



Introduction

- 50% of surgeries in US are performed in an outpatient setting → projected to 80% by 2026
- ASCs reduce U.S. healthcare costs by more than \$38 billion a year
- This can lead to **“Risky Business”** - Hospital Transfers



- Hospital transfers increase health care costs
- Unexpected transfer decreases patient & family experience
- YET – discharging an unstable patient could jeopardize patient safety

Assessment

- ASC Quality Collaboration nation-wide benchmarking for hospital transfers: 0.8 per 1000 in 2023
- Texas Health Alliance Transfer Rate: 3.36 per 1000 in 2018
 - 3X the benchmark rate when the center opened

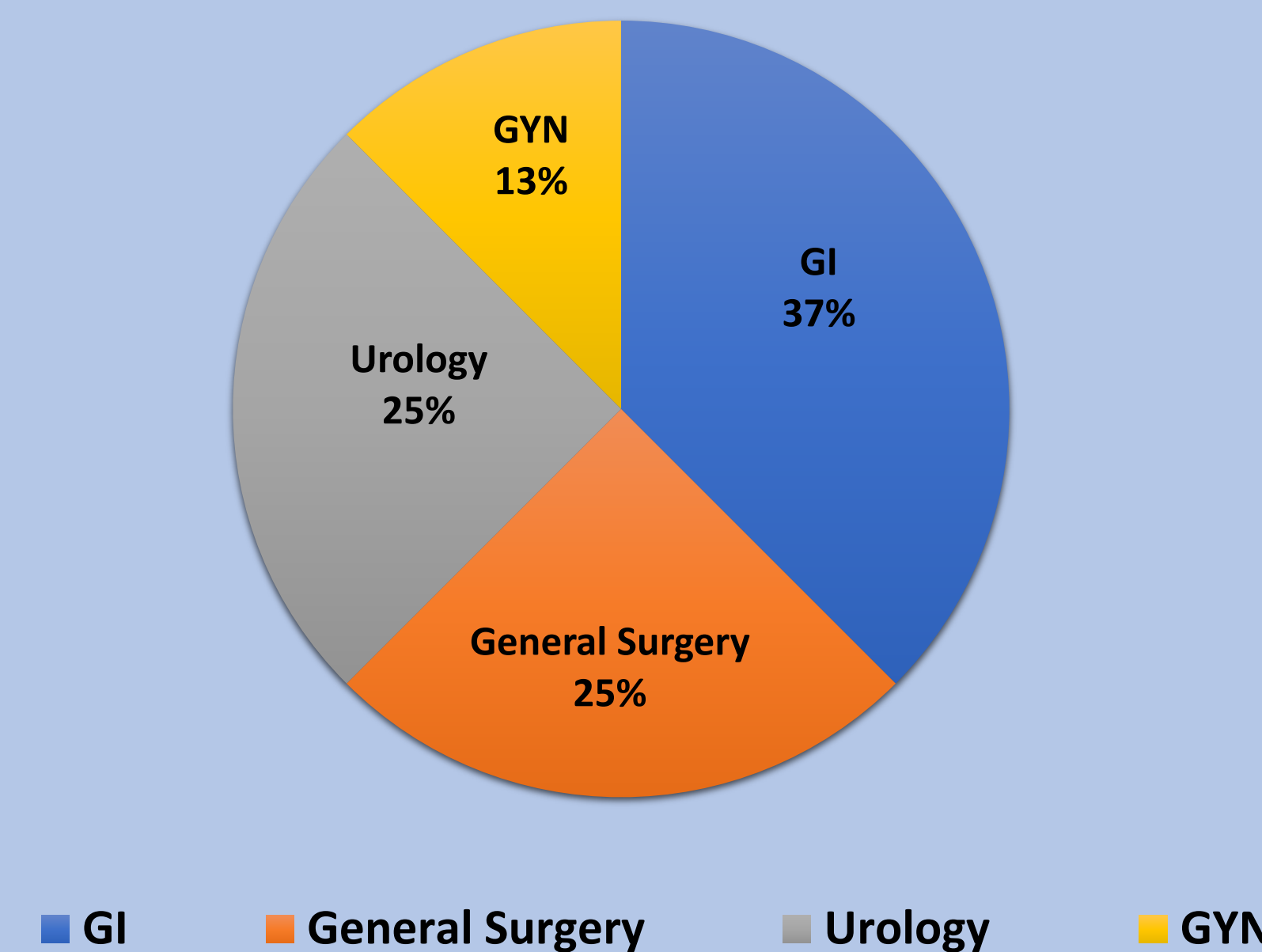
Background/Project Description

- Interdisciplinary team formed: Pre-op/PACU, OR & MEC
- Data Collection:
 - Review documented hospital transfers via variance reports submitted to RL Datix database and determine trends
- Pre-admission process changes:
- Revise Outpatient Surgery Admission Checklist
 - Co-morbidities separated (1 point each)
- Revised Anesthesia Protocol and Admission Criteria
 - List of hard stops was created (e.g., size of bladder tumor < 2 cm)
- Provide physician education on revised criteria for patient selection

