

Kentucky Society of Anesthesiologists News

January 2015



Kentucky Society of Anesthesiologists

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KSA Annual Spring Meeting

The Kentucky Society of Anesthesiologists invites all members to attend the 2015 Annual Spring Meeting at the METS Center on the campus of Northern Kentucky University on March 28, 2015.

WE NEED YOU!

Your involvement is critical to the success of the KSA. It is a great way to stay in touch with the legislative and clinical issues at the state and federal level. In addition, it serves as a direct and indirect conduit to the ASA.

There are many simple and rewarding ways to become more involved with the KSA.

The first, and easiest, is to simply attend the annual spring meeting. It is an excellent educational program and a fantastic opportunity to network with colleagues and peers from across the state. For the upcoming meeting in March 2015, the educational theme is the Perioperative Surgical Home. The program committee has really pushed the local and national speakers to describe how this important concept can be implemented in hospitals across Kentucky.

The second is to join one of the committees. There are 5 standing committees (executive committee, program committee, governmental affairs committee, communications committee, and nomination committee) and 1 ad hoc committee (anesthesia information management (AIM) committee). These committees generally meet only several times per year, and generally via conference call. The KSA executive committee relies heavily on the input from the various committees to keep its various functions moving forward.

The third is to become one of the several officers and representatives for the society. Elections for the KSA officers and for the KSA representatives to the ASA are held at the annual KSA meeting.

The KSA is administratively governed by the executive committee and the 6 districts representatives. Together, these form the KSA Board of Directors. The board of directors meets together before the spring meeting to discuss the goals and objectives of the KSA for the upcoming year. These goals and objectives are then discussed with the membership the following day at the spring meeting.

Your current officers:

Office	Name	Term Expires
President (2 Year Term)	Kevin Hatton	Fall 2015
President-Elect (2 Year Term)	Masroor Alam	Fall 2015
Secretary/Treasurer (2 Year Term)	Michael Harned	Fall 2015
Assistant Secretary/Treasurer (2 Year Term)	Jeremy Dority	Fall 2015
District Director (3 Year Term)	Anjum Bux	Fall 2015
Alternate District Director (3 Year Term)	Heidi Koenig	Fall 2015
ASA Delegates (3 Year Term)	Daniel Lopez Masroor Alam Zaki Hassan Kevin Hatton	Fall 2015 Fall 2016 Fall 2016 Fall 2017
ASA Alternate Delegate (1 Year Term)	Regina Fragneto Dan Branon	Fall 2014 Fall 2014

At the national level, the KSA is represented in the ASA House of Delegates by the District Director, the Assistant Director, four Delegates and two Alternate Delegates. The delegates are elected for three years. The term for Alternate Delegate is one year.

As you can see, there are many opportunities to increase your involvement in the KSA ... and those opportunities start today!

If you have an interest in increasing your involvement in the KSA, please contact one of the members of the Nomination Committee. This committee is currently chaired by [Dr. Masroor Alam](#). Other members include Drs. [Anjum Bux](#) and [Michael Harned](#).

It's your involvement that makes the KSA strong.

Masroor Alam, MD

President-Elect

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Case Report

Successful Management of Autonomic Dysreflexia in the Gravid Quadriplegic

Authors: Lauren Hodgson, DO; Brandon Gish, MD; Luke Bennett, MD; Lori Kral Barton, MD and Regina Fragneto, MD
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Introduction

The quadriplegic parturient may present with multisystem dysfunction and poses unique challenges in the peripartum period. We describe a unique case of a gravid C6 quadriplegic female who developed symptoms of autonomic dysreflexia (AD) following the onset of early spontaneous labor. Most commonly, epidural anesthesia has been employed to interrupt the reflex arc. In this case, neuraxial analgesia was complicated by anticoagulation for acute deep vein thrombosis (DVT).

Case Description

A thirty-two year old C6 quadriplegic female, gravida 3 para 1 presented at 33 4/7 weeks with multidrug resistant urinary tract infection. Her past medical history was significant for preeclampsia during a pregnancy prior to neurological accident. During admission, the patient was diagnosed with acute right lower extremity DVT. Heparin infusion was started. Over the next 24 hours, the patient developed severe hypertension with cervical changes. The patient desired vaginal

delivery. Given concern for AD, an epidural was planned. The heparin infusion was held. In the interim, intravenous (IV) labetalol was administered with good response. Activated prothrombin time (aPTT) was less than 40 seconds within six hours of the first severe range blood pressure. An epidural catheter was then inserted in left lateral decubitus position via loss of resistance technique. Epidural dosing was titrated to blood pressure effect. Several hours later, the fetus was delivered via spontaneous vaginal delivery. After the establishment of epidural analgesia, patient had no further episodes of hypertension during labor or in the following several hours. Therapeutic low molecular weight heparin was started two hours following removal of epidural catheter. The patient was discharged home on postpartum day four.

