



FLORIDA SOCIETY OF ANESTHESIOLOGISTS

NEWS THAT WON'T PUT YOU TO SLEEP



January 2017

Here's What's Up!

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Message from the President



Hello FSA Members,

Happy new year to you all! I hope your holidays were fulfilling and fun. 2017 is going to be a busy year for your Society, and you have to look no further than this newsletter to see that. There are changes to be aware of – a policy shift in the DEA registration renewal process that you need to know about. There is cause for celebration – for the first time in many years, we have an anesthesiologist appointed to the Florida Board of Medicine. Congratulations, Dr. Hector Vila! There are opportunities for you– FSA has new committees and delegate positions that need your time, talents and input. There's interesting cases to hear about – thanks to Dr. Jacqueline Tutiven, first contributor to our IN THE BREAK ROOM series; plus a great article on wrong site procedure prevention from Dr. Leo Rodriguez. And there is work to be done – read the Legislative Update section, valuable information provided by our colleagues at Johnson & Blanton.

And it's only January!

In short, your Society is in **full** swing – I encourage you to get involved.

Steven Gayer, MD MBA
2016-2017 FSA President

Anesthesiologist Appointed to the Florida Board of Medicine

Congratulations to Dr. Hector Vila on his appointment to the Florida Board of Medicine!

Dr. Vila was appointed to the BOM by Governor Rick Scott in October 2016. He is a founding partner of Pediatric Dental Anesthesia Associates, a group of pediatric anesthesiologists serving nearly 150 Pediatric Dental Offices in 6 states. He is past Chair of the American Society of Anesthesiologist's (ASA) Subspecialties Section, ASA's Ambulatory Surgery Committee and member of the ASA Board of Directors. He also served on the Board of Directors and the Executive Committee for the American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF) and was Vice-President of Standards.





He is past president of the South Carolina Society of Anesthesiologists and Past Chairman of the South Carolina Medical Association Taskforce for Office Surgery Guidelines. He was the lead author of the study, *A Comparative Outcomes Analysis of Procedures Performed in Physician Offices and Ambulatory Surgery Centers*, published in the September 2003 Archives of Surgery. Abstracts of this study received ‘best of the meeting’ awards at the International Anesthesia Research Society and the Society for Ambulatory Anesthesia Meetings and the manuscript received national media attention. Dr. Vila has also been a Florida Board of Medicine Office Inspector.

Legislative Update

2016 Election. With the 2016 Election behind us, the leadership of the FSA and Johnson & Blanton are laying the groundwork with the newly elected state House and Senate members. Out of the 40 Senators that serve Florida, half of them are new to the chamber and most of them have experience in the legislative process. Seventeen of them previously served in the House and the other three have never served in an elected capacity. The Florida House has one hundred and twenty members; forty-six of them are newly elected. That being said, more than half of the state House has two years or less experience. This gives us a great opportunity to share FSA’s positions and interests across the state and build new relationships and champions of our issues. To find your legislator, please click [HERE](#).

FSA Legislative updates provided by



Legislative Session. The 2017 Legislative Session is quickly approaching and the new year will kick off with interim committee weeks starting in January. The official 60 session begins on March 7th and is scheduled to conclude on May 5th. There will be several large issues that will be the focus and these include workers compensation, changes to the judicial system and the budget. We track and monitor all legislation that is filed including last minute amendments – we are constantly vigilant to protect our specialty from anything that would reduce patient safety.

Out of Network. Our team is closely monitoring the rule making and implementation of the 2016 legislation that passed relating to the practice of balance billing.

FSA Days. On March 14th, anesthesiologists will be heading to Tallahassee and to the state Capitol to advocate for issues important to FSA. Specifically, we are pursuing a Medicaid rate increase for epidurals, defeating any attempt to expand the scope of practice for CRNAs and monitoring licensure issues relating to anesthesiology assistants.

*Melanie R. Brown, Director of Government Relations
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News from the Florida BOM – Changes in the DEA Registration Renewal Process

Changes in DEA Renewal Process



FLORIDA | Board of Medicine

There has been a significant change in the Drug Enforcement Administration's (DEA) registration renewal process that may have unintended consequences for both health care providers and patients. Starting January 1, 2017, DEA will eliminate the informal grace



period for registrants who failed to file a renewal application on time. The agency will now send only one renewal notice to a registrant's "mail to" address approximately 65 days prior to the expiration date, and no further reminders to renew the DEA registration will be sent.

