

Anesthesia Department Chart Review and Resident Education

EG Pivalizza, SL Luehr, SM Larson, S Wang, J Katz

Dept. Anesthesiology, University of Texas Health Science Center at Houston

Introduction

The chart review process, an integral part of performance improvement (PI) and quality assurance (QA) initiatives, is also a useful tool to assess many of the American Council for Graduate Medical Education (ACGME) competencies (1). We describe our experience utilizing chart review in collaboration with the hospital QA coordinator to accomplish quality assurance (QA) together with resident education and a potential method to evaluate resident performance by competencies.

Discussion

Analysis of performance parameters leads to improved quality of anesthesia care (2), is required by regulatory agencies such as the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) (3), and is useful as an evaluation tool for ACGME competencies. In response to a request for more visible QA (than morbidity and mortality [M and M] case conferences) from our institution, we instituted a regular and formalized chart review session, with additional goals of educating residents for QA initiatives, as well as exploring chart review as a tool for evaluation of a resident's performance in various competencies.

For the past 6 months, we have undertaken formal chart review sessions with a CA-1,2 and 3 resident, the director of resident education, the QA head of the department and the hospital medical staff quality coordinator. Possible cases for review include patient or physician complaints to the hospital QA or risk-management departments, reported cases to any party with an unanticipated outcome and cases gleaned from our internal-department 'red book' – a compilation of self-reported M and M cases.

The preoperative evaluation, intraoperative course, response to events (some unanticipated) and postoperative course are reviewed by the residents with faculty acting as mentors. QA goals require that the reviewers not be blinded to the anesthesia care team so that potential interventions can be recommended if needed. Reviewers are reminded of the inherent bias associated with a retrospective case review so that the spirit of PI and education are maintained.

Possible actions include: *none* (appropriate action taken by the anesthesia providers), *counseling of the anesthesiologist/resident* (when improvements or modifications to personal performance or technique are apparent), *education and discussion at a formal M and M conference* (where performance or management issues were apparently less than expected), *policy or guideline revision* (if factors relevant to the group practice are identified), or *referral* (to department chief or hospital QA committee for deviations from accepted practice).

With regard to education, all resident responses to participation in chart review have been overwhelmingly positive. What has been revealing to many has been the disappointing documentation of intra/postoperative events and responses, even if appropriate action is implied from record review. Having a non-anesthesiologist as part of the review has reminded many that case review in a hospital QA or worse-case scenario, a legal environment, will rely heavily on documentation rather than 'reading-between-the-lines' by an anesthesiologist of a colleague's performance.

Chart review may be a useful tool for evaluation of clinical management plans (*patient care competency*), analysis of own or group practice for improvement (*practice-based learning and improvement competency*) and evaluation of cost-effective anesthesia care (*systems-based practice competency*) and we are in the process of formalizing this as a component of resident assessment.

Conclusion

We describe our recent incorporation of formal chart review sessions to accomplish QA, a needed addition to resident education with implications for ACGME core competency assessments.

References

1. ACGME Competencies: Suggested best methods for evaluation. ACGME/ABMS Joint Initiative Attachment/Toolbox of Assessment Methods (September 2000).
2. Johnstone RE. Using performance and outcomes measures in anesthesiology. ASA newsletter 2003; 67: 11-13.
3. Cohen JA, Philip BK. How to prepare for a joint commission survey. ASA newsletter 2001; 65: 25-29.

Acknowledgements

We gratefully acknowledge the sterling efforts of Jonetha Davidson, our health education coordinator, and the assistance of Lisa Taylor, medical staff quality coordinator at Memorial-Hermann hospital.