Discussion

In a case series review of 7 pregnancies in 5 women with spinal cord injuries in the region of C6, all developed episodes of AD during pregnancy.¹

When using epidural or spinal anesthesia as prophylaxis or treatment, assessment of sensory level is difficult. Several techniques have been proposed including successful confirmation of placement with an epidural nerve stimulator.² In this case, a decrease in blood pressure was used to assess adequacy. Additionally, a challenge which appears more often in the obstetric population is the need for neuraxial analgesia in a patient receiving anticoagulation for acute DVT. ASRA recommends holding IV heparin 4-6 hours before anticipated delivery.³ In this case, aPTT was used per institutional guidelines developed by the anticoagulation service.

References

1. Skowronski E, et al. Aust N Z J Obstet Gynaecol. 2008 Oct;48 (5):485-91.
2. Riazi S, et al. Can J Anaesth. 2010 Mar;57(3):276-7.
3. Horlocker TT, et al. Reg Anesth Pain Med. 2010 Jan-Feb;35 (1):64-101.

To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA's [When Seconds Count™ website](#). © 2014 American Society of Anesthesiologists

ASA Members Elected to State Office

Election Day 2014 was an especially important day for several ASA members who took advocacy one step further and ran for state office. The following ASA members ran for state office in the general election:

- ASA Member Timothy Melson, MD, defeated his Democratic opponent Mike Curtis for Alabama State Senate District 1, which includes parts of Limestone, Lauderdale, and Madison counties. Dr. Melson is the first physician anesthesiologist elected to the Alabama State Senate. ASAPAC supported Dr. Melson.
- ASA Member and Past President of the Maryland Society of Anesthesiologists, Tim Robinson, MD, ran against incumbent Democratic opponent Jim Brochin for Maryland State Senate District 42. District 42 covers part of Baltimore County. Dr. Robinson ran a very close race but ultimately Senator Brochin won the election. ASAPAC supported Dr. Robinson.
- ASA Member Charles D. London, MD, contended for a seat in New Hampshire's State House of Repre-

sentatives District 19. His opponents were Republican incumbent Patrick Abrami, Everett Lamm (D), and Joanne Ward (R). Unfortunately, Dr. London was not successful.

- ASA Member Ervin Yen, MD, defeated his Democratic opponent John Handy Edwards for Oklahoma's District 40 Senate seat, which covers Oklahoma City. Dr. Yen is the first physician anesthesiologist elected to the Oklahoma State Senate.
- ASA Member Bryan Terry, MD, defeated his Democratic opponent, Bill Campbell for District 48 of Tennessee's House of Representatives, which covers part of Rutherford County. This makes Dr. Terry Tennessee's second physician anesthesiologist lawmaker, joining Steve Dickerson, MD, former president of the Tennessee Society of Anesthesiologists, who was elected to the Tennessee Senate in 2012. Dr. Dickerson serves Tennessee's 20th District.
- Former President of ASA, John Zerwas, MD, was successful in his campaign to return for a fifth term as state representative for the 28th

District of Texas. Dr. Zerwas (R) ran unopposed in the general election. ASAPAC supported Dr. Zerwas.

- ASA Member Bill Roberts, MD, was in a tight five-way race for Vermont's two Franklin County State Senate seats. Dr. Roberts faced off against Republican incumbent Norm McAllister, former State House member Dustin Degree (R), former State Senator Sara Kittell (D), and Michael Malone (I). Unfortunately, Dr. Roberts was not successful.

In December, Alex Choi, MD, M.P.H., President-Elect of the Indiana Society of Anesthesiologists, ran to fill the seat of Representative Steven Braun (R-24) who resigned his seat to join Governor Mike Pence's administration. The Republican caucus responsible for choosing Representative Braun's successor ultimately chose former Hamilton County Republican Party secretary, Donna Schaibley.

Please note, as a Federal PAC, ASAPAC may only support candidates in states that make specific provision for candidates to accept Federal PAC contributions.

