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FROM THE DESK OF THE PRESIDENT

Carrying Themes to the 2003 Annual Meeting: Patient Safety and Advocacy

In my first *SpineLine* article last November, I outlined plans to emphasize the areas of patient safety and political advocacy for NASS and NASS6 during my 2002-2003 presidential year. Both of these topics have significant implications for NASS members and our ability to provide high quality health care for patients. During the subsequent months, there have been several major accomplishments to report. Further, as we progress toward this year's annual meeting in San Diego, October 22-25, I can also convey that a strategic plan is in place to consolidate further efforts on these issues.

Patient Safety

Patient Safety has been an extremely active area for NASS. The Sign, Mark and X-Ray (SMaX) campaign begun two years ago to help identify appropriate surgical levels has been refined and expanded. A pre-op checklist was added to the program to provide additional steps covering confirmation of patient identification, verification of the presence of critical records (imaging, labs, H&P, etc.) and to provide an opportunity for a pre-op "time out" to check that steps on the list including the initial marking of site of surgery have been executed. The American Academy of Orthopedic Surgeons (AAOS) subsequently also added a checklist based on the NASS document to its "Sign Your Site" initiative. Since January 2003, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), has incorporated a requirement for an operating room system to identify the surgical site as part of its accreditation reviews of hospitals. The steps in the NASS checklist are similar to the suggestions from the JCAHO and the "time out" for review of the NASS checklist differs from the JCAHO scheme for a pre-op "huddle" only as an alternate timing issue. JCAHO guidelines suggest

that the "huddle" take place in the operating room prior to the incision and that the entire surgical team participate. The NASS checklist was most likely to be completed in the pre-op holding area.

These and other systems conflicts were addressed at a summit earlier this year convened by the JCAHO in which NASS was a participant. The JCAHO Wrong Site Surgery Summit took place May 9, 2003 in Chicago with more than 50 participants representing physicians (surgeons, anesthesiologists, internists), as well as nurses, dentists and hospitals. The merits of various programs were discussed with a view to coming to consensus on the basic components of a universal patient identification and site marking protocol. At face value, this would seem to be a relatively easy task. However, during discussions it became clear that the devil was in the details. For example, one of the nursing representatives noted that the hospital where she works has chosen to mark the *correct* surgical site with an "X." In contrast, another hospital chose to mark the *wrong* side (leg or arm) with an "X." Is it any wonder that surgeons who sometimes work at both hospitals can become confused?

Several attendees voiced the opinion that the patient should be the final adjudicator of the surgical site. Unfortunately the reliability of the patient in identifying the surgical site has not been confirmed in a recent study (DiGiovanni C, Kang L, Manuel J, Patient Compliance in avoiding wrong site surgery. *J Bone Joint Surg.* 2003;85-A;815-819). Of 100 patients, 41% failed to fully comply with instructions to place a specific mark at a directed location to clarify the appropriate site of the surgery.

Nevertheless, the Wrong Site Surgery Summit was very successful in bringing the appropriate health care groups to the table in order to discuss this important issue. Contacts are continuing and I am optimistic that a basic universal protocol for patient identification and

localization of surgical site will ultimately be agreed upon.

Advocacy

NASS6 has invested considerable effort in lobbying Congress for correction of the miscalculations applied to the Medicare payment formula. These errors would have resulted in a 4.4% reduction in physician payments for 2004. NASS, as a member of the Alliance of Medical Specialists Coalition, visited key members of the House and Senate to make the case for financing the correction. These attentions contributed greatly to the Congress allocating \$54 billion to reverse the *negative 4.4%* prospective payment to a *positive 1.6%* in 2004.

Correction of the miscalculations does not, however, correct problems in the payment formula itself. In meetings with the Senate Majority Leader (Dr. Bill Frist, R-TN), the Chairman of the Senate Finance Committee (Charles Grassley, R-IA), Speaker of the House (Tom Hastert, R-IL) and Director of Medicare and Medicaid Services (Tom Scully), it was obvious that the shortcomings of the formula are well recognized. Thus, the challenge at this point is not awareness of the problem by the key stakeholders. Rather, the hurdle lies in finding the funding required to change the

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formula to a rational methodology which will appropriately reimburse physician services and maintain patient access to high quality medical care for future years.

The strategy for this campaign will require members of NASS to bolster funds to the C6 organization and SpinePAC. The recent investments we made to ensure that we had a voice on Capitol Hill have helped successfully lobby for \$54 billion in additional appropriations. NASS C6 must continue a full court press to achieve the ultimate goal of a permanent fix for the Medicare payment formula.

Annual Meeting, October 22-25, 2003, San Diego (NOT on Halloween)

The program for this year's annual meeting has been determined. Program Committee Co-Chairs, Rick Guyer and Stu Weinstein,

have put together a stimulating combination of pre-courses, paper presentations and symposia. The Presidential Guest Speaker and Keynote Speaker this year will be Dr. Alan Crockard, the well known neurosurgeon from London, England, and John Nance, pilot, author and aviation safety expert. The Annual Banquet is also not to be missed. The pre-banquet reception will be held on the Convention Center terrace overlooking San Diego Harbour with dinner to follow in the rooftop Sails Pavillion. Comedian John Pinette will be the featured entertainer. If you have seen the United Airlines short subject film on the Montreal Comedy Festival on a recent trip, you will understand why a full hour of Mr. Pinette routines is a "must see."

I hope all of you will join me for an evening of fellowship, networking and amusement.