The announcement also advises that registrants will no longer be able to renew their registration online after the expiration date, and paper renewal applications will not be accepted the day after the expiration date. Failure to file for a new application by midnight Eastern Time of the expiration date will result in the "retirement" of the registrant's DEA number and the registrant will have to apply for a completely new DEA registration. The original DEA registration will not be reinstated.

IN THE BREAK ROOM



Article by Jacqueline Tutiven, MD

Mid-summer this year, I was working a very busy ambulatory surgical day when I approached my patient in the holding room to update the preoperative assessment and prepare him for vitreoretinal surgery. He is a 55-year-old man who had arrived from Honduras 5 days prior with decreased vision in the left eye and a retinal detachment. His surgery was emergent. On physical exam I noticed a mild bilateral conjunctival redness, a rash over the upper chest area and a mild fever of 99.2. Similar manifestations were described by his wife 4 days prior. Upon further inquiry, I suspected he was demonstrating signs and symptoms of Zika disease. I activated calls made to the University of Miami's infection control, Center for Disease Control (CDC) and the local Department of health. The surgeon, the patient and I discussed risks of ophthalmic surgery in the face of a possible active Zika virus infection versus the risk of delaying a detached retina with more vision loss. The patient agreed to be tested for Zika. Serum and urine samples for collected for the CDC Trioplex reverse transcription polymerase chain reaction (ZIKA rRT-PCR) whose results would not return for another several days. Because only 20-25% of individuals infected with Zika virus will be symptomatic, we reminded our colleagues and operating room staff of the daily commitment to maintaining occupational safety practices and observing blood-borne pathogen precautions. This patient lives in a geographic risk "zone" and had an exposure history that placed him at high suspicion for Zika virus disease.

So far this year, the Florida Department of Health(FDH) and the Centers for Disease Control and Prevention(CDC) have confirmed more than 4000 travel-related Zika infections in the U.S. Approximately 750 of those cases are in Miami and the CDC continues to report more than 25,000 cases diagnosed within the U.S. Territories. (CDC, 2016) The infected vector, *Aedes Aegypti* mosquito, spreads the Zika Virus through travel-associated local transmission, The virus is also spread through sexual contact and blood transfusions, leaving devastating degrees of congenital defects to newborns now known as the Congenital Zika Syndrome, through perinatal transmission. in other rare cases, a Guillain-Barre syndrome has appeared during or soon after the infection. (CDC, 2016) (World Health Organization, 2016) (CDC, 2016) Because South Florida is as an international hub, with its' long warm weather and abundance of vectors, small sections of Miami has positioned itself as "hot zones" and this has launched concerted federal efforts to avoid it from having Zika become autochthonous to the area.

Anesthesiologists are part of the frontline in promoting occupational safety and perioperative awareness to universal precautions during patient care. As of this briefing, The CDC has not reported any case of a confirmed ZIKV transmission in perioperative settings in the United States; but all personnel should



adhere to universal precautions and OSHA blood-borne pathogen standards. Exposure-control protocols should be in place to help guide for immediate treatment, reporting requirements and post-exposure follow ups.

Today, efforts are on way in developing a vaccine. the NIH has begun an early stage clinical trials study of a Zika Virus Investigational DNA Vaccine. This synthetic DNA vaccine launched a formidable antigen-antibody and T cell response in the animal models against the Zika Virus and ameliorated its' affects. This protective immune response is now being studied in the first human clinical trials being conducted in Miami, Philadelphia, Puerto Rico and Quebec City. (Institute, 2016) (David B Weiner et al. , 2016)

While other major vaccine developers are using inactivated Zika Virus to demonstrated a protection against the degeneration of the cerebral cortex and hippocampal areas of the brain in preclinical studies of infected animal models.

My patient underwent vitreoretinal surgery uneventfully. ZIKAV infection was diagnosed by a positive rRT-PCR test and results were positive in one out of two primer sets from a sample of subretinal fluid.

I'd like to remind all providers that Zika virus disease is a notifiable disease. Whenever you have a suspected case, it must be reported to your hospital's Infection Control department and your county health department.

