PRESIDENT'S REPORT 2008-2010

Transformation. It's a big word that means big things. As VA anesthesiologists, I believe we are at the forefront of the next transformative change in the practice of anesthesiology. What do I mean?

I've recently been reflecting on the many technological advances in our medical specialty since I entered the field. When I was an anesthesiology resident , it was not uncommon to use a vernitrol for anesthetic gas delivery ,while end tidal C02 monitors and pulse oximeters were the new kids on the block. In fact, intraoperative use of one of these scarce monitors was a decision made by the board runner, usually based on a resident's persuasive skills. How times have changed! Through the years, as monitoring systems have become more sophisticated, the information made available to us has guided our practice standards and led to safer and more precise delivery of anesthetics. From a business cost standpoint, the dramatic decline in anesthesiology malpractice premiums is a direct correlation to the improved margins of safety in anesthetic delivery.

So what is the next quantum leap for our specialty and what role do we, VA anesthesiologists, play in this advancement? For the past several years, the Department of Veterans Affairs has been in the business of using automated healthcare information systems through its Veterans Integrated System and Technology Architecture (VISTA). We are industry leading in this area, far outpacing the private sector. Though many VA medical centers already have automated anesthesia record keeping systems (ARKS) in place, currently these are stand alone systems that produce records that must later be scanned into VISTA.

The revolutionary news is that through the recent development of data bridges designed to allow external software to communicate to and from VISTA, the automated anesthesia record systems will soon be included as a seamless component in the documentation of patient care throughout the entire perioperative period. The implications are immense.

Access to the huge amounts of anonymous patient data in VISTA will allow correlation between patient outcomes with anesthetic technique. As a result, I expect we will soon see further refinement in anesthetic practices and tighter intraoperative hemodynamic control. Tighter control meaning fewer instances of post-op confusion or renal insufficiency in our elderly population, fewer ICU days, fewer hospital days, fewer infections……better outcomes, better care. In effect, this is an opportunity for VA anesthesiologists to set the practice standard for our specialty while asserting ourselves as the experts in patient care through the continuum of the perioperative experience. That is an important concept. We are physicians who practice anesthesiology.

At the recent National Anesthesia Service Chief's meeting in September, it was very clear that we are on the cusp of this important transformation. The missing piece, data bridges, is now on the launching pad. Many thanks are owed to Gerald Ozanne MD, VA Medical Center San Francisco and William Schmeling MD PhD, VA Medical Center Milwaukee for their tireless work in advancing this cause. They have built the platform. It is up to the rest of us to seize the opportunity.

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