Consistent Interpretation

Joint Commission Surveyors' Observations Related to Presedation or Preanesthesia Assessment

The **Consistent Interpretation** column helps organizations to comply with specific Joint Commission requirements. Each installment of the column draws from a database of surveyors' de-identified observations (left column) on an element of performance (EP)—as well as guidance from the Standards Interpretation Group on interpreting the observations (right column).

The requirements in this column are not necessarily those with high rates of noncompliance. Rather, they have the potential to negatively affect care or create risk if out of compliance. That is, they may appear in the upper right corner of a *Survey Analysis for Evaluating Risk*® (*SAFER*®) Matrix if cited on survey. Featured EPs apply to hospitals; however, the guidance may be extrapolated to apply to other accreditation programs with similar services and populations served.

This month, **Consistent Interpretation** focuses on safely and effectively conducting a preassessment before procedures that require sedation or anesthesia.

Note: *Interpretations are subject to change to allow for unique and/or unforeseen circumstances*. P

Noncompliance Implications	Conducting a credible presedation or preanesthesia assessment is critical to identify at-risk patients and allows the procedural team to anticipate—and potentially reduce—sedation- and anesthesia-related adverse events. To ensure consistency, medical staff should define the minimum required elements of the preassessment. The required elements should be determined based on accepted standards of practice, national guidelines, guidance from professional organizations, and applicable law and regulation. After the required elements have been defined, physicians and other licensed practitioners performing the assessment must be educated on the requirements and deemed qualified to perform such an assessment. The organization may determine who is qualified by education, training, law, and regulation to complete a presedation assessment. However, a preanesthesia assessment, including monitored anesthesia care (MAC), must be completed and documented by an individual qualified to administer anesthesia.* The assessment should be accurately and thoroughly documented immediately after its completion to communicate identified risks to the procedural team. Just prior to sedation or anesthesia induction, an immediate reevaluation is required to confirm that the patient's status has not changed since the initial assessment. This reevaluation occurs immediately prior to (meaning without delay) administering moderate or deep sedation or general anesthesia. The organization determines the process, required elements, and any documentation for this reevaluation. Not reassessing patients just prior to receiving sedation or anesthesia creates risk for adverse events that can negatively affect patient outcomes. When anesthesia services are provided, such services should be incorporated into the organizationwide Quality Assurance and Performance Improvement (QAPI) activities (*see* Leadership [LD] Standard LD.01.03.01, EP 21†). Therefore, organizations are required to collect data on adverse events related to moderate or deep sedation or anesthesia (*see* Performance Improvement [PI] Standard PI.01.01.01, EP 5, on page 15 of this issue). Leaders should use this data (*see* LD.03.07.01‡) to identify and prioritize performance improvement activities related to anesthesia services.

* **US Centers for Medicare & Medicaid Services Condition of Participation §482.52(b)(1):** A preanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, performed within 48 hours prior to surgery or a procedure requiring anesthesia services.

† Standard **LD.01.03.01, EP 21**: **For hospitals that use Joint Commission accreditation for deemed status purposes:** The governing body is responsible for making sure that performance improvement activities reflect the complexity of the hospital's organization and services, involve all departments and services, and include services provided under contract. (For more information on contracted services, *see* Standard LD.04.03.09)

Note: ***For hospitals that use Joint Commission accreditation for deemed status purposes:*** *The hospital is not required to participate in a quality improvement organization (QIO) cooperative project, but its own projects are required to be of comparable effort.*

‡ Standard **LD.03.07.01**: Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)

Provision of Care, Treatment, and Services) Standard PC.03.01.03: The 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 hospital conducts a presedation or preanesthesia patient assessment. R (*See also* RC.02.01.01, EP 2)	
Compliance Rate	In 2022, the noncompliance percentage for this EP was **20.44%**—that is, **309** of **1,512** hospitals surveyed did not comply with this requirement.