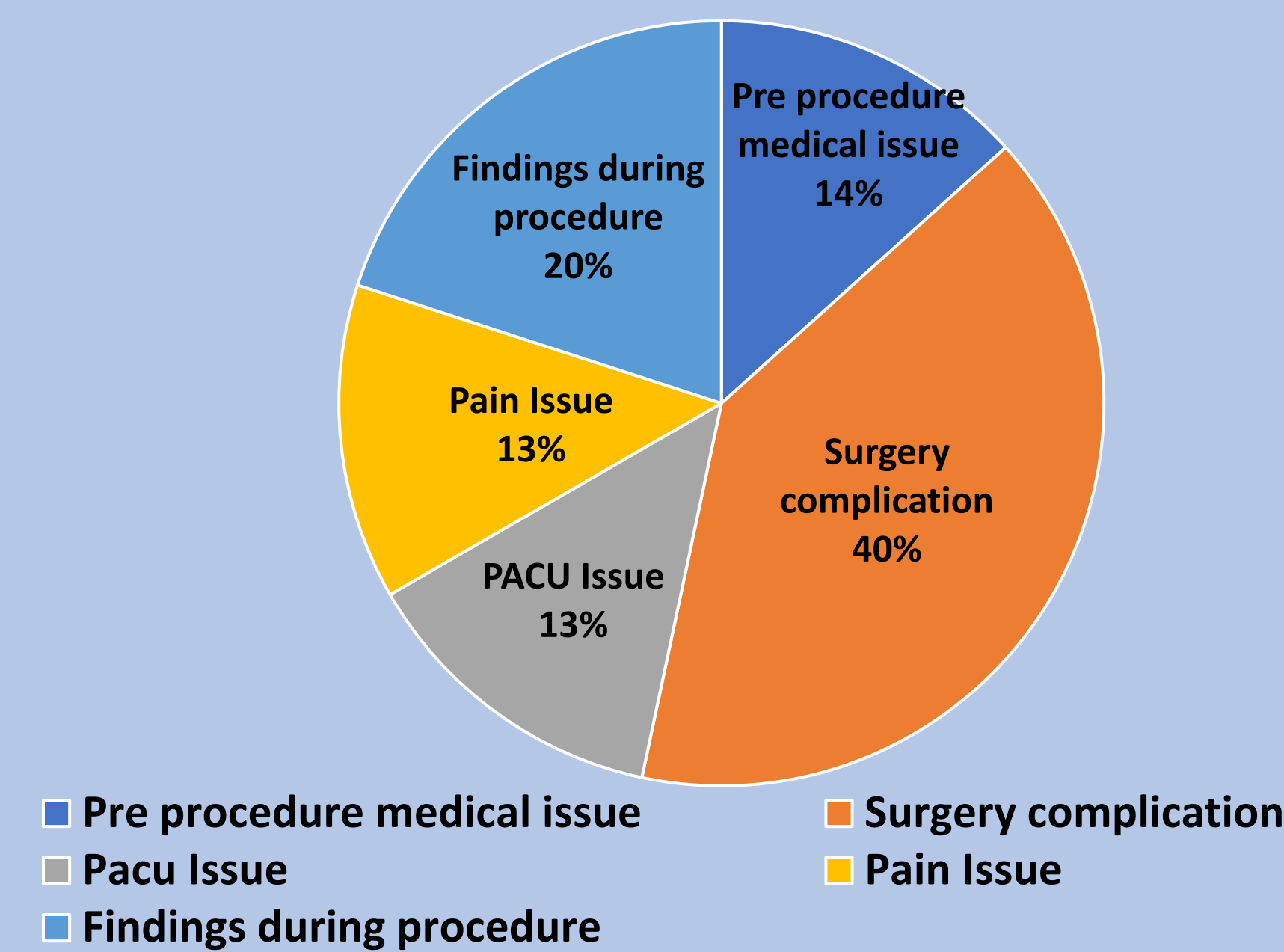
Objective

- Decrease and maintain hospital transfer rate equal to or below the ASCQC benchmark of 0.8 per 1000 per year

Transfer Rate By Service Line



Medical Reasons For Transfers



Texas Health Surgery Center Alliance Patient Label

Outpatient Surgery Admission Checklist
Pre-Admission Nurse: Evaluate the patient's past medical history and surgical plan. Assign points and total the index score. If indicated, escalate the case as directed below.

