

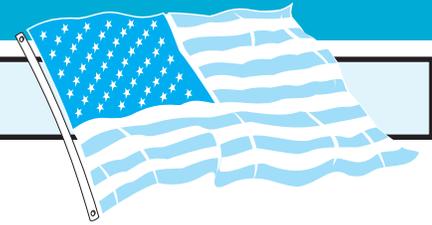


Society for Ambulatory Anesthesia

Ambulatory AnesthesiaSM

PRESIDENT'S MESSAGE

Let Us Pause to Remember...September 11, 2001



Reflecting on the Future

By Barbara S. Gold, M.D.
SAMBA President

We reflect on the recent tragic events in our country with great sorrow and extend our deepest sympathies to those who have lost family, friends and colleagues. We know we will need to be strong and that sacrifices will need to be made. Fortunately, as physicians, we are well qualified to help by healing and alleviating suffering. Those skills will undoubtedly be fully tested in the coming months. I urge all SAMBA members to reflect on how they can contribute to restoring peace and health to our land, while preserving our democratic ideals.

Due to press deadlines, the article that follows was written several weeks ago and may seem out of date. However, it deals with change — a theme that is still relevant, although the context has sadly changed.

Several months ago, SAMBA Immediate Past President J. Lance Lichtor, M.D., recommended that the SAMBA Board of Directors read the latest book by former Secretary of Labor Robert Reich titled *The Future of Success* (New York: Alfred A. Knopf, 2001). Wondering how it could relate to SAMBA, I picked up a copy and found it very relevant to our medical society as well as to our professional and personal lives. Reich's basic tenet is that the new economy has changed the way work is organized and rewarded — hence, the future of "success." With new technologies, better communications and more choices, it becomes essential to search out the best opportunity ("deal"). What may

be "best" one day may change the next. Besides, switching "brands" is easy. The result is that the sellers become less secure and are forced to innovate and improve their "product" or risk losing their clientele. Economic relationships, no matter how productive, are transient and depend on constantly innovating and improving the product. "Winning is temporary, and the race never won." It does not take a great leap to extrapolate this scenario to our own professional lives, to our medical societies or to the way anesthesiologists individually and in groups interact with hospitals, clinics and members within their own group. For example, substitute "medical group" for "brand" and "number of safely administered anesthetics" for "product"; or substitute "medical society" for "brand" and "member value" for "product" — you get the idea.

While there are several aspects of this trend that negatively impact our personal and professional lives, there are many upsides. For example, we must constantly innovate while being true to our core values; otherwise there will be no future, let alone success. For ambulatory anesthesia, this has translated into the development and use of drugs and techniques such that approximately 70 percent of all cases are now performed on an outpatient basis with an impressive safety record. Of course, in this new economy, more is expected, often with fewer resources.

So, our work is never done. We can probably all agree that despite the successes, there is room for improvement, and expectations have only increased.



Barbara S. Gold, M.D.

How does this relate to SAMBA? For example, based on member surveys, the 2002 Annual Meeting in Orlando, Florida, has been modified to provide an intense educational program with plenty of time for family activities, all the while trimming our budget. The SAMBA Treasurer's task force is moving to the next level and interviewing investment advisors to help steward SAMBA's financial health. Since May 2001, SAMBA members have been provided with monthly e-mail updates on issues relevant to the daily practice of ambulatory anesthesia. We are at work on expanding our horizons as we prepare for the joint SAMBA/Federated Ambulatory Surgery Association meeting in 2003 when we host our international colleagues at the Fifth International Congress on Ambulatory Surgery in Boston. SAMBA has been asked to

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We're Changing

One of the missions of SAMBA is to assist members in developing their professional careers during this era of change. Although change has become a way of life, it can lead to increased anxiety and stress. The most effective way to combat the stress associated with change is to acquire knowledge and skills. As noted in the message from SAMBA President Barbara S. Gold, M.D., our organization has made numerous changes in an effort to keep up with these changing times. Some of the new efforts include an online newsletter, monthly online discussions with an expert, online lectures presented at the SAMBA Annual and Mid Year meetings and lectures on CD-ROM. These efforts increase the value of SAMBA membership. It is important that we encourage our colleagues and peers to join SAMBA and obtain the advantage of membership.

In addition to educating ourselves in the field of ambulatory and office-based anesthesia, it also is important to learn about stress reduction, which will allow us to achieve professional and personal success. Mary Ann Vann, M.D., Boston, Massachusetts, summarizes a panel discussion titled "Dealing With the Pressures" that was held at



Girish P. Joshi, M.D.

the SAMBA 16th Annual Meeting in Indian Wells, California. The presentations were informative and should help us to develop strategies for achieving professional goals as well as optimizing our personal life. These presentations can be viewed online or you can purchase a CD on the Web. I would encourage all members to take advantage of the educational opportunities provided by SAMBA. Finally, plan to attend the SAMBA Mid Year meeting on Friday, October 12, in New Orleans, Louisiana. 

Reflecting on the Future

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provide representatives for national organizations who advocate for patient safety. These are a few examples of new projects in the works. Many of these efforts occur behind the scenes, and to the casual observer, innovation may seem to occur slowly. This is to ensure that we build upon our strengths in a collaborative manner, all the while advocating for our Society's core values.

The *Future of Success* paints a picture of our new economy that is simultaneously daunting and exciting and always filled with difficult choices. This tableau applies to SAMBA as well. However, I have no doubt that with the continued interest, energy and dedication of SAMBA members, we will have a future of success. 

