

McLaren Flint

Anesthesia Department
Ongoing Professional Practice Evaluation

Anesthesia Related Complications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airway/Respiratory		
Dental Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Exclude patients not transferred directly to PACU from OR Exclude if patient did not have general anesthesia 		
Re-intubated prior to PACU discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Exclude patients not transferred directly to PACU from OR Exclude if patient did not have general anesthesia 		
Unplanned use of difficult airway equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Exclude patients not transferred directly to PACU from OR Exclude if patient did not have general anesthesia 		
Failed intubation causing case cancellation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aspiration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardiovascular		
Cardiac Arrest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Exclude if planned cardiac arrest or emergent case 		
Acute MI (new)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication		
Severe hypersensitivity reaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Exclude patients not transferred directly to PACU from OR 		
Equipment Failure		
Type:		
Invasive Line Placement		
Post Procedure Pneumothorax	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carotid artery puncture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neurological		
CNS Complication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Peripheral Nerve Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Regional Anesthesia		
Failed Block	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thermoregulation		
≥ 35.5 C 30 minutes before/15 minutes after anesthesia end	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Exclude if neuraxial/general anesthesia <60 ml Exclude if patient has MAC Exclude if emergent or intentional hypothermia 		
Pain Management		
Max pain score <7/10 within 1 hour of arrival to PACU	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Exclude patients not transferred directly to PACU from OR Exclude patients <18 years old Exclude patients that are not lucid, or unable to communicate pain level 		
Perioperative Mortality		
Did the patient die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Miscellaneous		
Eye trauma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Exclude patients not transferred directly to PACU from OR Exclude if patient did not have general anesthesia 		
Burns or skin injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Risk N/V without Prophylaxis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the patient abstain from smoking Prior to anesthesia on DOS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Exclude if patient is not a current smoker Exclude if patient not scheduled for elective surgery Exclude if patient not seen by anesthesia prior to DOS Exclude if patient age <18 		

Provider: _____, MD _____ CRNA

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PT.

MR.#/P.M.

DR.

McLAREN FLINT MEDICAL CENTER CRNA
2017 Reporting
ANESTHESIA SERVICES QUALITY MANAGEMENT FORM
Confidential Review Document - Not part of the Medical Record

NOTE: ASA Physical Status of 6 is excluded from all measures and can be left blank

MIRAMED #1: Perioperative Cardiac Arrest Rate	
NO unanticipated cardiac arrest (10A29) <input type="checkbox"/>	EXPERIENCED unanticipated cardiac arrest (10A28) <input type="checkbox"/> EXCLUDED Planned cardiac arrest <input type="checkbox"/>
MIRAMED #2: PACU Intubation Rate	
Patient did NOT require re-intubation in PACU (10A41) <input type="checkbox"/>	Patient required RE-INTUBATION in PACU (10A40) <input type="checkbox"/> EXCLUDED(1) NOT transferred directly to PACU from OR (10A38) <input type="checkbox"/> EXCLUDED(2) Patient did not have general anesthesia <input type="checkbox"/> EXCLUDED(3) Patient was not extubated in OR or recovery <input type="checkbox"/> EXCLUDED(4) Patient planned trial of extubation documented (10A39) <input type="checkbox"/>
MIRAMED #3: Dental Injury	
NO unanticipated dental injury (MM03A) <input type="checkbox"/>	EXPERIENCED unanticipated dental injury (MM03B) <input type="checkbox"/> EXCLUDED Patient did not have general anesthesia <input type="checkbox"/>
MIRAMED #4: Perioperative Mortality Rate	
Patient did NOT die (10A35) <input type="checkbox"/>	Patient DIED (10A34) <input type="checkbox"/>
MIRAMED #5: Adult PACU Pain Management	
MET Max pain score < 7/10 within 1 hour of arrival PACU (MM05A) <input type="checkbox"/>	NOT MET Max pain score >= 7/10 within 1 hour of arrival to PACU (MM05B) <input type="checkbox"/> EXCLUDED(1) NOT transferred directly to PACU from OR <input type="checkbox"/> EXCLUDED(2) Patient aged < 18 years old <input type="checkbox"/> EXCLUDED(3) Patient not lucid, or unable to communicate pain level <input type="checkbox"/>
MIRAMED #7: Corneal Injury	
MET No new corneal injury prior to Anesthesia End (10A26) <input type="checkbox"/>	EXPERIENCED new corneal injury prior to Anesthesia End (10A27) <input type="checkbox"/> EXCLUDED(1) Patient aged < 18 years old <input type="checkbox"/> EXCLUDED(2) Existing eye trauma or ophthalmologic patient (10A22) <input type="checkbox"/> EXCLUDED(3) Sedated at time of PACU discharge (10A23) <input type="checkbox"/> EXCLUDED(4) Limited ability to communicate at PACU discharge (10A24) <input type="checkbox"/> EXCLUDED(5) Bypassed PACU (10A25) <input type="checkbox"/>
MIRAMED #9: Case Delay Rate NOTE: Delay Rates >= 15 minutes	
Scheduled surgical case was NOT delayed on DOS (MM09A1) <input type="checkbox"/>	Scheduled case was DELAYED on DOS due to Surgeon (MM09B1) <input type="checkbox"/> Scheduled case was DELAYED on DOS due to Anesthesia (MM09B2) <input type="checkbox"/> Scheduled case was DELAYED on DOS due to Room Readiness (MM09B3) <input type="checkbox"/> EXCLUDED(1) was not a scheduled case <input type="checkbox"/> EXCLUDED(2) scheduled case was DELAYED for another reason <input type="checkbox"/>
MIRAMED #10: Planned use of difficult airway equipment	
Use of difficult airway equipment was PLANNED (MM10A) <input type="checkbox"/>	Use of difficult airway equipment was NOT planned (MM10B) <input type="checkbox"/> EXCLUDED(1) ASA Physical Status > 4 <input type="checkbox"/> EXCLUDED(2) No difficult airway device used <input type="checkbox"/>

CRNA: _____

PT.

MR.#/P.M.

DR.