

Adoption of a regional anesthesia quality improvement program

Fabian Dorado-Velasco¹; Sabine Nabecker¹; Pieter de Jager ¹; Christian Hobeika ² ; Yehoshua Gleicher ¹

¹ Department of Anesthesiology and Pain Management, Sinai Health System, University of Toronto, Toronto, Canada

² Department of HPB surgery and Liver transplantation, Beaujon Hospital, APHP, Clichy, Paris-Cité University, France.

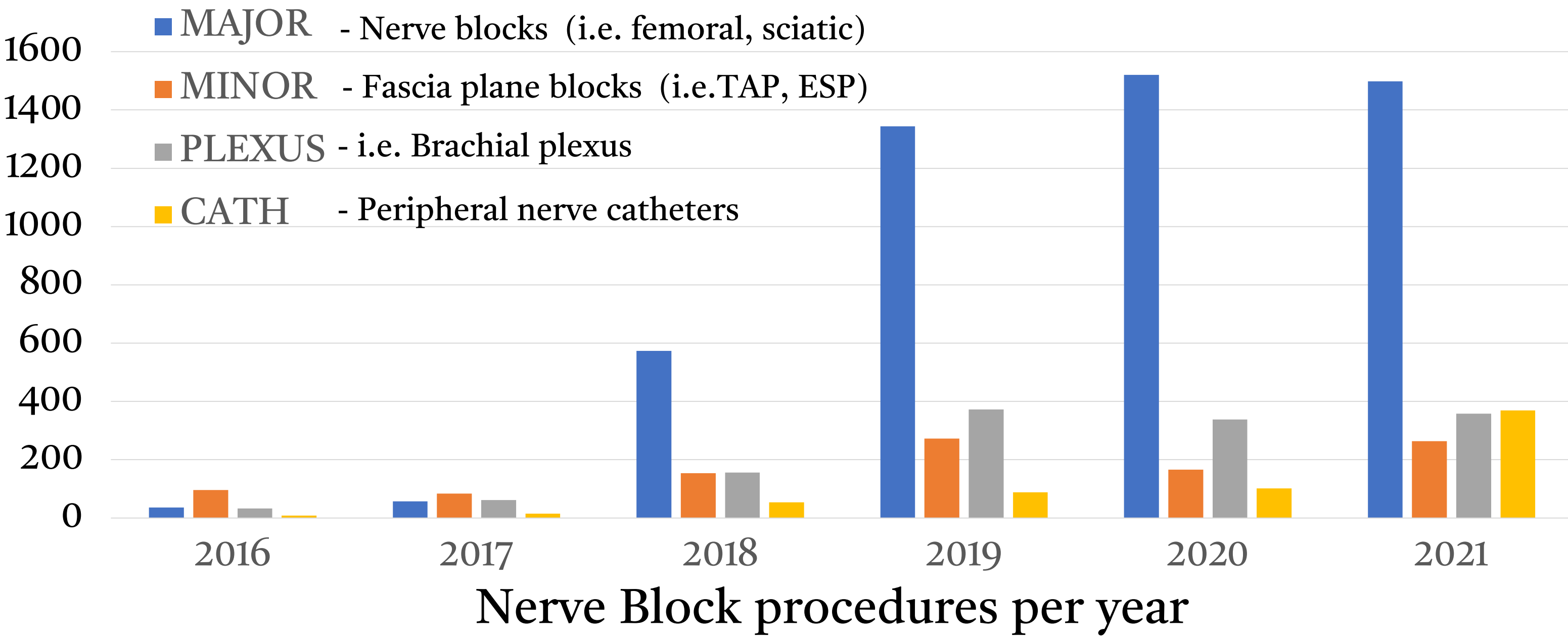
Introduction

- Organizational factors (context) influence the adoption and sustainability of **quality improvement** initiatives.
- This is an analytical cross-sectional study that aims to describe the uptake of a new Regional Anesthesia (RA) program and to identify **barriers and facilitators** to its adoption by staff anesthesiologists.

Methods

- A **RA program** was established in 2017 at **Mount Sinai Hospital (MSH)**. MSH is a 442-bed tertiary academic hospital affiliated with the University of Toronto.
- A questionnaire was created, based on constructs of every of the **Consolidated Framework for Implementation Research (CFIR)** 5 domains. 19 questions were ranked using **5-point Likert scale**.
- 22 staff anesthesiologist answered the questionnaire, and they self-identified as **early and late adopters**, depending on their own perception and skillset at the inception of the RA program.
- Early and late adopters were compared using **Univariable analysis** (Wilcoxon rank-sum test) and **Multivariable ordinal regressions***

Adoption: Billing data from 2017 to 2021.