*Jacqueline Tutiven, MD, Assist. Professor Anesthesiology
U Miami Miller School of Medicine/JMH, Division of Pediatric Anesthesia / Dir. Pediatric Anesthesia Fellowship*

Prevention of Wrong Site Procedures

Article by Leo Rodriguez, MD FAAP

Despite the abundance of Preoperative Checklists, use of cognitive aids, educational programs, we still have a significant amount of wrong site procedures performed on patients every year. ¹

Wrong site procedures are not only, performed by Surgeons in the operating room, but they can also be done by Anesthesiologists when performing a Nerve Block or a Pain Block on the wrong site.



Some cases that I have heard in the past few years have been for example:

- Wrong site eye block (patient having left eye surgery, had a right eye peri-bulbar block) or
- Poor Communication between Providers (Hand-Off) ³: For example, Patient having right ankle surgery, had the time-out done supine by one provider, then the position was changed to prone; provider asked another provider to perform the block on the left side and it was done without repeating the time out (two sequential errors)..

Unlike wrong site procedures, most wrong site blocks cause no direct harm to the patient, there is no end organ damage (in general) when compared to, for example, performing a wrong site hip surgery, and some people ask, what is the big deal, nothing happened... but, wrong site blocks are evidence of lack of attention to detail and may lead to a wrong site surgery. ²

How can we prevent Wrong Site Procedures?

The Florida Society of Anesthesiologists has the goal of preventing every wrong site procedures.

As leaders of patient safety in Healthcare and especially in the Perioperative Suites, Anesthesiologists can take simple steps that will prevent wrong site procedures. The most important principle is that Preventing Wrong Site Procedures is a Team Effort that involves Clinical and Non-Clinical personnel, including the Surgeon, Anesthesiologist, Nurses, and Schedulers.

The Florida Board of Medicine's Surgical Care/Quality Assurance Committee, Rule 64B8-9.007, Florida Administrative Code – Standards of Practice, mandates a "PAUSE", prior to beginning a surgery or procedure to ensure it is being performed on the right patient on the correct site and laterality, after the informed consent has been signed and verified, in an effort to reduce the number of adverse events.⁵

Step 1: When a procedure is scheduled, a site must be clearly identified when it involved laterality.

Example: if a Surgeon's office faxes a booking sheet to the scheduling office for a Shoulder Arthroscopy, this should be immediately rejected; the Surgeon must book a Left or Right Shoulder Arthroscopy.

Step 2: Identify the patient correctly using the identifiers. Using two or more of the following corroborating patient identifiers shall make confirmation of the patient's identity:

1. Full Name.
2. Date of Birth.
3. Telephone number.
4. Assigned identification number.
5. Social security number.
6. Address.
7. Photograph.

The most common identifiers are the PATIENT FULL NAME and the DATE OF BIRTH. Every time a new member of staff gets involved in any procedure, they should conduct a patient identification. Most adverse events occur due to poor hand-offs, and thus each member of a surgical team must take this step to prevent problems.

Step 3: Involve the patient or Legal Guardian. After introducing ourselves to the patient during the Pre-Operative Evaluation, we verify the procedure and laterality the patient is having. We should hand a marker to the patient and ask them to mark the surgical site. At this point, we verify that the scheduled procedure coincides too with the location marked by the patient (as long as the patient is a coherent and oriented adult).

Step 4: Patient should be marked by the Anesthesiologist to perform the block with his/her initials. At this point, the Operating Room Circulating Nurse, that will participate in the procedure should introduce him/herself to the patient and verify the procedure site, laterality, and marking. This step, adds a layer of safety.



Step 5: Always keep the areas marked uncovered and in direct sight. Some individuals make the mistake of marking the patient, then prepping and draping on top of the markings. Instead, you should widen the prep area and expand the area, this allows you to see better your markings and better visualization of the patient's anatomy.

Step 6: Speak up and speak loud and clearly while doing the time-out. Once team members have identified themselves and verified the patient's identity (Full Name and Date of Birth) while one person reads the Surgical Consent and the other reads the armband. If at any point, there is recognition of a mistake (wrong site, wrong side, etc.) the entire process should stop until it can be resolved. No member of the team at this point should be changed. The rule also states that, if at any time after the pause is completed, but before the procedure is initiated, if the physician(s) leave(s) the room where the procedure is being performed, upon his or her return, the pause set forth in subsection (b) must be performed again. I recommend that if any person has to be replaced (including the Nurses), the entire process should be repeated to avoid mistakes. All team members are responsible for the patient. ⁴

In Florida, by law, if an Adverse Incident occurs (this includes a wrong site procedure), it must be reported to the Department of Health within 15 days. ⁶