Updates

Federal Legislative Update

- [Government Funding Bill Includes ASA-Supported Language Addressing the Proposed VA Nursing Handbook](#)
- [Impact of House-Passed Government Funding Bill on ASA Members](#)
- [House-Passed Bill for Disabled Could Alter Medicare Physician Fee Schedule](#)
- [ASAPAC Elections Analysis](#)
- [ASA Co-Hosts National Journal "Day After" Election Wrap-Up Conference 11/5](#)

Federal Regulatory Update

- [ASA Congratulates Padma Gulur, MD on Appointment to FDA Pharmacy Compounding Advisory Committee](#)
- [ASA Supports Further Clarity on NQF Measure Endorsement Process](#)
- [ASA, with the Society for Pediatric Anesthesia, Sends Formal Letter to FDA on Potential Toxicity of Anesthetics and Sedation Drugs in the Pediatric Population](#)
- [ASA Sends Multisociety Comment Letter to FDA on Safety and Effectiveness of Epidural Steroid Injections](#)
- [FDA Advisory Committee Recommends Contraindication for Transforaminal Cervical Injections with Particulate Steroids](#)

Updates (continued)

Public Relations Update

- [Statement on CMS Report Regarding Joan Rivers' Death and Overall Anesthesiology Safety](#)
- [New - Ebola Information and Resources from ASA](#)
- [Reported Opioid Abuse in Pregnant Women More Than Doubles in 14 years](#)

Payment and Practice Management Update

- [2015 Relative Value Guide and CROSSWALK Coding Resources are now Available!](#)
- [2015 Locale Specific Medicare Anesthesia Conversion Factors](#)
- [CMS Announces Next Opportunity for ICD-10 Testing](#)

- [OIG Posts 2015 Work Plan](#)
- [CMS Tools and Guidance on ICD-10-CM Transition](#)
- [2015 Physician Fee Schedule Final Rule Issued; Important News About Anesthesia for Colonoscopy, Pain and PQRS](#)
- [New ASA Payment and Practice Management Articles](#)
 - [ASC X12: Electronic Health Data Interchange Standards \(December 2014\)](#)
 - [ICD-10-CM Mapping Guide \(December 2014\)](#)
 - [CAC 101 \(November 2014\)](#)
 - [The ABC's of ABN \(November 2014\)](#)
 - [Exchange 101 \(November 2014\)](#)

Data Powers Performance: AQI Asks How Are You Utilizing Your Data?

Quality Improvement is at the forefront of anesthesia today. Are you measuring your performance at your practice? By participating through the Anesthesia Quality Institute (AQI), practices are able to utilize their data and improve their performance. Through the Centers for Medicaid and Medicare Service (CMS) Physician Quality Reporting System (PQRS) reporting regulations, requirements for reporting your performance are increasing and are mandatory to keep your practice from receiving a negative payment adjustment in the future. Starting in 2015, practices will begin taking a negative payment adjustment for not properly reporting. This payment adjustment will affect the payment a practice will receive in 2017. To PQRS report via a Qualified Clinical Data Registry (QCDR), physician anesthesiologists are required to report on 9 measures including 2 outcomes measures for 2015. The AQI is a designated QCDR and is working with ASA to provide this service to eligible anesthesia professionals. For questions about this service please contact the [ASA](#)

[QCDR team](#).

The AQI is committed to the continuous improvement in the quality of care in anesthesia and is consistently improving and creating services for this purpose. Through the use of AQI's various quality improvement resources, AQI helps to assist practices in the patient's quality of care, the lowering of anesthesia mortality rates as well as other unusual events. This year AQI has been working through many new quality improvement initiatives.

The AQI has recently released a [new quality capture application](#) as a method for users of an anesthesia information management system to record patient outcomes easily and securely. By using this feature in your software, providers can access AQI's application and enter the few relevant data points that are requested. Upon completion of the form, a flag is sent back to your system indicating that the form was completed.

This year the AQI and the Anesthesia Patient Safety Foundation (APSF) have collaborated in a new career develop-

ment and research award available for the 2015-2016 academic school year. The award will include exposure to a mega-data environment (e.g., the National Anesthesia Clinical Outcomes Registry, the Anesthesia Incident Reporting System, and the Closed Claims Project database) and mentorship through a patient safety-oriented, hypothesis-driven research project using the resources of both the AQI and APSF.

A major objective of the award is to develop future anesthesia patient safety leaders who will attain experience in using demographic, practice, and outcome information representative of anesthesia care in the United States. The ideal research project associated with the award will result in a positive impact on perioperative patient safety and enduring improvements to the infrastructure or the analytic capabilities of the AQI. For more information on this award please visit the [AQI/APSF award page](#).

For more information on AQI go to [www.aqihq.com](#) or contact AQI's Communications Associate [Ashley Kieta](#).

Future Issues

Any KSA members with topics of interest for future newsletters are welcome to contact the Chair of the KSA Committee on Communications, Jeremy Dority, MD at (859) 218-0061 or eahesl2@uky.edu