Surveyor Observations	**Guidance/Interpretation**
• A preanesthesia assessment was not performed. • There was no evidence that an airway assessment was performed as part of preanesthesia or presedation assessment as required by organization policy. • There was no documented American Society of Anesthesiologists (ASA) Classification as required by organization policy. • A preanesthesia assessment was not performed prior to an electroconvulsive therapy (ECT) procedure. • Preanesthesia assessment/evaluation did not contain the required elements as defined by organization policy or medical staff.	• Cite here, at Standard PC.03.01.03, EP 1, for all moderate/deep sedation or anesthesia cases that do not have a preassessment. • For deemed organizations: Cite at Standard PC.03.01.03, EP 18, if a preanesthesia assessment was performed, but not within 48 hours of the procedure. • A preanesthesia assessment for an ECT procedure is required because moderate/deep sedation is used. An airway assessment and ASA Classification are also considered standard practice. • Cite here for all moderate/deep sedation or anesthesia cases that lack evidence that a preassessment was completed. • A preanesthesia assessment is needed for an ECT due to the use of moderate/deep sedation. • An airway assessment and ASA Classification are considered standard practice. • Cite at Standard PC.01.02.01, EP 1,* for failure to define the minimum required elements of the preanesthesia assessment.

* Standard **PC.01.02.01, EP 1**: Ⓓ The hospital defines, in writing, the scope and content of screening, assessment, and reassessment. Patient information is collected according to these requirements. R

Note 1: *In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry.*

Note 2: *Assessment and reassessment information includes the patient's perception of the effectiveness of, and any side effects related to, their medication(s).*

(*See also* RC.02.01.01, EP 2)

EP 8: The hospital reevaluates the patient immediately before administering moderate or deep sedation or anesthesia. R (*See also* RC.02.01.01, EP 2)	
Compliance Rate	In 2022, the noncompliance percentage for this EP was **2.31%**—that is, **35** of **1,512** hospitals surveyed did not comply with this requirement.

Surveyor Observations	**Guidance/Interpretation**
• There was no evidence that the patient was reevaluated immediately prior to administering sedation or anesthesia.	• This assessment generally occurs after the patient is on the procedure table and just before initiating the sedation or anesthetic. • The organization determines the required elements of the reevaluation. • The organization determines who is qualified to perform the reevaluation in accordance with law and regulation (scope of practice).

EP 18: For hospitals that use Joint Commission accreditation for deemed status purposes: A preanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or a procedure requirements anesthesia services. R	
Compliance Rate	In 2022, the noncompliance percentage for this EP was **0.64%**—that is, **9** of **1,414** hospitals surveyed did not comply with this requirement.

Surveyor Observations	**Guidance/Interpretation**
• Although a preanesthesia assessment was performed prior to a procedure, it was not performed within 48 hours of said procedure. • Because the preanesthesia assessment form was not timed by the practitioner, there was no way to determine when the assessment was completed. • The preanesthesia assessment was completed by a registered nurse who was not qualified to administer anesthesia.	• This requirement applies only to the administration of deep sedation (MAC) and general anesthesia. • Because moderate sedation is not considered "anesthesia," it is not subject to this requirement. • For failure to conduct a presedation assessment, *see* PC.03.01.03, EP 1.

Performance Improvement (PI) Standard PI.01.01.01: The hospital collects data to monitor its performance.	
EP 5: Ⓓ The hospital collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia. (*See also* LD.03.07.01, EP 2)	
Compliance Rate	In 2022, all surveyed hospitals complied with this requirement

Surveyor Observations	Guidance/Interpretation
● The organization did not collect data related to adverse events related to moderate or deep sedation or anesthesia.	● A process exists for collecting data on all adverse events related to sedation or anesthesia. ● When procedures involving anesthesia services are performed at more than one location, the process captures data from all locations. ● The organization determines how data will be collected, documented, tracked, and reported. ● The following are examples of potential adverse events: ❍ Using too much of a reversal agent ❍ Performing an unplanned rescue of a patient ❍ Managing pain and/or level of sedation during a procedure ineffectively