ASA Director’s Report

Not the Usual
ASA Annual Meeting

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The third week of October in San Diego can usually be expected to display the magnificence of sunny southern California weather that causes envy elsewhere in the nation, where temperatures begin to chill and storm fronts threaten. This year, instead of balmy Santa Ana winds, the shroud covering Mission Bay and Coronado Island looked more appropriate for Seattle, and even brought out the umbrellas at times. However, during a week in which those attending the American Society of Anesthesiologists Annual Meeting experienced much that was unexpected and different, the weather was perhaps the only disappointment.

This was the first year in its history that the meeting required a registration fee from ASA members. By all accounts, this did not dampen attendance, which was tallied at 7,519 ASA members. It did mean separate tickets were not required for refresher course lectures and panels, providing attendees great flexibility to “shop” the wide array of educational offerings.

A pair of opening-day innovations was also designed to set this meeting apart and add something special. First, an Official Opening by ASA President Alex Hannenberg, highlighting the new multifaceted dynamism of ASA, was followed by a spellbinding talk by Jeff Skiles, co-pilot of US Airways flight 1549, “the Miracle on the Hudson.” This plane’s encounter on January 15, 2009, with a flock of geese and subsequent emergency landing on the near-frozen river consumed only five minutes, yet melded together, inexorably, the lifetime experience of each person aboard. His candid story of “just another day” was an amazing testament to the essence of professionalism, and the importance of thoroughly refined training to ensure public safety in a hazardous world. The obvious parallels to the practice of anesthesiology were given a spectacular staging. Days later, this same theme would be replayed from another perspective in the Rovenstine Lecture by Dr. Kevin Tremper.

The second special event of opening day was an open house at Petco Park, home of the San Diego Padres baseball team, where we enjoyed a free cookout and walkabout. It was a unique, close-up look from outfield to infield and even the dugouts and locker room!
The House of Delegates (HOD) met as usual, in sessions on Sunday and Wednesday mornings, and acted on a number of items of importance, in addition to electing officers for the coming year. No contested elections took place, incumbents were retained and the expected ascendancies occurred. The HOD approved an additional refinement of the ASA Standards for Basic Anesthesia Monitoring, that monitoring for the presence of exhaled carbon dioxide is required for moderate or deep sedation “unless precluded or invalidated by the nature of the patient, procedure or equipment.” This standard will take effect July 1, 2011, in order to allow clinical practices to prepare for it. (See pages 40–46 for more information on this newly added standard.)

A Practice Guideline for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration (healthy patients/elective surgery), and Practice Advisories for Perioperative Management of Patients with Cardiac Implantable Electronic Devices and Prevention of Perioperative Peripheral Neuropathies were passed. A proposed Practice Guideline for Central Venous Access received significant debate, mainly surrounding a mandate for the use of ultrasound, and was eventually rejected; however, it is expected that refinements will allow for passage by the next HOD.

A significant suggested change to the existing Physician Quality Reporting System anesthesia quality measure for maintenance of normothermia will make this purely an outcome measure and remove the performance component that allows credit for efforts made to warm patients intra-operatively. Exclusions for patients with trauma and other emergency conditions, pre-existing hypothermia, cardiopulmonary bypass, and deliberate hypothermia will be submitted to the AMA Physician Consortium for Performance Improvement (PCPI) and National Quality Forum (NQF) for endorsement. In addition, a new Anesthesia Quality Measure concerning multimodal therapy for the prevention of PONV in patients at high risk will be submitted to PCPI and NQF and probably added to our ever-growing reporting requirements, so look for this on an anesthesia record in your neighborhood soon!

Another potentially big change to our clinical practices may come from the HOD approval to adopt as ASA policy the recently promoted recommendations from the Centers for Disease Control and Joint Commission that syringes and needles, in any setting (including anesthesia administration), be disposed of after every single use and that re-accessing of a medication container, even for the same patient, be prohibited.

The HOD finally approved the Statement on Granting Privileges for Deep Sedation to Non-Anesthesiologist Sedation Practitioners, which has had a long and twisted history.
with significant nurturing and promotion by leaders from the CSA. The CSA has in turn moved to retire our own Guideline on the subject in favor of this ASA document. (See pages 72–75 for more information on this important Statement.)

In non-clinical matters, a proposal to develop an ASA Health Policy Research Institute, for the purpose of studying and making recommendations relating to the “anesthesia profession” and workforce issues, was referred to a committee of the president’s choice. The idea behind this proposed institute is for the ASA to develop meaningful analysis, valid research, and robust practical strategies to influence public policy, advance our profession, and counter “junk science” propaganda.

Furthermore, a major multiyear effort to deal with the inadequate physical plant of our growing organization and meet its future needs is underway, starting with the purchase several years ago of property adjacent to the ASA Park Ridge, Illinois, headquarters. The ad hoc committee assigned to this issue presented many options to the HOD for debate, including various potential uses of the existing property and structure, as well as possible relocation sites for the ASA headquarters. In all probability, a new location will emerge over the next year or two, and the existing property will find its best use as a disposable asset.

The October 2011 annual meeting of the ASA, to be held in Chicago, promises to carry on the tradition of “best-ever” meeting. The prizewinning author, journalist and surgeon Atul Gawande is scheduled to be the keynote speaker. His observations and insights on state of medicine in America will surely be compelling. I hope you are fortunate enough to be in the audience.

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HOLD THESE DATES!
CSA Annual Meeting and Clinical Anesthesia Update
May 13-15, 2011
At the Fairmont San Jose in downtown San Jose

Topics include:
- Management of Massive Hemorrhage in Obstetrics
- Joint Commission and CMS—Medication Management and Other Compliance Challenges
- Adult Congenital Heart Disease: Meeting the Challenge
- Trauma Anesthesia Update
- Videolaryngoscopy: Should It Replace Direct Laryngoscopy?
- Common Infant Emergencies and Problems: What Do I Need to Know?

Learn more and register at www.csahq.org or see pages 47-50.