

HEADS UP...



TOPIC: Patient assessment before administration of sedation or anesthesia

SETTING: Hospital (HAP) and Critical Access Hospital (CAH) Programs

Why is this important?

During operative or other procedures requiring moderate or deep sedation or general anesthesia, the patient's cognitive, ventilatory, and cardiovascular functions become or may become impaired. That is why a patient assessment must be performed to decrease the risk of sedation- and anesthesia-associated complications. This pre-procedural assessment should be based on established or recommended professional practices (e.g. guidelines from American Society of Anesthesiologists, American Association of Nurse Anesthetists, American Dental Association, American Society for Gastrointestinal Endoscopy). The [critical access] hospital should determine who is qualified to perform the assessment consistent with competencies of staff, scope of practice, and the rules and regulations governing their state. For deep sedation or general anesthesia, the assessment must be performed by an anesthesia provider.

Scope of the Problem:

Time period: **January 1, 2021 through May 13, 2021**

Number of full surveys performed: **HAP = 611; CAH = 77**

Number of surveys with moderate to high risk findings for PC.03.01.03 EP 1: **HAP = 66 (11%); CAH = 77 (11%)**

Relevant standard/EP: PC.03.01.03 The [critical access] hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia. **EP 1** Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The [critical access] hospital conducts a pre-sedation or pre-anesthesia patient assessment. (RC.02.01.01, EP 2).

Sample survey observations [from surveyor notes] and contributing factors

Sample observations:

- Observed in Document Review. In two of three records reviewed for patients who received moderate (conscious) sedation, the record lacked evidence of a pre-sedation ASA score and a pre-sedation airway evaluation (e.g., Mallampati score), as required by hospital policy.
- Observed in Individual Tracer. During tracer of a patient who underwent a procedure in the Cath Lab under monitored anesthesia care, it was noted that the pre-anesthesia assessment/evaluation did not contain the required elements as defined by the HCO/Medical Staff. The policy states that pre-anesthesia assessment should include a physical examination of cardiac and respiratory status. The check box for heart and lung assessment on the patient's paper pre-anesthesia documentation was not filled in by the anesthesia provider.
- Observed in Individual Tracer. There was no evidence that the hospital had defined the required elements of the pre-sedation or pre-anesthesia assessment.

Potential contributing factors:

- Documentation issues: Forms or fields in the EHRs didn't include the ASA class numbering system or other components of the pre-sedation/pre-anesthesia assessment; providers were inconsistent or used wrong field/form.
- Incomplete or out-of-date policy regarding sedation and anesthesia.
- Lack of education, knowledge on documentation requirements.
- Lack of compliance monitoring to determine adherence to the policy.

How to identify potential problems in your organization

Review your policies and procedures

- Has the [critical access] hospital defined the required elements of a pre-sedation and pre-anesthesia patient assessment?
- Have the medical staff bylaws or rules and regulations addressed the requirements for practitioners privileged to administer sedation/anesthesia.
- Is the assessment based on established or recommended professional practices (e.g., ASA, AANA, ADA, ASGE)?
- Do the requirements defined by the hospital define who is qualified to perform the assessment based on level of sedation and consistent with guidelines, laws, and regulations?

Interview staff (e.g., clinicians and support staff)

- Are staff aware of the requirements for completing a pre-sedation and pre-anesthesia assessment for patients receiving anesthesia services?
- Does the staff receive training and/or education regarding care of patients during high risk or operative procedures?
- Can staff identify the specific components of the pre-sedation and pre-anesthesia assessment?
- Do the staff understand the documentation requirements?

Assess your environment

- Does the [critical access] hospital have easily accessible forms and/or screens/prompts in the electronic medical record for documenting the pre-anesthesia and pre-sedation assessment?
- Does the [critical access] hospital schedule procedures so enough time is available for clinicians to perform a pre-anesthesia assessment?

Evaluate implementation

- Is there a mechanism to ensure compliance, i.e., a pre-sedation and pre-anesthesia assessments are completed as required by the hospital, medical staff, leadership, and consistent with current professional guidelines and state laws and regulations (e.g., observation, electronic health record/chart audits)?

What are some resources can assist me in mitigating risks in these areas?

- Joint Commission, Interpreting Joint Commission standards, FAQs: [Sedation and anesthesia: Understanding the assessment requirements.](#)
- The American Academy of Anesthesiologists: Standards and Guidelines, [Basic Standards for Pre-anesthesia Care](#) (December, 2020)