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Ambulatory Anesthesia is published quarterly in January, April, July and October by the Society for Ambulatory Anesthesia (SAMBA), 520 N. Northwest Highway, Park Ridge, IL 60068-2573; (847) 825-5586; samba@ASAhq.org. The information presented in Ambulatory Anesthesia has been obtained by the Subcommittee on Publications. Validity of opinions presented, drug dosage, accuracy and completeness of context are not guaranteed by SAMBA. The views, recommendations and conclusions contained in this newsletter are the sole opinions of the individual authors. The Society for Ambulatory Anesthesia takes no responsibility for approving or disapproving the information contained therein.



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Ambulatory Practices: 'Dealing With the Pressures'

By Mary Ann Vann, M.D.
Instructor, Harvard Medical School
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Boston, Massachusetts

A provocative topic, "Dealing With the Pressures," was the subject of the final panel on May 6, 2001, at the SAMBA 16th Annual Meeting in Indian Wells, California. The session included an audience participation segment during which moderator **Ronald H. Wender, M.D.**, Beverly Hills, California, engaged the attendees in an active discussion of the work pressures these ambulatory anesthesiologists face in their practices.

A lecture, "Production Pressure: Is Efficiency the Enemy?" led off the session. Production pressure was defined as the overt or covert incentives and pressures on a person to place production, not safety, as the highest priority. The sources of external production pressure on anesthesiologists are surgeons, colleagues, patients and administrators. However, for some anesthesiologists, the greatest pressures come from within, such as the need to get along with surgeons, avoid delays or cancellations, avoid litigation and work when fatigued.

Incidents attributable to production pressure have resulted in loss of life in several occupations. Notable events include the nuclear power plant disaster at Chernobyl and the explosion of the space shuttle Challenger.

Production pressure in anesthesia is not a new problem. A headline for an editorial in an Anesthesia Patient Safety Foundation newsletter in 1992 warned "Practice Pressure — A Constant Threat to Patient Safety." The only major journal article on the subject was by David M. Gaba, M.D., et al. (*Anesthesiology*. 1994; 81:488-500). This anonymous survey of anesthesiologists working in California in 1992 described the anesthesiologists' attitudes and experiences with production pressure and its impact on patient safety.

All the speakers on the panel mentioned stress — a result of production pressures. This presentation included a description of eustress, or beneficial stress, which increases focus and attention and enhances vigilance in the anesthesiologist. However, any stress causes a physical response. Cardiac monitoring of anesthesiologists in routine cases has shown tachycardia during critical times and a peak heart rate at intubation.

Another byproduct of practice pressures is fatigue. Anesthesiologists may not be able to accurately judge their state of fatigue. They usually underestimate their tiredness and impairment. The Australian Incident Monitoring Study, which looked at anesthesia events where fatigue was cited as a factor, found that anesthesiologists were more likely to succumb to production pressures when fatigued.

Several similarities between aviation and anesthesia were mentioned by the panelists, especially in the area of human error. There are five categories of human error: violations, procedural errors, communication errors, proficiency deficits and decision errors. Production pressures often lead to violations, and haste may result in procedural or decision errors.

Burnout may arise from stress and fatigue, and there are certain organizational and individual characteristics that promote burnout. Several personality traits commonly found in anesthesiologists make them susceptible to burnout.

Ethical principles may yield under the pressures of a high-efficiency operating room (O.R.) environment. The patient's interests may no longer take priority, and satisfying the ethical standard for informed consent may not be possible due to time pressures. Anesthesiologists may exert "cooperation pressures" on patients to get them to agree with their anesthetic or recovery plans.

The opinions of current SAMBA members on the subject of production pressures were presented. Surveys were conducted at the SAMBA Mid



Mary Ann Vann, M.D.

Year Meeting and on the Web site. The anesthesiologists were asked to respond to statements about their current clinical practices. Since the Web site had slightly different choices of response for certain questions, these statistics are reported separately. Ninety-eight surveys were obtained at the Mid Year Meeting, and 41 people responded on the Web site.

The responses to the following statements are reported here.

My practice pushes the envelope of patient safety by performing outpatient surgery on patients with serious pre-existing conditions. The choice of responses on the written survey were "strongly agree," "agree," "neutral," "disagree" or "strongly disagree." On the Web site, the neutral response was not offered. The meeting responses formed a bell-shaped curve distribution with "neutral" the highest (27 percent) and "agree" almost equal to "disagree" (21 percent versus 23 percent). "Strongly disagree" and "strongly agree" sat at 14 percent and 12 percent, respectively. On the Web, "disagree" was the top response (39 percent), with "agree" second (24 percent) and "strongly agree" and "strongly disagree" close in number (20 percent versus 17 percent).

My practice pushes the envelope of patient safety by performing complex or lengthy surgical procedures on outpatients.

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Ambulatory Practices: 'Dealing With the Pressures'

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At the meeting, similar numbers both "agreed" (29 percent) and "disagreed" (30 percent) and "strongly disagreed" (16 percent) or were "neutral" (15 percent). On the Web, "disagree" was the predominant response (43 percent), while "agree" and "strongly disagree" were the second most common responses with 23 percent each.

In my ambulatory practice, I feel that I have sacrificed patient safety or quality of care for efficiency. The choices of responses were "very frequently," "occasionally," "rarely" and "never" on both surveys. For Mid Year Meeting attendees, "rarely" was the top response (54 percent), as it was on the Web site (50 percent). However, at the meeting, 22 percent responded "occasionally," while on the Web only 13 percent chose this response. "Never" was the second most common response on the Web with 37 percent and was third at the meeting (18 percent).

