

*Michael J. Avram, Ph.D., Editor*

**Quality Management in Anesthesiology, Volume 1: Fundamentals (International Anesthesiology Clinics 51, Number 4, Fall 2013).** Edited by Richard P. Dutton, M.D., M.B.A. Philadelphia, Lippincott, Williams & Wilkins, 2013. Pages: 120. Price: \$176.

In an era of rising costs and increasing public scrutiny, it is ever more important to develop quality initiatives in anesthesiology. Richard Dutton is the full-time executive director of the Anesthesia Quality Institute and does an excellent job as editor of the International Anesthesiology Clinics dedicated to quality in anesthesia. In this two-volume set, Dr. Dutton has put together chapters describing the importance of implementing a quality management program within a department or practice of anesthesiology. Within each volume, the reader will find that most chapters can stand-alone. The chapters are written more like review articles on a particular quality topic than a standard text chapter. However, when combined, the reader will find that the chapters complement one another nicely, providing a unique and comprehensive textbook on quality in anesthesia. The text does not assume prior knowledge and the reader will find that most of the chapters offer advice that is good for both those beginning in quality management and highly experienced anesthesiologists with quality leadership skills.

Many departments of anesthesia understand that the purpose of a robust quality management program is to define the parameters of interest, measure them, and create a cycle of perpetual improvement, as outline in Volume 1. However, they may not know where to start. Volume 1 gives step-by-step instructions on how to implement a quality program within a department of anesthesiology. In Chapter 1, Dr. Dutton underscores the great importance of such an endeavor by addressing the question, "Why have a quality management program?" Chapter 2 reviews the concepts of outcome measures and risk adjustment. This chapter provides a brief overview of some of the historic problems with risk adjustment and will help the reader understand some of the common problems with specific outcome measures. The next chapter discusses how clinical errors occur and the potential strategies for minimizing poor outcome. The chapter by Drs. Allyn and Curry is particularly exciting because they describe collecting and using quality data in a private practice setting. Their insight contributes to making this text applicable to many anesthesia practices, not just those in academic medical

centers. The problems they encountered in the private practice setting are similar to those in an academic setting and it is helpful to illustrate their approach to addressing these issues. For example, one anesthesia provider in the group was an outlier in his rates of postoperative nausea and vomiting. Because of the quality review, his practice was adjusted to be more in line with the remainder of the group and his rates improved. Anesthesiologists will find this text useful not only in terms of identifying variation among individuals within their practice but also for thinking of more system issues affecting quality. For example, at one institution, several factors were analyzed to identify those responsible for delaying discharge from the postanesthesia care unit and the top indicator appeared to be lack of transport aids, floor beds, and floor nursing availability. After changes were made, the data demonstrated the effectiveness of the changes. These examples of measureable improvement, as well as others throughout the text, will inspire the reader to think of ways of improving quality in their practice setting. Additional chapters discuss the utility of checklists in the operating room and some recent evidence supporting their use. The final chapter, written by Dr. Schwietzer, is very timely and lays the groundwork for the American Society of Anesthesiologist's Perioperative Surgical Home model. Dr. Schwietzer starts by focusing on providing the correct care for the right patients, rather than simply preventing complications. He discusses the need for expansion of our current areas of expertise with clinical integration. As Dr. Schwietzer explains, the Perioperative Surgical Home model espouses breaking down the silos across the continuum of care and employing an efficient, patient-centric, team-based system of coordinated treatment that guides patients through the entire surgical experience. The goal is to provide cost-effective, high-quality surgical care, and exceptional patient experiences. The key is working together as a team through shared decision-making and seamless continuity of patient treatment.

Volume 1 of *Quality Management in Anesthesiology* is a must read for all practicing anesthesiologists and administrators because it has principles that can be applied at many levels. There is also a second volume with more advanced topics, which will be reviewed separately.

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