

# Physician MEMO

To | All Surgeons  
From | Bruce Walley, MD SR VP Medical Affairs  
Pat Healy, MD VP Clinical Improvement  
Date | January 18, 2012  
Re | Peri-Operative Beta Blocker Administration and Documentation

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For surgical patients who are on beta blockers prior to surgery, it is standard of care for the beta blocker to be continued during the peri-operative period. Novant surgeons have done a great job making sure this happens for our patients, however, we need to make you aware of recent changes in CMS's documentation requirements pertaining to this Quality Measure.

**We will now be reviewing surgical cases to assure that patients who were on beta blocker therapy at home are administered one on the day prior to and/or the day of surgery as well as on post-op Day 1 and/or Day 2.** Sited by the American College of Cardiology and the American Heart Association, continuation of beta-blocker therapy in the peri-operative period is a class I indication. This type of follow-up significantly reduces the likelihood of rebound tachycardia or hypertension.

If there is a contraindication to administering the beta blocker, (i.e. bradycardia, heart rate less than 50 bpm or hypotension SBP less than 100 mmHg) this must be documented that day by the MD. All documentation to hold the beta blocker must include the reason it is being held. Documentation of the reason for not administering the beta blocker must also be found during the period defined:

- ◇ the day prior to surgery
- ◇ the day of surgery
- ◇ POD 1 or POD2

In addition to the documentation changes for beta blocker therapy, please be advised that **Laparoscopic procedures are no longer excluded from the SCIP measures.** Treatment utilizing these procedures should mirror the open procedures.

Please be aware of these changes as you continue to provide remarkable care to our patients. Do not hesitate to contact Pat Healy, MD at 336-718-2892 with any questions concerning this change.