

Establishing Standardized Facility and System Sedation Committees in a Large Healthcare System



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Description

In a large healthcare system, there are advantages to leveraging standardized sedation committees, a standardized sedation audit tool and convening all facility sedation committees to report to a system committee.

To ensure consistent practices across the system, the System Safe Procedural Sedation Committee provides an opportunity to identify sedation safety trends, address sedation concerns which may impact all facilities, work toward solutions, opportunities for improvement, system policy updates and standardization across all entities.

Safe procedural sedation administration by non-Anesthesia providers must be structured, evaluated and follow regulatory standards. An open dialogue between non-Anesthesia and Anesthesia physicians enhances collaboration and relationships.

Problem

Sedation committees and the sedation audit tool were not standardized across the health system. The goal was to convene all sedation committees from each facility into a system sedation committee to identify sedation trends, concerns, opportunities for improvement and system policy review and revisions.

Measurement

Audit tool for data collection based on system sedation policy and regulatory requirements.

A	B	C	D	E	F	G	H	I	J	K	L
Date	MRN	PRE PROCEDURE Consent for Sedation Completed (signed, dated, timed)	History and Physical within 30 days	Airway (Mallampati) score documented	ASA Status documented	Pulse oximetry documented pre-procedure	Heart rate documented pre-procedure	Respirations documented pre-procedure	Blood Pressure documented pre-procedure	Level of consciousness (LOC) documented pre-procedure	Pain assessment pre-procedure

M	N	O	P	Q	R	S	T	U
INTRA PROCEDURE Time-out recorded	Sedation start time	Pulse oximetry every 5 minutes throughout procedure	Heart rate every 5 minutes throughout procedure	Respirations every 5 minutes throughout procedure	Blood Pressure every 5 minutes throughout procedure	Pain Assessment every 5 minutes throughout procedure	Level of Consciousness (LOC) every 5 minutes throughout procedure	End tidal CO2 every 5 minutes throughout procedure when clinically feasible

V	W	X	Y	Z	AA	AB	AC	AD
POST PROCEDURE Post procedure Pulse Oximetry every 5 minutes until pre-procedure baseline achieved or 15 minutes after procedure, whichever is longer	Post procedure Heart rate every 5 minutes until pre-procedure baseline achieved or 15 minutes after procedure, whichever is longer	Post procedure Respirations every 5 minutes until pre-procedure baseline achieved or 15 minutes after procedure, whichever is longer	Post procedure Blood pressure every 5 minutes until pre-procedure baseline achieved or 15 minutes after procedure, whichever is longer	Level of Consciousness (LOC) OR Aldrete Score every 5 minutes until pre-procedure baseline achieved or 15 minutes after procedure, whichever is longer	Post procedure Pain level documented	Reversal Agent Used	If reversal agent used, monitored for 30 minutes following last dose of medication	If reversal agent used, pre-procedure level of consciousness (LOC) achieved

AE	AF	AG	AH	AI	AJ
OUTPATIENT ONLY Post procedure Pain level documented and "well controlled" (Outpatient only)	Minimal nausea and vomiting (Outpatient only)	Discharge note by physician completed. Includes patient condition at discharge (Outpatient only)	Ability to ambulate at a baseline level prior to discharge (Outpatient only)	Discharge Instructions include sedation (Outpatient only)	Documentation of responsible adult with available for patient (Outpatient only)

Analysis

Audit tool was drafted based on the system sedation policy and shared with system representatives. Audit tool changes were made based on feedback. Results and opportunities for improvement are shared at the facility level sedation meetings and may be brought to the system meeting.

Implementation

Standardized sedation committee charter, system sedation committee charter and audit tool for all facilities where conscious sedation is used.

Obstacles included resistance to use of standardized audit tool format. Discussed audit tool feedback with facilities. Tool changes made as needed. Key stakeholders present, provided rationale for changes.

Results/Discussion

Opportunities to identify and address sedation trends and concerns across the system, work toward solutions and collaborate on system sedation policy review has been beneficial. Providing an open dialogue between non-Anesthesia providers enhances engagement and teamwork across the system.

Outcomes

- 1) Sedation trends can be addressed at the health system level.
- 2) Open dialogue exists between Anesthesia and Non-Anesthesia providers regarding sedation practices.
- 3) Standardized processes ensure consistent practice, better patient outcomes and adherence to regulatory requirements.

References

Abdelmalak, B., Adhami, T., Simmons, W., Menendez, P., Haggerty, E. & Troianos, C. (2022). A blueprint for success: Implementation of the Center for Medicare and Medicaid Services mandated anesthesiology oversight for procedural sedation in a large health system. *Anesthesia & Analgesia*, 135(1), 198-208. <https://doi.org/10.1213/ANE.00000000000006052>