In my ambulatory practice, I feel that I have sacrificed patient safety or quality of care to please surgeons or administrators. Meeting attendees responded "rarely" most often (43 percent) with "occasionally" and "never" tied for second at 26 percent. On the Web, "never" was the top response (50 percent) with "rarely" at 33 percent and "occasionally" at 6 percent. The two statements on sacrificing quality or safety had similar, but not identical, responses for each group, but the meeting attendees and Web users differed in their opinions.

I never cancel ambulatory cases for non-compliance with nothing by mouth (NPO) guidelines. On both surveys, "strongly disagree" was the most frequent response, 47 percent at the meeting and 45 percent on the Web. "Disagree" was the second most frequent at 25 percent at the meeting and 38 percent on the Web. Among the meeting-goers, "agree" was chosen by 14 percent with "strongly agree" recorded by 4 percent.

I never cancel ambulatory cases for inadequate preoperative evaluations. At the meeting there were a wide range of

responses: "strongly disagree" was first with 26 percent, but "agree" and "disagree" were close behind at 24 percent each. Seventeen percent were "neutral" and 7 percent "strongly agreed." On the Web, 48 percent "disagreed" and 35 percent "strongly disagreed."

I administer anesthesia when I am physically and/or mentally fatigued. For anesthesiologists at the Mid Year Meeting, the answer was "rarely" for 46 percent, "occasionally" for 32 percent and "very frequently" or "never" for 10 percent each. It appeared that many people on the Web were more tired than those who went to the meeting: 45 percent responded "occasionally" with "never" at 29 percent and "rarely" at 26 percent.

Rank these sources of production pressure in your practice. On the written survey at the meeting, respondents were asked to assign ranks of 1 (greatest) to 5 (lowest). On the Web, they were allowed to choose only one source. At the meeting, the respondents chose "surgeons" as the top source, "themselves" as the second highest source with "administrators," "patients" and "colleagues" close behind. On the Web, "surgeons" were the highest source, "administrators" and "themselves" second and third but close in number of responses; "patients" and "colleagues" were further behind.

As expected, most of the respondents devoted greater than 67 percent of their clinical practice to performing ambulatory anesthesia.

Very few respondents practiced office-based anesthesia; 69 percent at the meeting and 67 percent on the Web did no office procedures.

This lecture ended with the summary that while there are numerous challenges to the optimal performance and well-being of the ambulatory anesthesiologist, neither the survey nor the literature point to efficiency as the enemy.

Louis A. Freeman M.D., Medical Director of the Fresno Surgery Center, Fresno, California, spoke on the topic "Working Under the Pressures of Private Practice." Dr. Freeman began

with his description of the "perfect day" for the anesthesiologist, which was greeted with chuckles from the audience who agreed with him that if this anesthesia Camelot ever existed, it is long gone today.

Dr. Freeman described three categories of stress for the anesthesiologist in private practice: quality, change and production. Quality pressures begin at the preoperative interview and extend through the anesthetic course, including interactions with the surgeon, the discharge to home and the long-lasting threat of litigation.

The differing perceptions of change among physicians and business people were delineated. Dr. Freeman recommended the book *Who Moved My Cheese?* by Spencer Johnson, M.D., as a useful reference to ease the stress of change.

Dr. Freeman referred to the data in Dr. Gaba's article in *Anesthesiology* concerning the different responses of fee-for-service practitioners compared to salaried physicians. The fee-for-service groups had more call nights, worked more often after call, experienced more pressures to maximize cases and avoid litigation and felt that their income was linked to the number of cases and was decreasing.

Fatigue was another subject covered by Dr. Freeman. He referred to an article in the *British Medical Journal* (Sexton, et al. *BMJ*. 2000; 320:745-749), which compared error, stress and teamwork in medicine and aviation. He mentioned the similarities between airline pilots and physicians. He also pointed out an important difference between the two: Airline pilots had a better appreciation of the limitations caused by fatigue than did medical personnel. Specifically, pilots were more aware of the effects of fatigue on their performance than anesthesiologists, who were more aware of this fact than surgeons.

Teamwork was suggested as a remedy to stress and medical errors. Dr. Freeman referred to the performance differences of cockpit crews in comparison to O.R. staffs. In addition, he

described how a steep hierarchy led to the eventual decline of Pan American Airlines.

Dr. Freeman offered remedies to the pressures in private practice, many of which he has applied to his 30-person, multi-institutional anesthesia group. He outlined group and financial dynamics that have been beneficial to his practice, including encouragement of change, teamwork, adoption of uniform standards and fair systems of remuneration and case assignments.

He also advocated a system where the manager sets the standard and acts as an example, which facilitates change and fosters teamwork, thereby using the managerial position to shape the O.R. environment. In closing, Dr. Freeman recommended personal considerations that promote the well-being of the private practitioner, including the adjustment of financial goals, pacing oneself for a longer-than-expected career, familiarization with the litigation system and finding a life outside medicine to keep oneself healthy and happy.

Also on the panel was **Johnathan L. Pregler, M.D.**, Los Angeles, California, Director of the University of California-Los Angeles Surgery Center. His presentation was titled "People, Publications and Productivity: Managing the Pressure of an Academic Outpatient Practice." Dr. Pregler began with further discussion of stress in anesthesiology. He cited the intensive nature of the work, significance of mistakes in the O.R., the high expectations by public and peers and the isolation from colleagues as significant stressors. Time pressures have become more intense due to changes in reimbursement and less unscheduled O.R. time. Connections to stress are found in the higher obsessive-compulsive character traits common to anesthesiologists as well as a suicide risk that is 50 percent higher than internists.

