

## **Update on the Anesthesia Quality Institute**

The Anesthesia Quality Institute (AQI) was founded in 2009 by ASA to be the profession's voice for quality management. To accomplish this, AQI is developing the National Anesthesia Clinical Outcomes Registry (NACOR), now in its second year of operation. As of December 1, 2010, NACOR contained data from 34 anesthesia practices, representing 24 states, 1800 anesthesia providers, and 170 facilities. Case-specific data is available from 21 practices, and will include more than 500,000 cases for 2010.

Participation in NACOR is open to any anesthesia practice in the United States, regardless of their current use of information technology. The cost of participation is minimal, and is sharply discounted for ASA members. NACOR works by capturing reports from existing digital systems, including billing software, anesthesia information management systems, quality management programs and hospital information technology. The AQI works closely with both the practice and their software vendors to generate a flow of data that will not interfere with the daily activities of busy practitioners. All anesthesiologists are going to feel increasing pressure to examine and improve their outcomes. The AQI is committed to easing this process, so that clinicians can concentrate on what they do best.

Practices participating in NACOR receive quarterly benchmarking reports from the AQI. These begin with simple 'snapshot' looks at important practice metrics: number of cases done, distribution of services, duration of cases, and the like. Each metric is presented in the context of national benchmarks, so the practice can compare their performance with their peers. This is done at both the practice and the facility level, so the group can understand, for example, how the average duration of a cataract extraction at their Surgicenter compares with similar groups and locations nationwide. In 2011 the practice will be able to interact directly with the AQI report server, to directly examine their data 'cube' for the variables of greatest interest. This will include the ability to examine outcomes – like the rate of nausea and vomiting after ambulatory surgery – at both the group and the individual provider level. We believe this kind of private, confidential reporting of local data and national benchmarks will give the practice a powerful tool to improve patient outcomes and business efficiency.

Aggregated data from NACOR, de-identified as to location, practice and providers, will be reported to ASA leadership on a regular basis, to provide objective information for advocacy with payors and regulators. De-identified data from NACOR will be available for academics, and will be especially useful in support of 'comparative effectiveness' projects that seek to examine outcomes from real-world clinical practice. In addition to supporting these efforts, the AQI plans two new ventures in 2011: establishment of pain management data entry software that supports long-term monitoring of patient outcomes, and creation of a nationwide mechanism for reporting 'near-misses:' the Anesthesia Incident Reporting System (AIRS). AIRS will be a secure system to capture detailed information on the cases of greatest interest, and allow for ground level analysis to complement the top-down approach of NACOR.

AQI is constantly building on the data we already have by signing on new participants. Please visit our Web site at [www.aqihq.org](http://www.aqihq.org) to learn more about participation or send any questions to [askaqi@asahq.org](mailto:askaqi@asahq.org).

The NACOR initiative will help ASA to secure our profession's well-deserved reputation as the leader in patient safety.