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A systemic approach to cardiac service line safety

By Jennifer Lubell

Among Surgical Care Affiliates' (SCA) 260-plus facilities in the United States, at least 10% have added cardiovascular/peripheral vascular service capabilities. SCA experts anticipate more growth in this area. However, any successful launch starts with an organizational focus on patient safety, says Ezra Erb, vice president for clinical quality for SCA, which is based in Deerfield, Illinois and Birmingham, Alabama and serves 1 million patients annually. "Safety integrates with our overall patient program. This includes our single and multi-specialty facilities that are starting to perform cardiac procedures with other lines," says Erb.

Erb joined Kami Dinkel, SCA's director of operations and Marty Taglauer, director of clinical quality, CV programs, to discuss the following safety basics in ASC cardiovascular (CV) service lines.

Take the time to plan.

Don't skip or undercut the planning process, says Erb. "Sit down with the physicians involved and think things through. Ask: are we prepared for specific procedures? Is this sustainable? Do we have the right equipment, the right training, the right team in place?" Take the time to fullm Im Im Im Im Im IÃ ä B

Taglauer says.

Conduct ongoing training sessions once that team is established, adds Taglauer. "Perform annual competencies and drills to make sure the team is prepared to handle anything that comes their way."

Seek guidance from the experts.

The Agency for Healthcare Research and Quality's [survey of patient safety culture](#) measures the full spectrum of individuals involved in patient care and their feelings of confidence in safety preparation. SCA uses this metric to survey its clinicians and support staff and most importantly, its anesthesiologists and surgeons "so that we really have a 360-degree perspective of everyone who's touching the patient," says Erb.

National governing societies for cardiac, vascular and interventional radiology have released their own safety recommendations for outpatient cardiac procedures, says Dinkel. "This includes facility structure, emergency planning, and equipment, staffing and processes you should have at the basic level. They also provide guidance on patient selection for cardiac patients."

Choose the right patients.