Certain personality traits make it easier for an individual to cope with stress, including a strong commitment to the profession, a confident and positive response to change, a sense of con-

trol over life events, a high level of self esteem, connections to other supportive individuals and an ability to recognize and manage repetitive stressors.

Clinical causes of stress in an academic practice include the high complexity of cases, production pressures that value efficiency first and resident teaching. An academic group practice usually provides less control in the choice and type of cases and less autonomy. Also, due to the decline in the numbers of residents, more academic attendings function as solo providers in a setting that may not be set up to accommodate them.

Dr. Pregler discussed the stress of educational activities such as teaching,

Certain personality traits make it easier for an individual to cope with stress, including a strong commitment to the profession, a confident and positive response to change... and an ability to recognize and manage repetitive stressors.

research and publications. He mentioned the difficulties of conducting research in outpatient anesthesia. Although there is a large volume of cases done in outpatient centers, productivity goals may limit research protocols, which could hinder case turnover. In addition, most academic departments no longer guarantee non-clinical time. He also described the delayed gratification and uncertain nature of publications.

Administration was another stressor discussed by Dr. Pregler. He stated that despite the lack of formal training in administrative skills, it is common for academic physicians to have some

managerial responsibilities. Skills required for this role included the ability to motivate and direct groups of people as well as a knowledge of finances. The methods of administration are quite different from the scientific decision making with which physicians are more comfortable.

Time management is crucial to academic and administrative anesthesiologists. These responsibilities often require time outside the O.R., which is not reimbursed. In addition, administrative work may impact one's personal life by the nature of problems that can occur 24 hours a day.

Dr. Pregler offered these keys to success in administration: use resources within the organization for self-education or pursue outside course work, utilize the strengths of your medical degree, prioritize and accomplish tasks in order of importance and, finally, complete the work at work. Another strategy he suggested was to strive for balance and optimal, not perfect, performance. He stressed the importance of caring for oneself by maintaining one's health, seeking support, being adaptable and keeping a sense of humor. Developmental goals he advocated included strengthening one's communication skills, improving one's assertiveness, enhancing self esteem and balancing one's work and personal life so that work does not take over one's free time and the enjoyment of life.

After the panelists completed their presentations, Dr. Wender led a spirited discussion of the issues. He questioned the audience and panelists on how they cope with stress. Dr. Wender remarked that for him, time in the O.R. represents relief from the administrative stresses, while Dr. Freeman felt that his administrative work is a break from his O.R. responsibilities. Other topics commented on by the group included dealing with the hostile patient, the stresses in office anesthesia work, age of retirement and the "machismo" attitudes of many anesthesiologists. 

E-Mail Evolving as Essential Communications Tool

A friend recently referred me to a newsletter from the Gilbert Center. Michael Gilbert is an internationally known nonprofit communication consultant, and he is the publisher and editor of *Nonprofit Online News*. In that newsletter, the Gilbert E-mail Manifesto (GEM) is outlined. Three rules are set forth in GEM:

Rule #1: Resources spent on e-mail strategies are more valuable than the same resources spent on Web strategies.

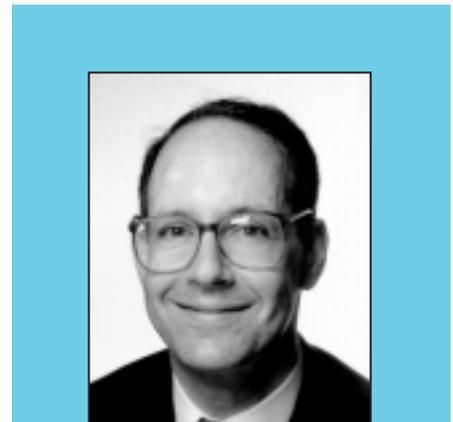
Rule #2: A Web site built around an e-mail strategy is more valuable than a Web site that is built around itself.

Rule #3: E-mail-oriented thinking will yield better strategic thinking overall.

I believe that SAMBA's Web site is important for attracting new members, keeping current members and educating the public about how important we are as an organization. Most people who can go to Web sites also have e-mail. Furthermore, as Gilbert points out, many more e-mail messages are read than Web sites are

visited. E-mail messages are treated as if they are "to do" items, whereas bookmarks are easily forgotten. E-mail is also a personal medium, although not all personal communication can be done through e-mail. Yet, if appropriately applied, it will allow us to succeed on a higher level.

Gilbert's ideas have been applied to our Society. As of the writing of this article, three of our monthly e-mail notes have already gone out. The object of these e-mail notices is to tell Society members and others who sign up about current events in our Society, feature useful areas in our Web site and provide brief summaries of current research in the field of ambulatory anesthesia. Unfortunately, our first e-mail notice ran into some problems; replies to the message went out to everyone on the list rather than going only to the sender. I understand the frustration that everyone felt, and on behalf of the Society, I would like to apologize. I hope the few who asked to be taken off the list will reconsider and sign up again.



J. Lance Lichtor, M.D.

Each issue has been better than the previous one. We have added news of online discussions and have given recognition to our generous donors. All feedback, both good and bad, is appreciated and contributes greatly to the betterment of the Society. If you would like to read Gilbert's article, go to [news.gilbert.org/features/featureReader\\$3608](mailto:news.gilbert.org/features/featureReader$3608). 

