

Ambulatory Surgery Center Patient Criteria and Selection

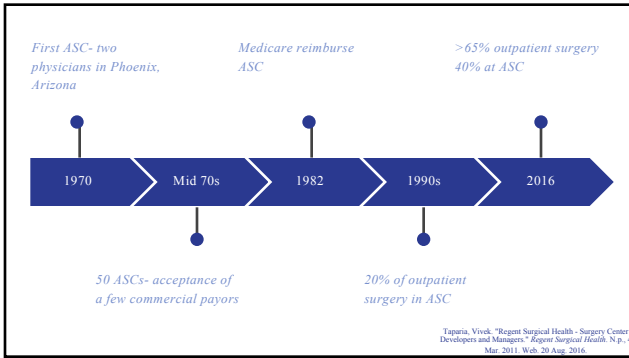
James Hoell, MD, Aurora Sheboygan
Memorial Medical Center

CMS interpretive Guidelines for ASC Coverage 416.42(a)(1)

"The purpose of the exam immediately before surgery is to evaluate, based on the patient's current condition, whether the risks associated with the anesthesia that will be administered and with the surgical procedure that will be performed fall within an acceptable range for a patient having that procedure in an ASC, given that the ASC does not provide services to patients requiring hospitalization. The assessment must be specific to each patient; it is not acceptable for an ASC to assume, for example, that coverage of a specific procedure by Medicare or an insurance company in an ASC setting is a sufficient basis to conclude that the risks of the anesthesia and surgery are acceptable generically for every ASC patient. The requirement for a physician to examine the patient immediately before surgery is not to be confused with the separate requirement at 42 CFR 416.52(a)(1) for a pre-admission history or physical assessment performed by a physician, although it is expected that the physician will review the materials from such pre-admission examination as part of the evaluation. However, this requirement does constitute one component of the requirement at 42 CFR 416.52(a)(2) for a pre-surgical assessment upon admission. See the interpretive guidelines for that requirement. "

Objective:

*To review current
data/thought
processes to
institute or modify
patient selection
criteria for ASC*



What Determines if a Surgery Should Occur in an ASC?

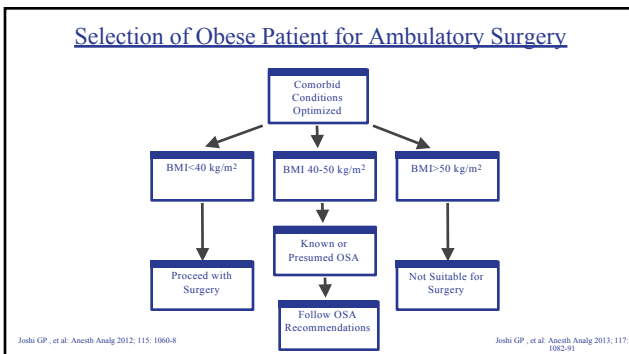
- Procedure
- Anesthetic technique
- Patient characteristics
- ASC
- Anesthesiologist
- Surgeon
- Social

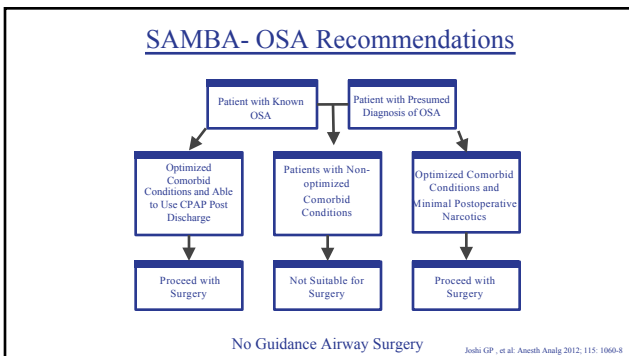
Developing Clinical Pathways Will Have an Impact on...

