Anesthesiology QI Newsletter

May 2017

Please make every effort to discard medications from a previous case before bringing the next patient back to the OR. This can help prevent medication errors. There is a new medication disposal bin in AIP PACU White-at the nurses' station above the Pyxis and one in AOP PACU.

New Dialysis & Central Line Catheters coming. See attached tip sheet for more information.

Anesthesia Carts

If your badge does not work to open the cart, there will be a generic badge in pyxis and in the pharmacy you can check out. If neither badge works, pharmacy can unlock it for you, but they cannot leave the key with you.
If you get a new badge, you must give your new number to the Main OR Pharmacy for it to be updated.

New UPS (Uninterruptable Power Supplies) have been initiated in all ORs. They will help prevent patient monitors and computers from rebooting if a power bump occurs. The UPS's are all plugged into the red outlets and the anesthesia machine is then plugged into the UPS.

IR Emergent Cases

In an effort to improve team dynamics and patient care through communication, both off hours and during the day, the IR attending will attempt to contact the anesthesia attending to discuss EMERGENT cases.

- During day hours IR attending will reach out to CVC anesthesia charge attending.
- During hours of 3p-7a Monday - Thursday, & 3 p Friday to 7 a Monday, IR attending will call main charge phone (85920).
- IF you answer the charge phone will not be doing the case, please take IR attending's contact information and have the assigned anesthesia attending call IR attending back to discuss the case. Please do not designate this to in room provider. This is **attending to attending only.**

EP 13 Computer Issues

If you are in EP 13 and the computer is not working, please make sure it is outside the Gauss lines. The magnetic field will cause the computer to malfunction. For more information, see: http://virtue.ucdenver.edu/cvcmanual.html and click the link on the "Intro to Stereotaxis Room AKA EP 13"

Alaris Issues

- Secondary tubing has been changed from 36" to 30" to decrease incidence of secondary lines being placed below the pump.
- Troubleshooting
  - Please input the patient's MRN into the pump that way if you have issues, the hospital's medication team can further investigate.
- Tips on reducing Air in Line Alarms
  - Fill drip chamber at least 2/3 full
  - Prime tubing slowly
  - Push tubing firmly into the back of the AIL sensor
  - AIL sensor may be dirty and falsely reporting AIL. Try cleaning with a Q-tip and water.
- If above tips don't work, call anesthesia tech to replace and send pump to biomed. If possible, please send the tubing with the pump.
- Alaris is sending reps to troubleshoot in biomed and the OR's in the coming week.

Utilizing an interpreter? When the prompt asks for a code, enter 3000.

Current Quality Initiatives

- Periop DNR process: working on smoothing out Perioperative DNR process with PreProcedure Services, Preop, and Surgeon orders.
- GI workflow issues: ongoing surveys and meetings with GI leadership to enhance workflow of anesthesia patients
- Anesthesia Equipment: working with anesthesia techs and biomed to ensure anesthesia equipment is in working order
- Code Recorders Intraoperatively
- Radiation Safety-obtaining baseline radiation dosages of our providers and in specific rooms
- Medication Labels: obtaining new labels that stick, to help prevent med errors.
- Restricted Extremity workflows: working with EPIC and Preop to identify patients with extremity restrictions both visually and via patient chart.
- OSA orders sets

Need a refresher on how to Use Amion to get ahold of patient's medical attending from the unit?

Click here: http://virtue.ucdenver.edu/ManualFiles/AmionCheatSheet.pdf