FAER/SAMBA Competitive Awards for Research Related to Ambulatory Anesthesia

The Foundation for Anesthesia Education and Research (FAER) and SAMBA, who are partners in research, together recognize the importance of ambulatory anesthesia education in recruiting quality medical students into the subspecialty of perioperative ambulatory anesthesia, in providing ambulatory anesthesia training in residency and fellowship programs and in continuing medical education in ambulatory anesthesia. The FAER/SAMBA Grants are intended to support research in ambulatory anesthesia education. They include:

- Research Starter Grants
- Educational Research Grants
- Clinical Research Starter Grants

Grant proposals may include the design and evaluation of specific educational techniques and curricula, development of instruments for the prediction and evaluation of outcomes or other original and creative investigations that have an impact on the quality of ambulatory anesthesia education. Contact the FAER office for complete information.

Application guidelines are available from: Alan D. Sessler, M.D., Executive Director, FAER, Charlton Building, Mayo Clinic, 200 First Street, S.W., Rochester, MN 55905; telephone (507) 266-6866. 

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Annual Meeting Lectures Available on CD

Lectures from the SAMBA 16th Annual Meeting held on May 3-6, 2001, at the Renaissance Esmeralda Resort in Indian Wells, California, are now available on CD, providing members a convenient opportunity to view the lectures and slide presentations presented at the meeting. The CD also provides members who attended the annual meeting with a convenient refresher.

Response to the initial announcement for the Annual Meeting lectures on CD has been strong. The CDs are available to SAMBA members at the member-discounted price of \$50 each, which includes postage and handling. Nonmembers may purchase the CD at the regular nondiscounted price of \$100. Disks may be ordered through the SAMBA Web site at <www.sambahq.org> or by contacting the

SAMBA Office at (847) 825-5586. MasterCard and VISA are accepted.

The CD requires the use of RealPlayer®, which can be downloaded for free by going to <www.real.com> and looking for the free downloads. Annual Meeting lectures also can be viewed for free online at <www.sambahq.org/professional-info/education/16-annual-topper.html>. 

Lectures presented on the CD are:

Office-Based Anesthesia

Moderator: Rebecca S. Twersky, M.D.

Malignant Hyperthermia: Cooling Off a Hot Topic in Office-Based Anesthesia

Scott R. Springman, M.D.

How Regulations and Accreditation Affect My Clinical Practice

Thomas A. Joas, M.D.

The Risks and Results: What Do the Surgeons Say About Patient Safety?

Jeffrey A. Klein, M.D.

The Risks and Results: What Do the Surgeons Say About Patient Safety?

Dennis J. Lynch, M.D.

Presentation of Cases in the Real World

Moderator: Barbara S. Gold, M.D.

Panelists: Martin S. Bogetz, M.D.
Francis F. Chung, M.D.
Louis A. Freeman, M.D.
Kathryn E. McGoldrick, M.D.

LUNCHEON PRESENTATIONS

Distinguished Service Award

Recipient: Paul F. White, M.D., Ph.D.

Presenters: J. Lance Lichtor, M.D.
Philip E. Scuderi, M.D.

ASA Update

Neil Swissman, M.D.
President, American Society of Anesthesiologists

Regional Anesthesia

Moderator: Michael F. Mulroy, M.D.

Selective Spinal Anesthesia — Walk-In and Walk-Out Spinals

Himat Vaghadia, M.D.

Unique Aspects of Regional Anesthesia in the Pediatric Patient

Lucinda L. Everett, M.D.

Are Central Neuraxial Blocks Cost-Effective in the Ambulatory Setting?

Paul F. White, M.D., Ph.D.

Medicolegal Issues — Up Close and Personal

Moderator: Kathryn E. McGoldrick, M.D.

Malpractice Suit: A Personal Experience

Richard A. Wiklund, M.D.

When to Settle for Settling

Lydia A. Conlay, M.D., Ph.D.

Medical Malpractice: An Attorney's Perspective

Scott T. Kregie, J.D.

LUNCHEON PRESENTATION

Outgoing President's Message

J. Lance Lichtor, M.D.

Tissue Engineering: Past, Present and Future

Charles A. Vacanti, M.D.

Sedation/Analgesia Outside of the Operating Room

Moderator: Burton S. Epstein, M.D.

ASA Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists - II

Jeffrey B. Gross, M.D.

Implementation of a Pediatric Sedation/Analgesia Service Outside of the Operating Room

Richard F. Kaplan, M.D.

Procedural Sedation in the GI Suite

Greg Zuccaro, M.D.

On-site registration is still available for the...

Mid Year Meeting 2001: Controversies in Ambulatory Anesthesia

October 12, 2001 • New Orleans Marriott Hotel, New Orleans, Louisiana

A conference jointly sponsored by the American Society of Anesthesiologists (ASA)

Meeting Agenda

7:30 a.m. – 8:30 a.m.

CONTINENTAL BREAKFAST AND
REGISTRATION

8:25 a.m.

Welcome

Moderator: Johnathan L. Pregler, M.D.

8:30 a.m. – 10:15 a.m.

**SESSION 1: New Developments in
Perioperative Care**

8:30 a.m. – 9 a.m.

Using Regional Anesthesia to Provide
Postoperative Analgesia

Meg A. Rosenblatt, M.D.

Objective: To discuss how regional anesthesia techniques can be used to provide postoperative analgesia.

9 a.m. – 9:30 a.m.

New Pharmacological Techniques for
Postoperative Analgesia

Vincent W. Chan, M.D.

