Quality and Outcomes
Marriott Rivercenter, San Antonio, Texas
October 7th- 10th, 2015
AmSECT Standards and Guidelines for Perfusion Practice

AmSECT Quality and Outcomes
October 3, 2014
Outline of Presentation

• Adoption of existing Standards and Guidelines
• Updates to existing Standards and Guidelines
• Define new Standards and Guidelines
Are you aware that AMSECT has Standards and Guidelines for Perfusion Practice?

A. Yes
B. No
American Society of ExtraCorporeal Technology
Standards and Guidelines
For Perfusion Practice

Standard 1: Development of Institutionally-based Protocols
Standard 2: Qualification, Competency and Support Staff
Standard 3: Perfusion Record
Standard 4: Checklist
Standard 5: Communication
Standard 6: Safety Devices
Standard 7: Monitoring
Standard 8: Anticoagulation
Standard 9: Blood Management
Standard 10: Gas Exchange
Standard 11: Blood Flow
Standard 12: Blood Pressure
Standard 13: Quality Improvement
Standard 14: Maintenance
Standard 15: Duty Hours

What portion of the S & G’s have you been able to adopt?

A. 80-100%
B. 60-79%
C. 40-59%
D. 20-39%
E. <20%
The S&G’s have been helpful in improving my practice

A. Strongly Agree
B. Agree
C. Neutral
D. Disagree
E. Strongly Disagree
Goal statement

• The goal of this project was to review and update AmSECT's current Standards and Guidelines for Perfusion Practice.
Process

- Reviewed feedback from 2013 S&G revision
- Looked for omissions / areas not covered
- Reviewed evidence base
- Drafted/revised new Standards and Guidelines
Evidence Base

• Regulatory basis
  – American Association of Blood Banks
  – College of American Pathologists - C/G/T/H/L
  – Joint Commission – HAP/HCCS/L
  – NIAHO

  – John B Bennett
    • Director Compliance and Regulatory Affairs
    • Specialty Care
Guideline Standard 2.5:

- A standardized process to educate, train, and annually evaluate perfusion staff shall be developed and followed.
<table>
<thead>
<tr>
<th><strong>Definitions and Word Use</strong></th>
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<tbody>
<tr>
<td><strong>Standard</strong></td>
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<td><strong>Guideline</strong></td>
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<td><strong>Protocol</strong></td>
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<td><strong>Shall</strong></td>
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<td><strong>Should</strong></td>
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<td><strong>Surgical care team</strong></td>
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Standard 5: Communication

Guideline 5.4:

• The primary perfusionist should use a standard handoff protocol (e.g. SBAR) when transitioning the management of the case to a relief perfusionist.
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Omission
Standard 16: Level of Readiness

• **Standard 16.1:** Procedures not requiring cardiopulmonary bypass (CPB), but at risk for conversion to CPB, shall have a specified process for transition to CPB.

• **Standard 16.2:** One perfusionist shall be assigned for each procedure.

• **Standard 16.3:** A heart-lung machine consisting of a sterile extracorporeal set-up and ancillary equipment (Ref: Appendix B) shall be readily available for the procedure.
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• **Standard 16.3:** A heart-lung machine consisting of a sterile extracorporeal set-up and ancillary equipment (Ref: Appendix B) shall be readily available for the procedure.
Standard 16: Level of Readiness

• **Guideline 16.1:** The level of readiness for utilizing CPB during a surgical procedure should be determined through consultation with the attending surgeon.
Standard 17: Staffing and On-Call

Standard 17.1:
• The “n+1” staffing model shall be utilized at all times, where “n” equals the number of operating rooms in use at any given time at a single site.

The minimum safe number of perfusion staff: defined as N + 1, where N equals the number of operating rooms in use at any given time at a single site. (Ref: UK Code of Practice www.scps.org.uk/index.php?) If three operating rooms are concurrently in use then the minimum safe number of clinical perfusionists available to cover this level of activity is deemed to be four. Non-qualified staff members (e.g. students or staff in the midst of orientation or training) must not be included in calculating the minimum safe number of staff.

AmSECT recognizes that individual states may have staffing criteria for Perfusionists. These laws supersede this standard.
Standard 17: Staffing and On-Call

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AmSECT recognizes that individual states may have staffing criteria for Perfusionists. These laws supersede this standard.
Standard 17: Staffing and On-Call

Standard 17.2:

• The perfusionist shall be clinically available for all unscheduled and emergency CPB procedures in less than 60 minutes.
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• **Guideline 17.1:** In larger volume centers, modifications to the N+1 rule to increase the number of available backup perfusionists should be considered by the surgical leadership.
Standard 18: Protamine & Pump Suckers

**Standard 18.1:** Cardiotomy suction shall be discontinued at the onset of protamine administration to avoid clotting within the CPB circuit.
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Welcome to AmSECT Standards and Guidelines

Instructor: Jeff Riley, President AmSECT and Rob Baker, Chair Best Practice Committee

The 2013 AmSECT Standards and Guidelines have been accepted by the Society. There is much to be learned from the adoption of the S&G's. This course is composed of 15 sections, one for each of the Perfusion Standards. The full text of the Standard is described in the page section of each Standard. A discussion section follows each description.

The course is designed to capture members testimonials regarding the adaptation of the Standards as they are applied to clinical practice. Members can also suggest future changes, additions or deletions to the 2013 Standards and Guidelines. This information will be used to improve the next version of the Standards.

Please select the Standard that you wish to discuss and post your story or your comment.

Thank you,
AmSECT Board of Directors

Tools you may need

How to Navigate this Course

How to navigate a course
Course Materials

Each Standard and Guideline is described in the sections below. Please use the discussion forums to share your experience with each one.

Standard 1: Development of Institutionally-Based Protocols
- Standard 1
- Discussion Forum

Standard 2: Qualification, Competency and Support Staff
- Standard 2
- Discussion Forum 2

Standard 3: Perfusion Record
- Standard 3
- Discussion Forum 3

Standard 4: Checklist
- Standard 4
- Discussion Forum 4

Standard 5: Communication
- Standard 5
Do you think that the S & G’s will be helpful in improving your practice?

A. Strongly Agree
B. Agree
C. Neutral
D. Disagree
E. Strongly Disagree
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