- Safety
- Unplanned admission
- Readmission
- Delayed discharge home
- Post discharge complications
- Efficiency
- Patient satisfaction
- Perioperative surgical home

Patient Selection Criteria:

- BMI
- OSA
- ASA physical status
- Age
- ICD/Pacemaker
- MH susceptible
- Miscellaneous





“STOP-BANG”

of 5-8 identify patients with high probability of moderate/severe OSA

Snore loudly
Tired
Observed apnea/gasping
Pressure (HTN)

BMI > 35 kg/m²
Age >50
Neck 17/16 inch m/f
Gender = male

Chung et al. 2012

ASA Classification of Physical Status

History :

- 1941- First classification, tried to stratify operative risk, first speciality to attempt risk stratification
- Abandoned operative risk and went to preoperative physical status only
- 1963- Current ASA classification of physical status
- 2014- examples given each ASA-PS

ASA Validity

“Subjective, but can be used as measure of preoperative health status.”

Shankar, Brit J Anes 2014;424-32

“ASA-PS powerful parameter that condenses relevant clinical measures of patient risk and acuity into a single variable.”

Dalton et al, Anesthesiology 2011;114:1336-44

ASA-PS

ASA-PS 4:

- Severe systemic disease that is constant threat to life
- Examples:
 - < 3 months- CVA,MI, CAD/Stents
 - Ongoing cardiac ischemia
 - Severe reduction of EF
 - ARF
 - Severe valve dysfunction

www.asahq/resources/clinical-information/asa-physical-status-classification-system

Cardiac:

- New onset angina or angina at rest
- Decompensated CHF
- MI < 3 months
- Severe valvular disease e.g. AS
- Severe secondary PH

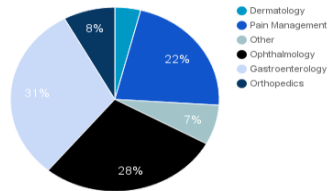
Age:

- >80 has been associated with increased unplanned admission
- Age alone not used at independent criteria
- Physiologic age more important than chronologic
- Postoperative cognitive dysfunction/disposition environment

Whippy A, et al. Can J Anesthesia 2013; 60:675-83

Medicare Case Volume by Specialty

ASCA Analysis of CMS Claims Data 2010



Pacemaker/ICD

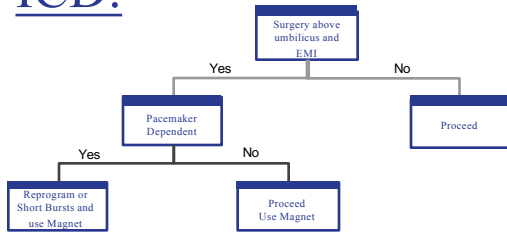
- Type of device
- Last evaluation
- Indication
- Programming
- Battery life >3 months
- Pacer dependence
- Magnet response

Pacemaker:

- Pacemaker dependent patients
- Significant EMI
- Only render asynchronous if significant inhibition
- magnet usually puts pacemaker in asynchronous mode
- Caution in special programming - e.g. minute ventilation sensors

HRA/ASA Expert consensus statement on perioperative management of patients with ICD/PM

ICD:



Neelanavil et al. Anp Newsletter July 2013

MH Susceptible Patients

MHAUS website does not provide recommendations on MH susceptible patients in ASC

Dr. Litman (oversees MHAUS hotline) has given his expert opinion:

- 2014- No medically valid reason that known MH susceptible patients cannot undergo GA in a freestanding ASC
- 2015- MH susceptible patient under GA in ASC-ideal if adjacent to hospital otherwise transfer protocol in place

Anesthesiology 06, 2014; vol 120: 1306-1308

Clinical Anesthesiology 03/03/2015

Miscellaneous Patient Criteria:

- Difficult airway
- Actively using Recreational drugs
- Hyperglycemia
- Liver disease

Summary:

- Minimal Criteria:
- BMI > 50
 - OSA resumed/diagnoses not using CPAP and significant postop narcotics
 - ASA - PS of 4 (list examples)
 - ICD in pacemaker dependant patient with significant EMI