Objective: To discuss the use of COX-2 inhibitors, NSAIDs, steroids and any other pharmacologic modalities for postoperative analgesia.

9:30 a.m. – 10 a.m.

Joint Commission Hot Topics: Pain and
Sedation Standards

Beverly K. Philip, M.D.

Objective: To provide an understanding of the new JCAHO pain and sedation standards and their implementation.

10 a.m. – 10:15 a.m.

Discussion

10:15 a.m. – 10:45 a.m.

Break

10:45 a.m. – 12:30 p.m.

**SESSION 2: New Developments in
Pediatric Outpatient Anesthesia**

10:45 a.m. – 11:15 a.m.

Who Posted This Child for the
Ambulatory Surgery Center?

Lucinda A. Everett, M.D.

Objective: To discuss clinical dilemmas in pediatric ambulatory anesthesia.

11:15 a.m. – 11:45 a.m.

Extending Anesthesia Resources With a
Pediatric Sedation Service

Swati N. Patel, M.D.

Objective: To present information on establishing a pediatric sedation service.

11:45 a.m. – 12:15 p.m.

The Ethical Boundaries of Persuasion,
Coercion and Restraint of Pediatric
Patients in Anesthesia Practice

Gail A. Van Norman, M.D.

Objective: To discuss the ethical issues of the different techniques for preoperative sedation of the uncooperative pediatric patient.

12:15 p.m. – 12:30 p.m.

Discussion

12:30 p.m. – 2 p.m.

LUNCHEON

2 p.m. – 3:15 p.m.

**SESSION 3: Sleep Apnea and
Ambulatory Surgery**

2 p.m. – 2:20 p.m.

Getting Into Trouble With Obstructive
Sleep Apnea

Andrew Herlich, M.D.

Objective: To discuss the risks involved in providing outpatient anesthesia to patients with sleep apnea.

2:20 p.m. – 2:40 p.m.

How to Safely Care for the Outpatient
With Obstructive Sleep Apnea

Louis A. Freeman, M.D.

Objective: To discuss anesthetic and surgical strategies to safely care for the outpatient with sleep apnea.

2:40 p.m. – 3 p.m.

Surgical Perspective on Obstructive
Sleep Apnea

Mary Fazekas-May, M.D.

Objective: To discuss the varying surgical approaches to treating sleep apnea and the impact on the airway postoperatively.

3 p.m. – 3:15 p.m.

Discussion

3:15 p.m. – 3:30 p.m.

Break

3:30 p.m. – 4:45 p.m.

**SESSION 4: Financial and Regulatory
Issues**

3:30 p.m. – 4 p.m.

Reasons Why Ambulatory Surgery
Centers Fail Financially

Adam F. Dorin, M.D.

Objective: To discuss the economic and market forces that are threatening the financial survival of ambulatory surgery centers.

4 p.m. – 4:30 p.m.

Medicare Compliance Update

Judith Jurin Semo, J.D.

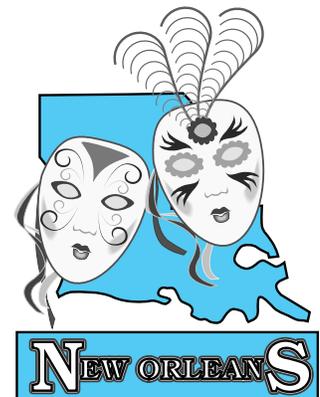
Objective: To provide an update on Medicare supervision and billing regulations.

4:30 p.m. – 4:45 p.m.

Discussion

4:45 p.m.

Adjournment



Lecturers

Program Chair

Johnathan L. Pregler, M.D.

Associate Clinical Professor of
Anesthesiology and Director, UCLA
Surgery Center

University of California-Los Angeles
School of Medicine
Los Angeles, California

Faculty

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Associate Professor Department of
Anesthesiology

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University of Toronto
Toronto, Ontario, Canada

Adam F. Dorin, M.D.

Chief, Department of Anesthesiology
Medical Director, Perioperative Services
Director, Pain Medicine Services
Maryland General Hospital
Baltimore, Maryland

Lucinda A. Everett, M.D.

Associate Professor
University of Washington
Anesthesiology and Pain Management
Children's Hospital and
Regional Medical Center
Seattle, Washington

Louis A. Freeman, M.D.

Medical Director
Fresno Surgery Center
Fresno, California

Andrew Herlich, M.D.

Professor of Anesthesiology and Pediatrics
Temple University School of Medicine
Associate Chief Medical Officer
Temple University Children's
Medical Center
Philadelphia, Pennsylvania

Mary Fazekas-May, M.D.

Associate Professor of Otolaryngology
Louisiana State University School of
Medicine in New Orleans
New Orleans, Louisiana

Swati N. Patel, M.D.

Chief of Pediatric Anesthesiology
University of California-Los Angeles
School of Medicine
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Beverly K. Philip, M.D.

Director, Day Surgery Unit
Brigham and Women's Hospital
Associate Professor of Anesthesia
Harvard Medical School Department of
Anesthesiology, Perioperative and
Pain Medicine
Boston, Massachusetts

Meg A. Rosenblatt, M.D.

Clinical Associate Professor of
Anesthesiology
Director, Division of Orthopedic and
Regional Anesthesia
Mount Sinai School of Medicine
New York, New York

Judith Jurin Semo, J.D.

ASA Legal Counsel
Squire, Sanders & Dempsey, L.L.P.
Washington, D.C.

Gail A. Van Norman, M.D.