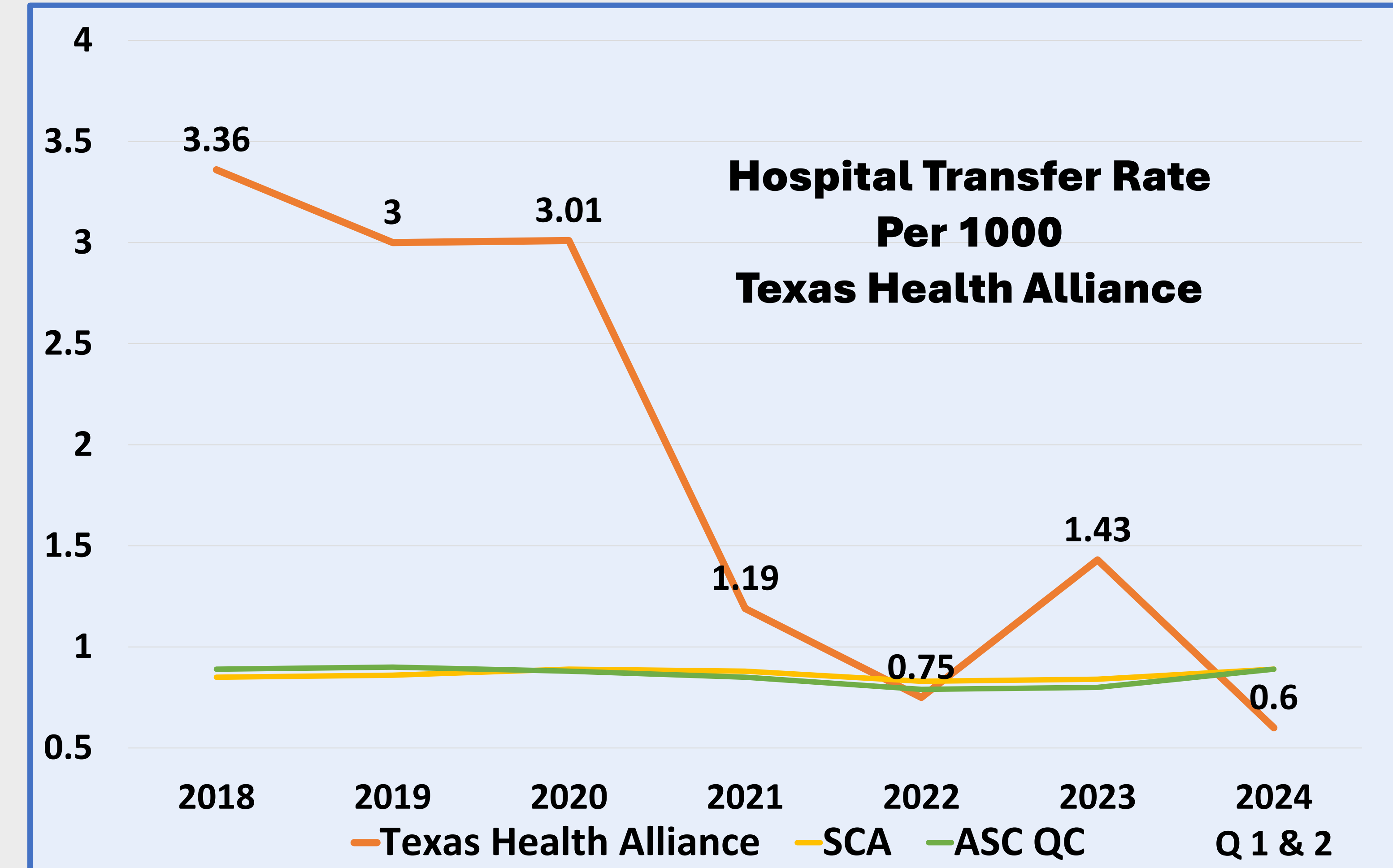
Anesthesia Review needed for the following:	Mobility Issues: Yes/No
See Pediatric Admission Criteria for 11-17 years of age.	Allergies:
See Total Joint Admission Criteria for Total Joint patients.	
CHF, COPD, Unable to walk up flight of stairs and SOB.	
BMI >45. Ht: Wt: BMI:	
Dialysis.	
Weight loss medications or ADHD medications.	
3 or more co-morbidities (ASA 3 or more)	
Feeding tube. May not be candidate for outpatient setting.	
NOT A Candidate for the ASC-Call and Notify Physician Office:	
BMI ≥ 50, Over 400lbs, ASA 4, patients with defibrillators, anyone needing airborne or droplet precautions or uses home O2 unless scheduled for mild sedation, any pregnant patient, unless scheduled for a D&C due to missed or incomplete spontaneous abortion, and any patient with personal history of Malignant Hyperthermia. If a patient has a family history of MH, he must have proof of negative muscle biopsy for surgery cases only. Patient with MI or cardiac stents or stroke in the last 6 months.	
Assign one point for each of the following:	
<input type="checkbox"/> General or Conscious/Moderate Sedation	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Any Cardiac Diagnosis/History- Assign 1 point for each cardiac diagnosis (Irregular heart rhythm, CHF, any recent cardiac procedures-cardiac stents, heart catheterizations, heart surgery, stress test)	
<input type="checkbox"/> Respiratory System Disease (COPD, Sleep Apnea, Asthma, Smoker)	
<input type="checkbox"/> • One point for each respiratory risk factor	
