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## Introduction

Over the past several years, the use of ambulatory surgery centers (ASCs) has increased significantly. This increase is due to a number of factors, including the convenience of ASCs for patients, the lower cost of procedures performed at ASCs, and the ability of ASCs to provide a more comfortable and less stressful environment for patients. However, the safety of procedures performed at ASCs has been a topic of concern for many years. In 2003, a study by Vila et al. concluded that OBS and OBA were not safe when compared to outcomes found in accredited ambulatory surgery centers. The results of this study initially prompted the state of Florida to issue a moratorium on certain types of OBS and OBA. Case actions prompted much interest in providing evidence to further examine OBS and OBA practices. In 2011, a retrospective study done by Starling, challenged earlier findings and indicated that Villa's study was flawed and the conclusions were erroneous.

decreased exposure to nosocomial infection. Recently, however, the conveniences of OBS and OBA have been challenged by an increasing number of research studies and media reports addressing concern on the safety. For example, a study by Vila et al. in 2003 concluded that OBS and OBA were not safe when compared to outcomes found in accredited ambulatory surgery centers. The results of this study initially prompted the state of Florida to issue a moratorium on certain types of OBS and OBA. Case actions prompted much interest in providing evidence to further examine OBS and OBA practices. In 2011, a retrospective study done by Starling, challenged earlier findings and indicated that Villa's study was flawed and the conclusions were erroneous.

Safety associated with OBS and OBA procedures not only has global implications, but the efficacy and outcomes of these procedures are linked to identifiable factors. Factors that are potentially associated with OBS and OBA safety include patient selection, procedure or surgery performed, surgeon qualifications, anesthesia provider qualifications and training, medications used, equipment for anesthesia administration and resuscitation, and office accreditation.<sup>1,2</sup>



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A musical score for a short piece, possibly a duet. It consists of two staves. The top staff begins with a treble clef and a key signature of one flat. The music features a mix of eighth and sixteenth notes, with some rests. There are dynamic markings such as  $mf$  and  $mfz$ . The piece concludes with a double bar line and repeat dots.

Major focus on OBA

A musical score for a piece with a major focus on OBA. It features a complex rhythmic structure with many sixteenth and thirty-second notes. The dynamics range from  $mf$  to  $mfz$ . The notation is dense, with many beamed notes and rests.

What Does the Evidence Indicate?

A large, dense musical score, likely a full orchestral or chamber work. It contains many staves of music, with intricate rhythmic and melodic details. The notation is highly detailed, with many beamed notes and rests. The dynamics range from  $mf$  to  $mfz$ . The score is complex and appears to be a significant work.

A musical score with a large 'M' and 'OBA' text overlay. The score is partially obscured by the text, but some musical notation is visible. The 'M' is positioned at the top left, and 'OBA' is positioned at the top right. The score below the text shows some rhythmic patterns and notes.



**Table 2: Studies Related to OBS Safety**

| <p><b>Failey et al.<sup>16</sup></b></p>    |  | <p>4</p>  |
|---|--|-----------|
| <p><b>Vila et al.<sup>8</sup></b></p>       |  |           |
| <p><b>Starling et al.<sup>6</sup></b></p>   |  |           |
| <p><b>Rosenberg et al.<sup>17</sup></b></p> |  |           |
| <p><b>Pollock et al.<sup>4</sup></b></p>    |  |           |
| <p><b>Blake<sup>15</sup></b></p>            |  |           |
| <p><b>Hoefflin et al.<sup>18</sup></b></p>  |  |           |
| <p><b>Fleisher et al.<sup>19</sup></b></p>  |  |           |
| <p><b>Keyes et al.<sup>20</sup></b></p>     |  |           |
|   |  |           |
|   |  | <p>20</p> |

## Conceptual Model Development

Conceptual Model Development



## Key Findings

Key Findings

## Implications for Anesthesia Education, Practice, and Research

Implications for Anesthesia Education, Practice, and Research

## Quick Reference Guide Development

Quick Reference Guide Development

## Conclusion

Conclusion

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References

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