

Operational Outcomes of Propofol Sedation versus Fentanyl, Versed and Diphenhydramine Sedation for Endoscopies and Colonoscopies at an Academic Medical Center



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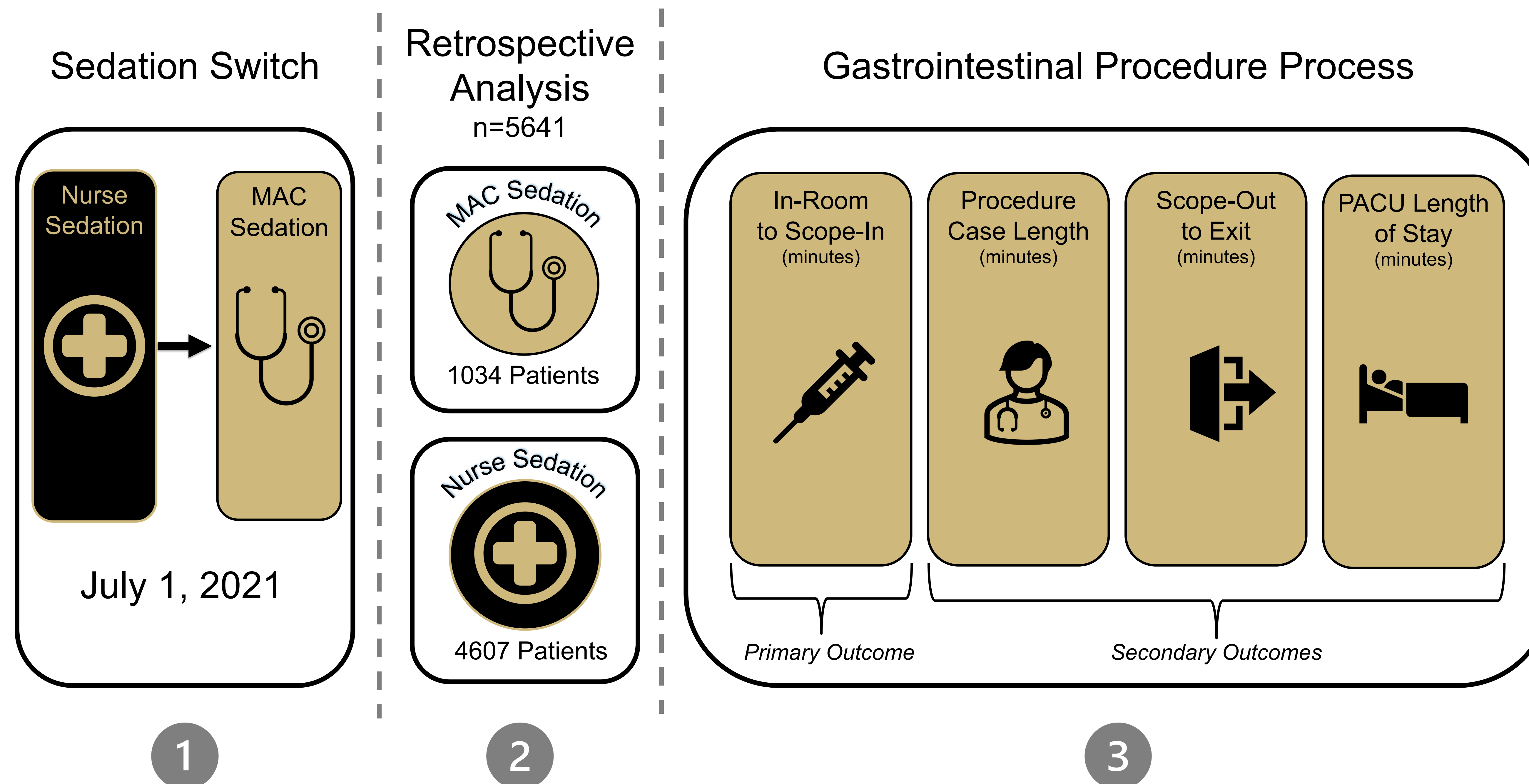
Background

- The UCH Department of Anesthesia has implemented Monitored Anesthesia Care (MAC) for patient sedation with gastrointestinal procedures.
- Shorter perioperative and procedure times are associated with decreased rates of nosocomial infection¹ and mortality^{2,3} and increased access to care.⁴
- We hypothesize that MAC will improve patient and operational outcomes as compared to nurse administered sedation.

Methods

- We will be performing a retrospective cohort study after IRB approval using STROBE guidelines.
- Patients matching inclusion criteria – based on the type of sedation they underwent, MAC or nursing sedation – will be abstracted from EMR data and compared using a two-sample t-test or a linear model.
- Primary and secondary outcome measures will include:
 - In-room to Scope-in
 - Scope-Out to Exit
 - Procedure Case Length
 - PACU Length of Stay

Results



Preliminary Findings

Table 1: Primary Outcomes

Outcome	Description	Units	Results
In-Room to Scope-In (IRSI)	Patient arrival to procedural suite to the time the scope is placed	Minutes	Mean IRSI is 19.5-21.5 minutes shorter than nursing sedation

Table 2: Secondary Outcomes

Outcome	Description	Units	Results
Post Anesthesia Care Unit Length of Stay (PACU LOS)	Patient arrival to PACU to discharge time	Minutes	Mean PACU LOS is 3.7 minutes shorter than nursing sedation
Procedure Case Length	Time from scope-in to scope-out	Minutes	Mean case length is 20.5 minutes shorter
Scope-Out to Exit (SOE)	Sedation end time to time patient leaves procedural suite	Minutes	Results pending

Conclusions

- Preliminary studies show that MAC sedation is more efficient than nurse administered sedation as evidenced by decreased process times.
- We expect to see the efficiency of MAC sedation born out across the remaining process steps of patient sedation.

Implications

- Time saved during the sedation process can increase annual patient volume and decrease length of stay, thus improving access to care and decreasing morbidity and mortality.
- There is opportunity for adoption from other service lines which will lead to enhanced efficiency and increased access to other services.

Citations

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Disclosures

No Disclosures