<input type="checkbox"/> Peripheral Vascular Disease/ Hypertension	
<input type="checkbox"/> Cerebrovascular or Neurologic Disease (TIA, Stroke, Seizure)	
<input type="checkbox"/> Organ Failure/Transplant	
<input type="checkbox"/> Activity Level: Shortness of breath or chest pain when walking to mailbox or up a flight of stairs.	
Score: 4 or higher will need anesthesia review	
<input type="checkbox"/> No change in health condition and same procedure as prior visit within 3 months. No additional Medical Director clearance is needed.	
If Anesthesia review, by _____ Date/Time _____	
Signature _____ Date/Time _____	
Page 1 of 1	

Contact Information

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Outcomes

- Texas Health Alliance achieved a transfer rate of 0.6 per 1000, reaching a hospital transfer rate below the ASCQC (0.8) and SCA Health (0.74) benchmark



Future Innovations

- Alerts added to obtain key patient information regarding health history
- Continue analyzing trends related to causes of transfers
 - Modify admission criteria accordingly

Acknowledgements

- Texas Health Alliance Quality Committee
- MEC
- Ambur Allen, RN | Pre/Post Charge Nurse
- Becky Miller, RN | OR Manager
- Melanie Goodgion, RN | Pre-admission Nurse

Resources

- Joint Commission on Accreditation ASC 2019 Rights and Responsibilities of the Individual Chapter.
- ASPAN Standards of Perianesthesia Nursing Practice 2019-2020: The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities.
- 42 Code of Federal Regulations §416.41(b)