Quality Metrics for Procedural Sedation

AQI consensus recommendations for the Director of Anesthesia Services charged with initiating a quality management program in procedural sedation. Data must be gathered each month from each unit where patients receive sedation. Data gathering should be modified as necessary to fit the information technology available and the patient population served.

Core Elements

Volume Metrics
- Type and number of procedures performed
- Number of patients receiving light or moderate sedation
  - Number receiving sedation via Computer-Assisted Personalized Sedation (CAPS)
- Number of patients receiving deep sedation
- Number of patients cared for by an anesthesia team

Outcomes
- Cases completed as planned, without complication, versus:
- Cases cancelled due to patient discomfort or anxiety
- Cases with unplanned escalation in the continuum of sedation
- Patients receiving rescue medication: flumazenil or naloxone
- Unplanned respiratory support required in light or moderate sedation cases
  - Placement of nasal trumpet or oral airway
  - Placement of supraglottic airway (e.g. LMA) or endotracheal tube
  - Assisted ventilation with bag-valve-mask
  - Oxygen saturation < 85% for greater than 3 minutes
- Patients experiencing a serious adverse event (e.g. perforation, anaphylaxis, cardiac arrest)
- Unplanned admission of an outpatient within 24 hours
- Unplanned patient transfer to an Emergency Department

Optional Elements

As the quality program matures and information technology capabilities advance, these data will enable further improvements in patient care:
- Patient demographics: age, sex, ASA Physical Status
- Procedure duration
- Medications used: doses and times
- PACU and facility length of stay
- Patient satisfaction: at PACU discharge and at 48 hours post-procedure
- Provider satisfaction: proceduralist and nursing staff