ASA Classification: What does it mean for your patient?

The Problem

ACS NSQIP (American College of Surgeons National Surgical Quality Improvement Program) is recognized for as nationally validated risk-adjusted, outcomes based program to measure and improve quality of surgical care. The American Society of Anesthesiologists Physical Status Classification System (ASA classification) is just one variable that NSQIP utilizes in case severity and has an impact in the Semi-Annual Report, once risk adjusted. During data abstraction of lower extremity endovascular variables, the nurse reviewers observed a discrepancy in the ASA classification assignment between patients receiving nurse administered moderate sedation and Monitored Anesthesia Care. These inconsistencies exposed vulnerabilities associated with the reporting of ASA classification. Accurate documentation is essential to comply with hospital quality standards and policies.

Aim/Goal

The goal of this quality initiative was to elucidate the methodology of ASA classification and educate the procedure nurses and Vascular physicians on the implications and importance of accurate ASA classification.

The Team

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The Interventions

➢ The Department of Anesthesia provided education of ASA definitions to Vascular surgeons and procedure nurses.

➢ Education was provided to Interventional Procedure areas where conscious sedation is utilized include the Cardiac catheterization laboratory and the Endovascular suite.

➢ The electronic medical record was modified to require documentation of ASA classification by the operative physician.

➢ The Interventional Procedures intranet page has been updated to include ASA classification definitions.

Average ASA Classification Pre and Post Intervention
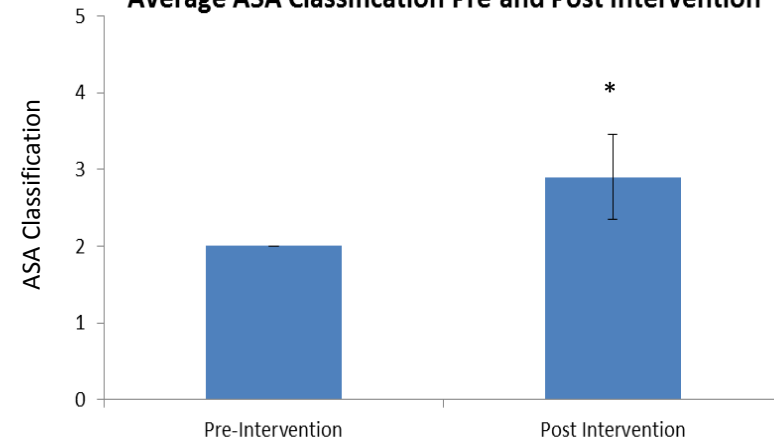
The Results/Progress to Date

The baseline ASA class distribution for the initial six week period was ASA classification= 2.0 +/- 0 (N=19). Following the intervention, the ASA classification distribution was 2.90 +/- 0.55 (N=39). Average ASA classification and distribution were significantly increased ($p < 0.01$) after the intervention.

Lessons Learned

ACS NSQIP is just one tool for data abstraction of surgical outcomes. Assigning the correct ASA classification impacts the NSQIP data for case severity and impacts the O/E ratio in the Semi-Annual Report. Working with Anesthesia to address this issue allowed for education to be provided to staff in Interventional Procedures areas in addition to the Operating Room.
Key Lessons:

- *What does the data mean*?: Significance and implication of documented information
- *Where does it go?:* Importance of a standard location of electronic documentation
- *Why does it matter?:* Compliance with quality standards of hospital documentation, as well as awareness of policies and procedures regarding moderate sedation.

Next Steps

➢ Ongoing education to Vascular surgeons and procedure nurses.

➢ Audits of Medical Records to ensure that the ASA classification is correctly assigned by NSQIP nurse reviewers.

➢ Biannual feedback regarding audit compliance to Interventional Procedures Committee.

➢ Review results of the next NSQIP semi-annual report.

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