

# Systemization of Anesthesia Services Across MUSC Health

## Carlee Clark MD

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### BACKGROUND

In the last several years, the Medical University of South Carolina has expanded from one hospital to a Health System. With the acquisition of multiple small, rural hospitals the goal has been to elevate and support the health care provided locally, while shifting the tertiary, quaternary care to MUSC Charleston Division. The MUSC Health Anesthesia Integrated Clinical Center of Excellence (ICCE) has been tasked with supporting each division focusing on quality.

### OBJECTIVE

Create and deploy clinical pathways, operational infrastructure, and aligned processes that both drive and support the delivery of highly reliable anesthesia services across MUSC Health's academic and community sites.

### METHODS

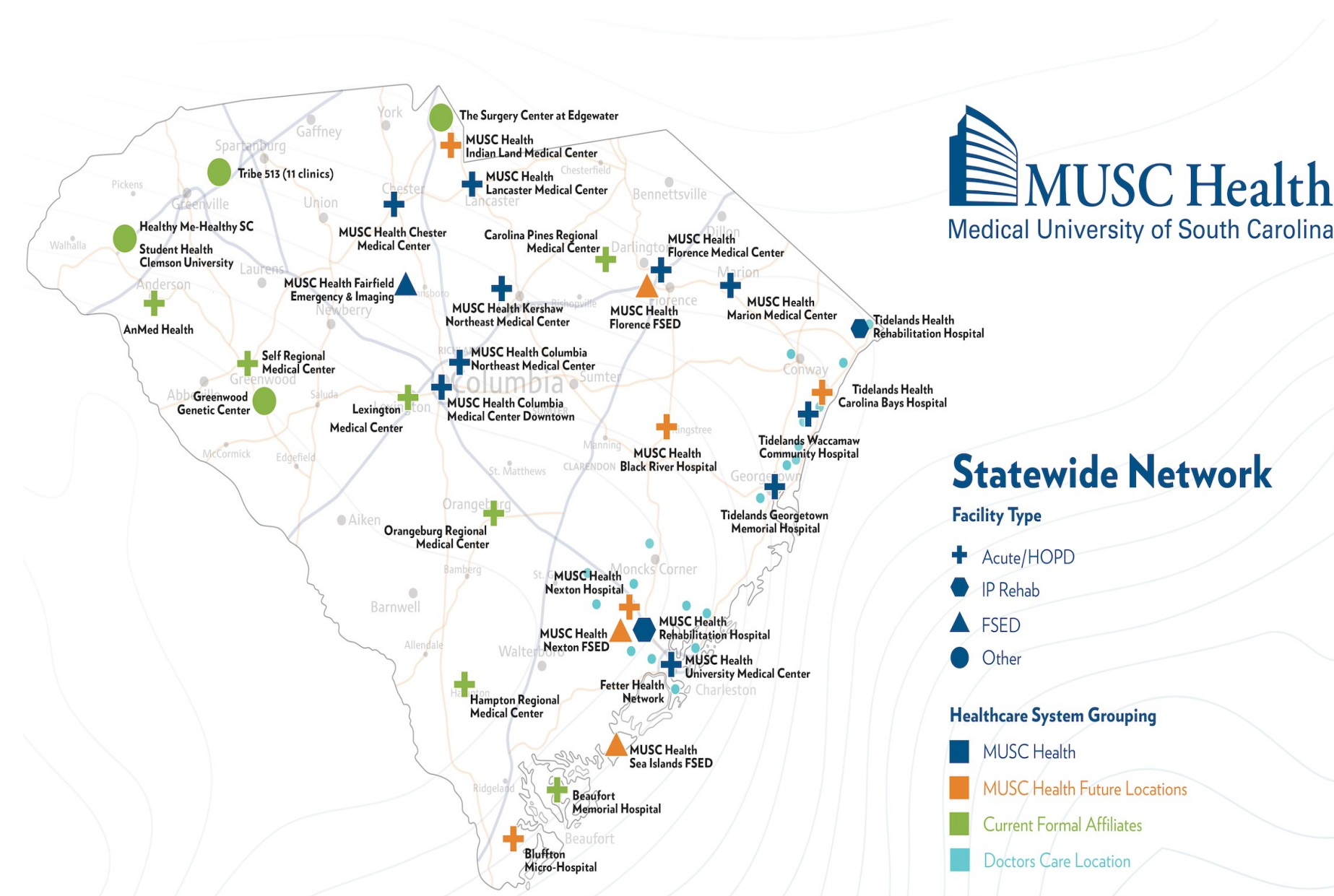
- Expand Charleston Preop Clinic capacity while aligning RHN's preop protocols
- Create system Anesthesia Council for operational alignment and best practice sharing
- Extend QAPI systemwide with site specific QAPIS in RHN
- Determine operational infrastructure and clinical delivery needs by each RHN
- Develop a System Perioperative Council
- Collaborate with Surgical ICCE to expand on current ERAS protocols and extend to RHN
- Support integration and optimization of Anesthesia Epic platforms at all RHN sites
- Work with RHN Regional Director of Operations Manager to develop and support billing system/processes/tools

