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A systemic approach to cardiac service line safety

By Jennifer Lubell

Among Surgical Care Affiliates' (SCA) 260-plus facilities in the United States, at least 10% have added cardiovascular/peripheral vascular service capabilities. SCA experts anticipate more growth in this area. However, any successful launch starts with an organizational focus on patient safety, says Ezra Erb, vice president for clinical quality for SCA, which is based in Deerfield, Illinois and Birmingham, Alabama and serves 1 million patients annually. "Safety integrates with our overall patient program. This includes our single and multi-specialty facilities that are starting to perform cardiac procedures with other lines," says Erb.

Erb joined Kami Dinkel, SCA's director of operations and Marty Taglauer, director of clinical quality, CV programs, to discuss the following safety basics in ASC cardiovascular (CV) service lines.

Take the time to plan.

Don't skip or undercut the planning process, says Erb. "Sit down with the physicians involved and think things through. Ask: are we prepared for specific procedures? Is this sustainable? Do we have the right equipment, the right training, the right team in place?" Take the time to fully assess things with your team before you roll out a new service line. Identify your patient criteria and gauge the community need for a cardiac service line.

Start with less complex procedures like cardiac rhythm management as opposed to more advanced cardiac catheterization, which has more capital requirements and complex safety procedures. The planning stage is also the time to assess your staff and see which members of your team have CV experience. "Some hiring may need to be done," Taglauer says.

Conduct ongoing training sessions once that team is established, adds Taglauer. "Perform annual competencies and drills to make sure the team is prepared to handle anything that comes their way."

Seek guidance from the experts.

The Agency for Healthcare Research and Quality's [survey of patient safety culture](#) measures the full spectrum of individuals involved in patient care and their feelings of confidence in safety preparation. SCA uses this metric to survey its clinicians and support staff and most importantly, its anesthesiologists and surgeons "so that we really have a 360-degree perspective of everyone who's touching the patient," says Erb.

National governing societies for cardiac, vascular and interventional radiology have released their own safety recommendations for outpatient cardiac procedures, says Dinkel. "This includes facility structure, emergency planning, and equipment, staffing and processes you should have at the basic level. They also provide guidance on patient selection for cardiac patients."

Choose the right patients.

SCA has general selection criteria, “but we also do this on an individual basis,” says Dinkel. “Clinicians review everyone’s patient information and make sure admission criteria are met. We look at what’s different for each patient and take that into consideration for each patient.”

Physicians should use the American Society of Anesthesiologists’ Physical Status Classification System [score](#) to assess who is safe for surgery and who is not. “We look at history. Has the patient had multiple percutaneous coronary interventions, electrical events, ventricular tachycardia?” says Dinkel. Is the patient at high risk of an adverse reaction or complication? Patients with kidney issues or those with a recent myocardial infarction (MI) might be better served in the hospital, which has dialysis machines and more advanced emergency equipment.

Educate yourself on state rules for allowed procedures.

“Allowed procedures vary by state and are regulated by the department of health. It’s important to look at local regulations on cardiac procedures,” says Taglauer. In the OR, ASCs can prepare for emergencies by having safety and back up equipment such as balloon pumps, temporary pacemakers, a crash cart.

Make sure your x-ray system and operating room table is relevant for procedures, he adds. Ensure a transfer agreement with a nearby hospital with the right capabilities is in place “so that if needed, you can get that patient to proper level of care as quickly as possible,” says Taglauer.

Have a discharge plan.

Think about what happens after the patient has left the facility, urges Taglauer. “Make sure you’re looking at the chart review, at outcomes. Look at the program as a whole and see that you’re taking care of everything, from infection to complication rates.”

At SCA affiliated facilities, an important consideration with vascular procedures is the access site, says Dinkel. “If you’re going into an artery or vein you want to make sure it is stable post procedure and educate the patient and family on what to do and not to do to avoid infection.”

Any ASC looking to add CV procedures should do research on quality assurance to capture accurate outcome data, says Dinkel.

Training your staff is important, Erb says. “A manager should be able to assess: does the culture of my facility support clear communication?” Staff should be able to respond and react quickly and collaboratively as a team to support every patient that enters the facility.

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