Clinical Associate Professor
Department of Anesthesiology
Faculty Associate
Department of Biomedical History and
Ethics
University of Washington
Seattle, Washington

On-site Registration Form

MID YEAR MEETING 2001: CONTROVERSIES IN ANESTHESIA

October 12, 2001 • New Orleans Marriott Hotel, New Orleans, Louisiana
(One day before the ASA Annual Meeting)

Registration Fees (Please check appropriate box):

SAMBA member \$125 Nonmember \$175 Resident or fellow \$50

Please print (use credit card billing address if charging your registration):

Name _____

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State _____ ZIP _____

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Payment:

Check VISA MasterCard

Card Number _____ Expires _____

Signature _____

Bring this form to the on-site registration area. Do NOT mail

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Committee Adds Improvements to 2002 Annual Meeting

Members attending the SAMBA 17th Annual Meeting at the Hilton at Walt Disney World Village in Orlando, Florida, on May 2-5, 2002, will notice several improvements to the meeting program. The SAMBA Annual Meeting has long been recognized for its unique blend of educational programming and social activities. The improvements will result in increased educational opportunities for members as well as cost savings to the Society, allowing SAMBA to hold the line of registration fees.

The first improvement attendees to the meeting will immediately notice is the expansion of the educational program on Friday, with the shifting of workshop presentations from Saturday afternoon as presented in previous years. Input received by the committee revealed that members were anxious to participate in a full day of educational programs on the opening day of the Annual Meeting versus having free time the first afternoon.

The second improvement to the meeting is the shifting of the gala evening social event to Friday evening. Held on Saturday evenings in prior years, the new night of the social evening will allow members to renew acquaintances and make new ones earlier in the meeting rather than on the event's final evening. The conducting of the social evening on Friday also frees the exhibitors, who in previous years were busy dismantling their displays, to join in on the festivities. The Saturday afternoon luncheon, which has been poorly attended in previous years, has been discontinued, resulting in cost savings to the Society and its members.

The above changes to the program allow members to enjoy local attractions with their families and friends on Saturday afternoon and evening. The new program format is conducive to the optional programs being presented by industry and related anesthesia organizations.

Segments of the program remaining unchanged from previous years include the research poster discussion

breakfasts on Friday and Saturday mornings, the Friday Luncheon With Experts and the popular breaks in the poster discussion area. The enjoyment of desserts with exhibitors and poster presenters following the Friday luncheon will also be continued.

The committee is making arrangements to present a pre-convention workshop addressing advanced car-

diac life support. Registration information for the meeting will be available shortly after the first of the year and on the SAMBA Web site. Online registration and the electronic submission of abstracts will once again be available for the 2002 Annual Meeting. A summary of the 2002 Annual Meeting program follows: [SAMBA](#)

Wednesday, May 1, 2002	
2 p.m. – 6 p.m. <i>Optional Annual Meeting Workshops</i>	
5 p.m. – 9 p.m. <i>Advanced Cardiac Life Support Preconvention Workshop</i>	6:30 p.m. – 9:30 p.m. <i>SAMBA Universal Studios Jurassic Park Island Adventure Evening</i>
Thursday, May 2, 2002	
8 a.m. – 5 p.m. <i>Advanced Cardiac Life Support Preconvention Workshop</i>	Saturday, May 4, 2002
5 p.m. – 7 p.m. <i>Optional Annual Meeting Workshops</i>	8 a.m. – 9:45 a.m. <i>General Session 3</i>
Friday, May 3, 2002	
7 a.m. – 8 a.m. <i>Research Poster Discussion Breakfast Session</i>	9:45 a.m. – 10:15 a.m. <i>Break with Exhibitors and Poster Presenters</i>
8 a.m. – 9:45 a.m. <i>General Session 1</i>	10:15 a.m. – 12 noon <i>General Session 4</i>
9:45 a.m. – 10:15 a.m. <i>Break with Exhibitors and Poster Presenters</i>	<i>Open Afternoon and Evening for Members and Guests</i>
10:15 a.m. – 12 noon <i>General Session</i>	<i>Optional Industry and Anesthesia-Related Organizations Programming</i>
12 noon – 1:30 p.m. <ul style="list-style-type: none"> • Luncheon With Experts • SAMBA President's Message • Distinguished Service Award • Introduction of Candidates • ASA President's Update 	Sunday, May 5, 2002
1:30 p.m. – 3 p.m. <i>Dessert in Poster Presenters and Exhibitors</i>	7:30 a.m. – 8 a.m. <i>Annual Membership Breakfast Meeting</i>
	8 a.m. – 9:45 a.m. <i>General Session 5</i>
	9:45 a.m. – 10:15 a.m. <i>Break</i>
	10:15 a.m. – 12 noon <i>General Session 6</i>
	12 noon <i>Meeting Adjournment</i>

Changes in AAAHC 2001 Accreditation Handbook Available

Quality of care remains a crucial issue to patients, providers and health care practitioners alike in today's health care environment. Each year, the Accreditation Association for Ambulatory Health Care (AAAHC) revisits its established quality standards with an eye toward ensuring that it, and the organizations it accredits, remains abreast of trends and issues affecting the ambulatory health care field.

AAAHC's standards were developed to encourage the voluntary attainment of high-quality care in those organizations providing ambulatory health care services. The 2001 edition of the "Accreditation Handbook for Ambulatory Health Care," with the latest changes and additions to those quality standards, is now available. This guide is the best tool an organization can possess to ensure compliance with each applicable quality standard.

