**Intra-operative Sedation Change**

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**Purpose**

**Background**

In May of 2021, West Michigan Surgery Center received a letter from the Centers for Medicare/Medicaid Service (CMS) stating that their IV sedation rate for fluoroscopically guided spinal injections for pain was three times the national average. The CMS letter indicated that although these services were reimbursable, they were not considered the standard practice among their peer organizations. In early January 2022, our anesthesia contractor informed us that CMS was no longer reimbursing their company for intra-op IV sedation for the majority of fluoroscopically guided spinal injections that we offered.

**Problem**

In January 2022 CMS announced that it was no longer considered an acceptable practice to administer IV sedation for the majority of fluoroscopically guided spinal injection procedures that we offer.

**Purpose**

Submitted to governing body for project approval: Recent changes in standard of care dictate that it is no longer appropriate to offer intra-operative mid to moderate sedation to patients undergoing pain injection procedures.

**Performance Goals**

Majority of patients will undergo pain injection procedures under locally administered anesthesia agents only and without a substantial reduction in satisfaction rates. Measurable goal to be determined following baseline data analysis.

**Corrective Actions**

Initial data collection indicated a need to increase focus on patient education well in advance of the procedure date, so that patients were aware of the updated industry-wide standard of care.

**Corrective Action #1**: Patient Notification draft and given to all pain clinics to be used as part of patient education in order to change the patient's sedation practices.

**Corrective Action #2**: Nursing staff given a copy of patient notification to utilize for patient education reinforcement during pre-op calls.

**Corrective Action #3**: A memo was sent to pain clinic providers informing them of the need to educate patients of the change in sedation practices for specific procedures.

**Corrective Action #4**: A re-assessment of pre-op patient knowledge and acceptance to the change in anesthesia offerings related to their specific procedures was assessed two months following corrective action implementation.

**Corrective Actions (continued)**

**Supplemental corrective action added on March 28th, 2022**: The pain provider may offer a pre-op oral (PO) anxiolytic medication as termination of the anesthesia service or non-sedation for those patients refusing procedure without IV sedation.

**WMSC nursing staff instructed to administer these PO medications during the admission process and all patient questions have been answered and surgical permits have been signed.**

**Re-Assessment of Data Collection**

A re-assessment of pre-op patient knowledge and acceptance to the change in anesthesia offerings, related to their specific procedures, took place following education provided by physicians and mid-level healthcare workers providing in our pain clinics. This information was gathered to assess success of our corrective action plans.

**Note**: Pain providers were able to offer prescription for PO Anxiolytics to those patients voicing concerns over injections without IV sedation. These PO medications would act as a buffer as we moved patients from IV sedation to utilizing local anesthesia only.

**Data Analysis**

Baseline information indicated that corrective action plan must involve patient best practice education well in advance of proposed surgery dates. Of the 30% of patients who chose to undergo procedures without mild or moderate sedation, greater than one-half (70%) stated that physician administered local anesthesia was acceptable. This suggested that once the initial fear of the unknown was overcome, a high percentage of patients would accept the change without a significant dip in patient satisfaction scores.

**Measurable Performance Goal Set**: Our goal would be to reduce IV sedation utilization by 50% within a 6-month time period, while maintaining WMSC patient satisfaction scores at December 2021 levels.

**Data Collection Plan**

Admission questionnaire utilized to obtain a base-line sampling of patient perceptions who had a history of receiving sedation during their pain management injections.

**Questionnaire Information**

Informed patients that IV sedation was no longer considered a reimbursable practice and asked if they were willing to have their injections performed under local anesthesia only. Unique patient identifiers were utilized to protect patient identity.

**Evidenced of Data Collection**

Base-line data gathered utilizing questionnaire on 3 surgical date intervals involving patients scheduled for pain injections.

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<th>Sed</th>
<th>PO IV</th>
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<tr>
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**Data Collection Tool (Sample)**

<table>
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**Data Comparison to Performance Goals**

**Initial** - Sample size 23 procedures (Jan 27 – Feb 08, 2022) indicated that only 7 (30%) of patients were willing to undergo injection procedures without IV sedation. 16 (70%) of patients refused non-sedation and received intra-op IV sedation.

**Re-Measurement following Corrective Action Plans** (May 9 – May 28, 2022) - Sample size 31 patients. 18 (58%) of patients were willing to undergo injection procedures without IV sedation. 10 (32%) were willing to undergo injection procedures utilizing PO Anxiolytic medications. Only 3 (<10%) of the 31 sample procedures utilized PO IV sedation.

Intra-operative IV sedation was reduced from 70% to 10% of injection procedures. While PO anxiolytics contributed to the overall reduction in IV sedation, the number of procedures being performed without any type of sedative medication remained substantial (58%).

**Communication**

Formal request submitted and approved to proceed with study by WMSC Governing Board on January 17th, 2022.

Additional action: PO IV Sedation amendment proposed and accepted by Medical Director, QUAP, and Safety Committees on March 28th, 2022.

Final Report submitted to: WMSC Governing Board; Executive Committee; and WMSC Team Members on July 28th, 2022.

Providers and staff of WMSC and referring pain clinics informed of nomination for Kershner Award and thanked for their hard work and cooperation during this project.

**Additional Issues and Solutions**

- Early in the process, a small number of pain injection patients were informed that WMSC was no longer offering IV sedation because insurance no longer covered the cost. Although it was accurate that Medicare/Medicaid was no longer reimbursing for IV sedation, it was not the case for many other insurance companies. The result was that some patients would contact their insurance companies and demand that WMSC provide IV sedation services "because they were covered." A reeducation of all clinic and surgery center providers and staff took place so that the common message would be stated that this quality improvement initiative was due to best practice and not because of payer coverage.

- Pain clinic providers instructed to only offer local anesthesia to new patients requiring the following procedures: Epidural Steroid Injection; Sacroiliac Joint Injections; Bursal Injections; Occipital Nerve Blocks; Facet Joint Injections.

**Patients Satisfaction Throughout Quality Improvement Project**

Although initial patient reaction was negative, the vast majority of repeat pain injection patients were accepting of the change once they were educated and had the opportunity to try best practice. The team’s proactive approach between pain clinics and WMSC, and a common message conveyed to patients, resulted in NO loss of existing patient volume during the satisfaction rate reduction prior to the initiation of this QI activity.