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Non-operating room anesthesia: Strategies to improve performance

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Non-operating room anesthesia (NORA) case volumes have increased in both hospital and non-hospital settings. Anesthesiologists must be ready to meet the challenges associated with providing care outside operating rooms (ORs). Anesthesiologists face many challenges associated with providing care at these sites. The first is that anesthesia care in NORA sites must meet the same standard of care as in the ORs. Additional challenges include the physical location, patient and procedure characteristics, scheduling issues, and multidisciplinary patient management. These challenges should be identified and addressed before a NORA site assumes functionality. Thorough planning and streamlining by educating staff and simulating real-life scenarios can be helpful. The locations should be prepared and equipped to deal with all anticipated urgent or emergent situations. Patients should be triaged in advance to determine the level of preoperative assessment required, whether immediately before surgery or in advance with the assistance of a preoperative clinic. The hospital should invest in developing care coordination teams to help with urgent, emergent, and add-on cases. Unusually sick or complex patients should be scheduled early in the day to ensure that appropriate personnel can be involved, and that help is readily available. There should be open communication among all teams involved regarding procedural duration, proceduralist's expectations, anesthetic, and recovery plans. Multidisciplinary teams should set expectations and discuss concerns before the procedure to manage unanticipated situations. Post-anesthetic care after NORA cases can potentially be streamlined by considering standardized handoff tools and fast-track recovery protocols. The COVID-19 pandemic presented additional challenges for NORA care. Multidisciplinary collaboration and appropriate guidelines were developed at many institutions to maintain patient safety and to protect staff. Successful interventions described during the COVID-19 response can serve as templates for future large-scale contingency planning for NORA locations. Finally, quality improvement and performance metrics, including regular audits, can help improve site utilization, patient experience and help maximize physician and staff efficiency. With careful attention, NORA sites can combine the efficiency of procedural suites with the safety expectations of traditional ORs.

Recent Publications:

1. Positive Microbiological Stains of Corneal Scrapings among Patients with Keratitis in a Tertiary Care Centre: A Descriptive Cross-sectional Study, JNMA J Nepal Med Assoc . 2022 Jun 1
2. COVID-19 in patients with end stage kidney disease at a large community hospital in Eastern Saudi Arabia. A prospective study, Saudi Med J . 2022 Jun
3. Gouveris H, Koirala N, Anwar AR, Ding H, Ludwig K, Huppertz T, Matthias C, Groppa S, Muthuraman M. Reduced Cross-Frequency Coupling and Daytime Sleepiness in Obstructive Sleep Apnea Patients. *Biology*. 2022; 11(5):700. <https://doi.org/10.3390/biology11050700>, *Biology* (Basel) 2022 May 2..

Biography

Anwar is an anesthesiologist who comes from a diverse background and is passionate about simulation teaching endeavors. She has done her anesthesia training across three countries and three continents. She has done a fellowship in medical education in anesthesia from Stanford University, a fellowship in obstetric anesthesia, and a fellowship in patient safety and quality improvement in anesthesia from the University of Florida. Currently, she is an Assistant Professor, lead for Obstetric anesthesia simulation, and patient safety, and quality improvement education lead in the Department of Anesthesiology and Pain Medicine at the University Of Washington School Of Medicine. She is also an Adjunct Assistant Professor for the Division of Healthcare Simulation Science in the Department of Surgery at the University Of Washington School Of Medicine.

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