Results

Agreement in constructs that *value RA as a technique* and *confirm the support and fit* of the program within the operating room workflow [Median/IQR 4-5]

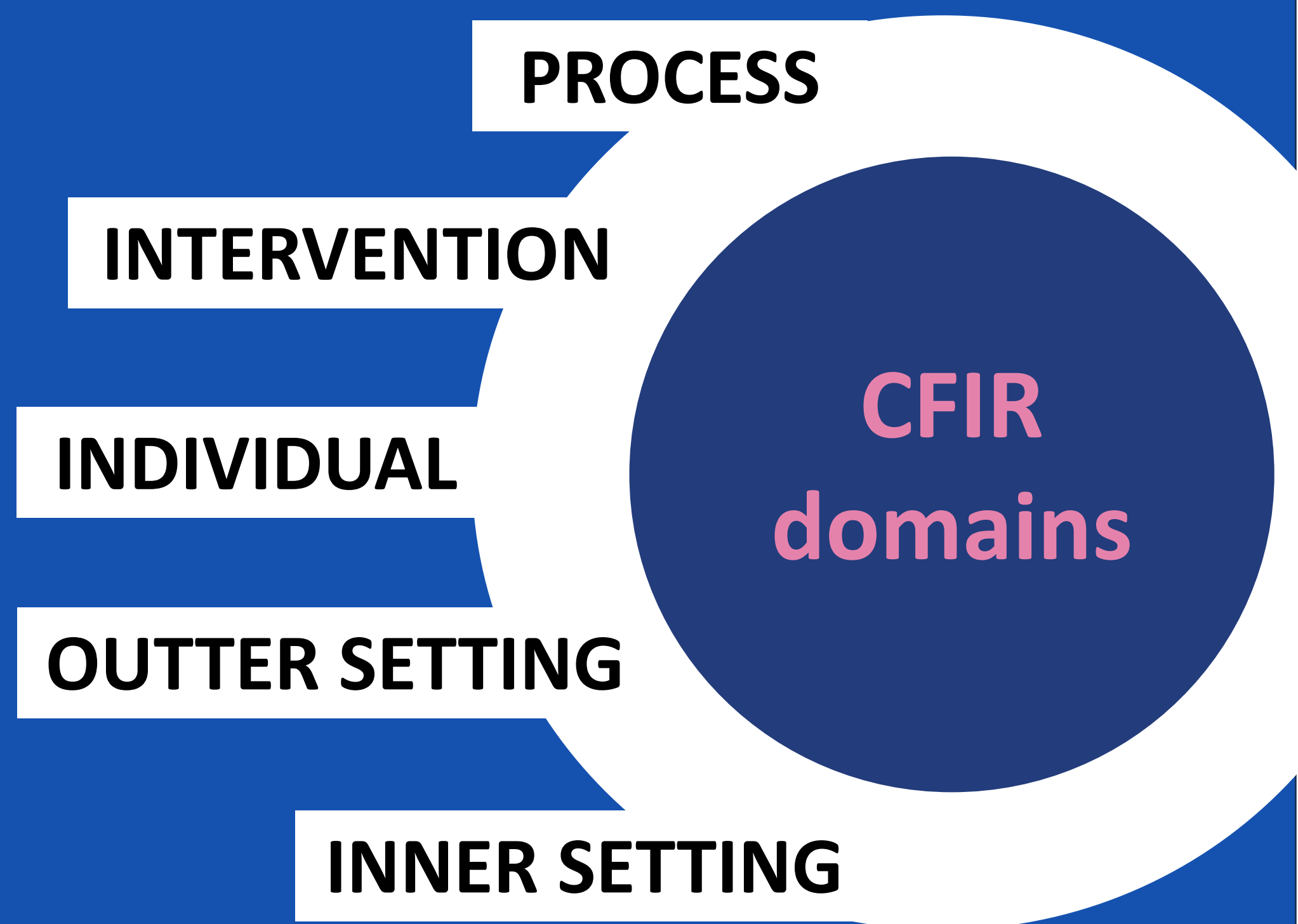
Neutrality in *pressure from peers* to increase the use of RA [Median 3, IQR 2-3] and in *regular provision of feedback* about the program's performance [Median 3, IQR 3-4]

Late adopters (vs. early adopters) rather *stood neutral* on :

- Comfort in performing RA [Median 3 (vs 4)] *p=0,01
- RA is cost-saving [Median 3 (vs 4)] *p=0,02
- RA facilitates the ability to meet patient's expectations [Median 3.5 (vs 4)] *p=0,02

Discussion

- Initiatives to **foster adoption of RA** may focus on reinforcing personal values and confidence to practice RA
- Communication** about patient outcomes to stakeholders could be optimized beyond grand rounds and email notifications



5-point Likert scale
1= Strongly disagree
2= Agree
3 = Neutral
4= Disagree
5= Strongly agree

49th Annual Regional Anesthesiology and Acute Pain Medicine Meeting

March 21-23, 2024 | San Diego, CA

ASRA PAIN MEDICINE



Demographics:

Age: 47 years (IQR 38,5 - 52)
68 % Male
Experience: 14 years (IQR 4-21,7)
12 early / 10 late adopters

CFIR Questionnaire validity:

Domain	Reliability	Interrater agreement	
	Alpha Cronbach coefficient	Kendall W coefficient of concordance	p value (Kendall)
Intervention Characteristics	0.790	0.206	<0.01
Outer setting	0.918	0.312	<0,01
Inner setting	0.857	0.269	<0.01
Individual characteristics	0.922	0.431	<0.01
Process	0.939	0.496	<0.01

References and more :

