration
- Temperature management
- PACU cataract discharge time
- Post op Telephone Call Back Rate

Methods

All cases performed at the ASC are submitted into the SCOR database.

To improve our performance on the three outcome measures that are reported by SCOR, we included them in our anesthetist bonus compensation plan. Threshold and Target levels were set based on previous year's performance. Reaching threshold value paid out 50% of bonus and reaching target paid 100%. Performance was reported to anesthetists on a monthly basis.
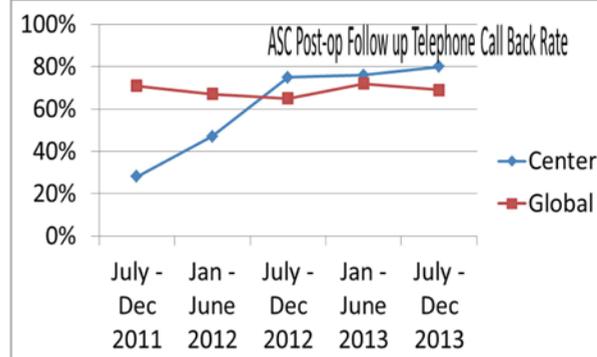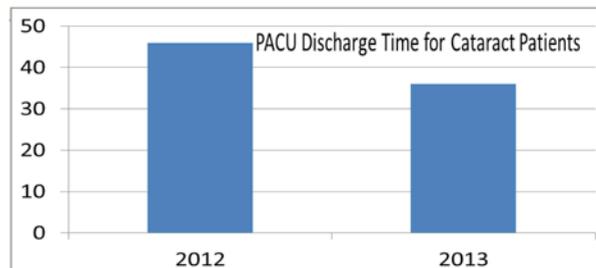
Analysis of PACU times for cataract patients showed that these patients stayed in PACU longer than they were in the OR. Criteria based discharge criteria (rather than time based) were implemented to decrease PACU stays.

Initial analysis of call back rates revealed a 30% reach rate compared to 70% nationwide. A new call back process was implemented to improve our reach rate including calling three times at different times of day.

Results

SCOR issues reports on three Performance Indicators: PONV prophylaxis, antibiotic administration and temperature management.

	Baseline (9/1/11 – 9/1/12)	Threshold	Target	Actual (9/1/1/2 – 9/1/13)
PONV	63	65	70	98
Antibiotic Administration	91	95	97	96
Temperature	72	74	77	79

PACU Discharge Time for Cataract Patients

ASC Post-op Follow up Telephone Call Back Rate

Discussion

Measuring quality and outcomes is becoming increasingly important in healthcare. All specialties will be judged by their ability to show their efforts in continual quality improvement and patient outcomes.

Measuring and improving our performance on the three primary indicators (PONV Prophylaxis, timely antibiotic administration and temperature management) was relatively easy. Providing feedback to faculty and anesthetists, and tying performance to anesthetist compensation aligned our goals perfectly.

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By Karen T. Carlson, MD, MBA (continued from page one)

Discussion

Decreasing PACU time for cataract patients was also fairly easy, but decreasing it further will probably require a complete change in the mindset of the PACU nurses.

Post op phone calls are important for patient satisfaction and also for accurate detection of complications or patient complaints. We are striving for a 90% rate of reaching patients.

Conclusions

This report shows that ambulatory surgery centers can participate in the SCOR database to improve outcomes. Each center will have specific areas that they want to address and the SCOR data can allow them the flexibility to decide how they want to use the data they collect.

By participating in SCOR database, we contribute to the large pool of data which will eventually be the benchmark data for ambulatory surgery, but we can also individualize the information that we receive from the database to meet our individual needs.

SCOR Dental Patient Datasheet

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The new SCOR Dental Patient Database form becomes available for SAMBA members that perform office-based anesthesia for dental cases very soon. This new form will significantly enhance the ability of anesthesia practices to obtain clear and accurate benchmarking for this area of office-based anesthesia practice. The new data form contains the following enhancements:

a) Ability to distinguish patient populations receiving general anesthesia as a result of cognitive and behavioral challenges including autism spectrum disorder, Down's syndrome, developmental delay and senile dementia. Patients with debilitating, chronic medical conditions (cerebral palsy, Parkinson's disease and others) can also be identified.

b) Ability to distinguish children undergoing general anesthesia for the treatment of early childhood caries. This diagnosis affects up to an estimated 25% of children by the age of six, and comprises a very significant number of children undergoing general anesthesia for pediatric dentistry. Despite this, no other outcomes registry provides a way to track the anesthetic course of this patient population.

c) Ability to indicate intraoral local anesthetic administration via peripheral nerve block or local infiltration. This feature alone will allow research to determine if the use of intraoperative local anesthesia is correlated to agitation in the postoperative period.

d) Ability to distinguish cases performed with endotracheal intubation vs. other common nonintubated airway management techniques.

e) Ability to distinguish the outcomes of dentist anesthesiologists from other anesthesia providers.

ASDA and SAMBA members who are new to SCOR are encouraged to attend an upcoming SAMBA webinar scheduled for Thursday July 10th at 9:00 pm (EDT). An email will be sent out soon with additional information. This webinar will provide attendees with step by step information on how to use the database form. Information regarding the general purpose and use of clinical benchmarking will also be provided.

In the past, dental anesthesia outcome studies have been limited in their scope and usefulness. The lack of high quality benchmarking data, in turn, has limited the acceptance of high quality office-based anesthesia as important health care service. Third party insurance carriers have also been slow to provide adequate reimbursement for this service, claiming the practice is not yet supported by high quality benchmarking data. SCOR provides dental anesthesia providers with a unique opportunity to correct these deficiencies while setting the bar for dental anesthesia outcomes at a new, high level.

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