The 2001 Handbook features several revisions to policies and procedures and notable changes and additions to existing standards. Chapters that have been revised or expanded include 1-6, 8-10 and 23-24. The changes and additions include, but are not limited to, the following:

Accreditation Policies and Procedures — Several changes have been made to the policies and procedures that appear at the front of the Handbook. This section contains specific details pertaining to all AAAHC policies and procedures.

Rights of Patients — Standards in this section have been changed to add advance directives and provider credentialing to the information that is available to patients and staff. Changes affect standards F.8 and F.9, and standard J.

Governance — Governing body responsibilities have been expanded to include establishing a mechanism to fulfill all applicable local, state and federal laws and regulations. Standard B.18 provides examples of several such laws. Other standards that have been changed in this section

include: B.11, B.16, B.20, B.21 and F.1.9.

Administration — Standard B.6, personnel policies, has been expanded to include compliance with an incident reporting system.

Quality of Care — Two new standards, D.17 and D.18, have been added to this section as a means by which to demonstrate high-quality health care services. Compliance with these standards requires an incident reporting system and provision regarding the resolution of grievances.

Quality Management and Improvement — In subchapter II, standard C.1, item M has been added to the list of identifiable problems in the care of patients. Additionally, subchapter III, standards B.4 and B.6 have been revised to include appropriate analysis of all reported incidents and review of adverse events.

Clinical Records — Standards B and G have been modified. Standard B was expanded to provide further information regarding the content of an organization's clinical records; Standard G now requires the consistent organization of clinical records.

Facilities and Environment — Standards B.1 and B.3 have been modified to require the documentation of periodic instruction of personnel in the use of safety equipment and resuscitation technique drills.

Anesthesia Services — Standards M and N in this section have been changed to state that they will only be applied at organizations that administer agents known to trigger malignant hyperthermia.

Surgical Services — Standard K has been revised and now requires documentation and authentication of the findings and techniques of an operation immediately after the procedure by a health care practitioner.

Managed Care Professional Services Delivery Organizations — Several new standards have been added to this section. For example, standard I.1 is new and requires that records in the patient's primary clinical

record include a summary of significant surgical procedures and past or current diagnoses or problems. The standards in this section to take note of are the following: B.1-5, D., I.1, L and M.

Health Education and Wellness — Standard C.1 has been expanded to include disease-screening programs.

Appendix B — Changes have been made to the "Appeal of Accreditation Decision" policy that is contained in this appendix.

Appendix C — Changes have been made to the "Right of Reconsideration" policy to be found in this appendix.

Appendix J — This appendix, providing information for employee health, has been included for the first time in the Handbook. It can be used as a guideline for developing a comprehensive employee health program.

The new Handbook took effect March 1, 2001. As a result, all organizations that submitted completed applications for accreditation or re-accreditation survey along with a presurvey questionnaire on or after March 1 will be surveyed by the new standards.

It is critical that AAAHC accredited organizations remain in compliance with all applicable quality standards throughout their accreditation term to ensure the highest quality care possible is being provided. The Handbook also is an excellent resource for those organizations considering accreditation.

To get the most recent and complete listing of all AAAHC standards, policies and procedures, organizations can order the 2001 edition of the Handbook by calling (847) 853-6060 or by visiting the Products and Resources section of the AAAHC Web site: <www.aaahc.org>. SAMBA

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Call for Resident Abstract Submissions

The Committee on Annual Meeting has issued a call for abstracts for the SAMBA 17th Annual Meeting to be held at the Hilton at Walt Disney World Village in Orlando, Florida, on May 2-5, 2002.

The Society encourages residents in anesthesiology training programs to become involved in SAMBA. To this end, the Society will issue a limited number of travel awards to anesthesiology residents whose scientific abstracts are accepted for poster presentation at the SAMBA 2002 Annual Meeting.

These travel awards will support residents in training with a grant of \$1,000 each to attend the meeting. Those who receive a travel grant for their abstracts will remain eligible for cash awards presented by the Ambulatory Anesthesia Research Foundation. Case reports are not acceptable. Papers presented at the SAMBA Annual Meeting are eligible for presentation at subsequent large anesthesia meetings such as the annual meetings of the American Society of Anesthesiologists and the International Anesthesia Research Society.

The Society will once again be accepting only those abstracts that are submitted over the Internet through the SAMBA Web site. To download a copy of the typing instructions and grading criteria, as well as to submit abstracts and complete cover letters, visit the SAMBA Web site at <www.sambahq.org>. Individuals who submitted abstracts for the SAMBA 2001 Annual Meeting found

the online submission process to be user-friendly and easy to follow.

By printing out the typing instructions, one is able to prepare an unblinded and blinded abstract on his or her computer. To submit an abstract, visit the SAMBA Web site and double click on "Abstract Submission." The instructions will take one through the entire submission process by first asking the visitor to complete a required cover letter. Once the requested information on the cover letter is completed, the next step in the process is to "upload" a blinded and unblinded copy of the abstract from the user's computer. Instructions will detail how to save (upload) the already prepared document to the Web site for submittal. Once this process is completed, the system will ask if another abstract is to be submitted. If yes, the process begins again with the cover letter.

The deadline for receipt of properly submitted abstracts to the SAMBA office is **February 11, 2002**. A properly submitted abstract consists of an original abstract that has not been or will not be presented at a large anesthesia meeting before the SAMBA 2002 Annual Meeting, is accompanied by a completed official SAMBA cover letter (this step must be completed to proceed to the next step in the electronic submission process) and one blinded copy of the abstract, which must be included to complete the submission process. Abstracts are blinded by deletion of the author(s) and institution(s) from the original. 