### OUTCOMES

- Adherence to implementation timeline
- Hiring and Retention rates
- Quality and Safety KPIs
- Patient Satisfaction
- Increased Productivity

### SUMMARY

The addition of the Regional Anesthesia Divisions to the MUSC Health umbrella will vastly improve patient care in those areas. With the additional support of the Anesthesia ICCE, the practices, protocols, and investment in the teams by local leadership we will be able to greatly improve the delivery of anesthesia care across sites.



**Project Title:** Systemization of Anesthesia services across MUSC Health

**Name and Institution:** Carlee Clark MD, Medical University of South Carolina

**Collaborators and Mentors:** Jenny Ann Smoak, Scott Reeves MD, Tom Crawford, Tim Adams

**Topic Category:** Clinical/Administrative

**Background, Significance of project:** In the last several years, the Medical University of South Carolina has expanded from one hospital to a Health System. With the acquisition of multiple small, rural hospitals the goal has been to elevate and support the health care provided locally, while shifting the tertiary, quaternary care to MUSC Charleston Division. The Anesthesia care in the regional divisions have historically been resourced from private practice companies that have turned over every three to five years, with some retention in providers. There has been concern for the quality of clinical care and staffing provided by these services, so MUSC Health will be onboarding providers and building Anesthesia Divisions in each Regional Hospital. The MUSC Health Anesthesia Integrated Clinical Center of Excellence (ICCE) has been tasked with supporting each division.

**Purpose/Objectives:** Create and deploy clinical pathways, operational infrastructure, and aligned processes that both drive and support the delivery of highly reliable anesthesia services across MUSC Health's academic and community sites.

**Methods/Approach:**

- Expand Charleston Preop Clinic capacity while aligning RHN's preop protocols (in progress)
- Create system Anesthesia Council for operational alignment and best practice sharing (in progress)
- Extend QAPI systemwide with site specific QAPIS in RHN (FY23)
- Determine operational infrastructure and clinical delivery needs by each RHN (Q1 FY23)
- Develop a System Perioperative Council (Q4 FY22)
- Collaborate with Surgical ICCE to expand on current ERAS protocols and extend to RHN (in progress)
- Support integration and optimization of Anesthesia Epic platforms at all RHN sites (in progress)
- Work with RHN Regional Director of Operations Manager to develop and support billing system/processes/tools (in progress)

**Outcomes:** The success of this project will be monitored in multiple ways. Adherence to implementation timelines for many of the methods will be an early demonstration of success. Long-term outcomes will be demonstrated by improved hiring and retention rates, improvement in anesthesia quality metrics and patient satisfaction, and increased productivity.

**Discussion:** The addition of the Regional Network Anesthesia Divisions to the MUSC Health umbrella will vastly improve patient care in those areas. With the additional support of the Anesthesia ICCE, the practices, protocols, and educational opportunities that the MUSC Charleston Department of Anesthesia has to offer, and investment in the teams by local leadership we will be able to greatly improve the delivery of anesthesia care across sites.