During the FSA 2017 Annual Meeting will be dedicated to patient safety in the perioperative home. We will have a lecture and panel about the prevention of wrong site procedures / blocks and the consequences / penalties for the physician(s) involved. FSA Annual Meeting 2017: "Enhanced Recovery in the Surgical Home, a Pathway Towards Patient Safety". June 9-11, 2017. The Breakers Resort & Spa, Palm Beach, FL <http://www.fsaHQ.org/meeting/>

References:

- (1) <http://www.wptv.com/longform/florida-keeps-public-in-the-dark-about-serious-medical-mistakes>
- (2) Pease, S, Wrong Site Anesthesia? FSA Today 54 (1) Winter-Spring 2011.
- (3) Sansone-Lauber Trial Lawyers. Poor Communication among Healthcare Providers is a leading cause of preventable injuries. March 5, 2014. <http://www.missourilawyers.com/poor-communication-among-healthcare-providers-leading-cause-preventable-injuries/>
- (4) Starmer A. et al, Rates of Medical Errors and Preventable Adverse Events Among Hospitalized Children Following Implementation of a Resident Handoff Bundle. *JAMA*. 2013;310(21):2262-2270.
- (5) The Florida Board of Medicine's Surgical Care/Quality Assurance Committee Rule 64B8-9.007, Florida Administrative Code – Standards of Practice: reduce the number of wrong patient, wrong site and/or wrong procedure disciplinary cases. <http://flboardofmedicine.gov/latest-news/take-a-pause/>
- (6) How do I report an Adverse Incident? <http://flboardofmedicine.gov/help-center/how-do-i-report-an-adverse-incident/>

*Leopoldo Rodriguez MD FAAP / Medical Director, Surgery Center of Aventura
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Residents' Corner

Congratulations to Austin Pulliam, recipient of the FSA's ASA Practice Management 2017 Travel Scholarship! The Travel Scholarship is awarded annually to a Florida anesthesiology resident, and is a \$1,000 stipend to be used towards registration, travel and lodging for the ASA Practice Management 2017 meeting, held this year at the Gaylord Texan Resort in Grapevine, Texas.



Austin Pulliam is a CA-3 Anesthesiology chief resident at the University of Florida College of Medicine in Jacksonville, Florida. After graduating from The University of Texas, Dallas, in 2006, Austin spent time working as an anesthesiology technician until matriculation to medical school in 2009. Austin graduated from Saint George's University School of Medicine in 2013 and has been in Jacksonville for residency training since, including completion of surgery internship. As an anesthesiology resident, Austin has:

- presented case reports at ASA, FSA, DCMS (Duval County Medical Society)
- been involved in IRB approved research
- written a chapter on anesthesia for open abdominal aortic surgery that was published in International Anesthesiology Clinics in 2016
- been awarded the best resident QI/research project of the year.

After completion of his residency in June 2017, Austin will be going to the Henry Ford Health System in Detroit Michigan for Cardiothoracic anesthesia fellowship training. Dr. Pulliam's professional interests include patient safety and quality improvement, transesophageal echocardiography, international medicine, and the expanding role of the anesthesiologist outside of the operating arena.

FSA – Lots to do, and There's Something For YOU

With the new year comes several new opportunities to get involved with your Society. Recently several FSA committees have reconvened, including Legislative Affairs, Professional Diversity, Residents, Pain Medicine and Communications. In addition, FSA is also looking for volunteers for:

Office-Based Surgery Committee –This committee monitors office safety and standards for surgery and anesthesia performed in physician offices, and, with board approval, make recommendations to regulatory authorities regarding office safety and standards of patient care and assist regulatory agencies in data collection and interpretation for office surgery and anesthesia.

Obstetrics Committee – A new committee, looking at standards of safety as well as issues and interests unique to the pregnant patient and the newborn.

FMA Delegates – In 2017 the FSA will be able to increase our number of delegates to the Florida Medical Association; currently we have 5 delegates, and this year that number will increase to 11. Delegates attend the annual FMA meeting and stay informed of FMA news, activities and initiatives. FMA Delegates and Alternates are elected during the Business Meeting at the FSA Annual meeting in June, and the 2017 FMA meeting will take place August 4-6, 2017 at the Loews Sapphire Falls Resort in Orlando.

If you are interested in serving on an FSA Committee or as an FMA Delegate, email the [FSA Administrative Office](#) to self-nominate.