

**Surgical Futures Feedback:  
Sedation/Analgesia for Diagnostic and Interventional Medical or Surgical Procedures  
undertaken outside Operating Rooms**

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Agency for Clinical Innovation  
Trim No: ACI/D10/2131

**ISSUE:**

This brief provides feedback from the Agency for Clinical Innovation (ACI) Anaesthesia Perioperative Care Network on the Surgical Futures Project in relation to the provision of sedation for surgical procedures undertaken outside of operating rooms.

**RECOMMENDATIONS:**

- That Anaesthesia and perioperative care systems are included in the planning for future surgical services.
- That NSW Health ensures appropriate sedation outside of operating rooms is accounted for in their planning for Surgical Futures in NSW.
- That NSW Health continues to consult with the Anaesthesia Perioperative Care Network for clinical advice on the provision of:
  - Anaesthesia in operating rooms
  - Sedation by both anaesthetist and non-anaesthetist medical practitioners.

**BACKGROUND:**

Operating Theatres depend on the provision of high quality anaesthetic services, and hence, all planning for future surgical services must take into account the anaesthesia and perioperative care systems.

The surgical profile of procedures is changing with more procedures being performed outside of operating rooms without an anaesthetist (for example interventional cardiology, endoscopy, interventional radiology and dental procedures).

**COMMENT:**

With this transfer of some interventional procedures from operating rooms to procedure rooms, a number of issues have been raised relating to the provision of anaesthesia / sedation to patients in public hospitals in NSW. The ACI Anaesthesia Perioperative Care Network has identified the following issues for consideration in the Surgical Futures Project. These are as follows (further outlined in Attachment 1):

- The provision of sedation by non-anaesthetist medical practitioners, in particular the practice of sole proceduralist/sedationist
- Inability to meet demand for anaesthetic cover for all interventional procedures outside of operating rooms
- Ability of hospitals to meet the ANZCA/RACS/GESA Professional Statement PS9 Guidelines (2008) on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical procedures (Attachment 2)
- Appropriate staffing levels, role delineation, skills and training
- Appropriate hospital governance of sedation outside of operating rooms

The ACI has undertaken a number of projects in relation to the provision of safe sedation for non-anaesthetist medical practitioners (Attachment 3).

**FUNDING IMPLICATIONS:**

The provision of safe sedation in accordance with PS9 will have funding implications and these should be assessed in line with planning for surgical futures.

**CONSULTATION:**

ACI Anaesthesia Perioperative Care Network, ANZCA Sedation Board of Management, ACI Executive, Anaesthetists, Nurses.

**MEDIA RELEASES:**

Not required.

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## **Attachment 1 – Issues related to the provision of sedation/analgesia outside of operating rooms**

The *Surgical Futures: Background paper* outlines the need to ‘ensure that clinical services are provided safely and are appropriately supported’ and this is particularly relevant to interventional procedures that are now performed outside of operating rooms. As more interventional procedures are performed outside of operating rooms, there is a need to ensure that there are appropriate resources for the provision of sedation.

A number of issues have been identified regarding the provision of sedation outside of operating rooms:

- **The provision of sedation by non-anaesthetist medical practitioners**

Interventional procedures are increasingly performed outside of operating rooms in areas such as endoscopy suites, catheterization laboratories, radiology suites, haematology units and dental suites, with many patients requiring sedation. While anaesthetic cover is provided as a matter of course in the operating theatre, this may not be the case outside, where sedation may be administered and managed by the proceduralist team.

In many facilities, there is no clear process for identifying cases outside the operating theatre where an anaesthetist is required to provide sedation. In many cases (particularly patients with an ASA 1 or 2 grading), an anaesthetist is not required to provide sedation and it is appropriate for the proceduralist team to manage the sedation if they have had the appropriate training and it is given in accordance with PS9 (attachment 2). The risk associated with the provision of sedation outside of operating rooms may be related to the lack of equipment (particularly monitoring and resuscitation equipment), staff and training to ensure patient safety.

Future planning for surgical and interventional procedures which require sedation / analgesia is imperative to ensure that the provision of sedation is by appropriately trained staff in a safe environment to ensure patient safety.

- **Inability of hospitals to provide anaesthetic cover for all interventional procedures outside of operating rooms**

Many Hospitals have reported that their anaesthetic departments are unable to provide anaesthetic cover for procedures undertaken outside of operating rooms resulting in the proceduralist team administering sedation (including the proceduralists or their nurses).

While it is appropriate for non-anaesthetists to administer sedation, the ‘sedationist’ must have the appropriate skills in pharmacology, resuscitation/ advanced life support and assessment of the patient.

- **Ability of hospitals to meet the PS9 guidelines (Attachment 2)**

As an increasing number of specialty areas are identifying sedation as an area of concern there has been an imperative for NSW Health to investigate the sedation practices that are taking place in NSW public hospitals.

The ACI has recommended to NSW Health that the PS9 Guidelines be implemented as the minimum standard for sedation in NSW. Following a presentation to the NSW Directors of Clinical Governance in February (by Hunter Watt), it was agreed that NSW Health would write to each of the AHS to investigate the impact that the implementation of PS9 would have in terms of resources and personnel.

Although there is agreement that PS9 is the ‘gold standard’ for sedation, there is little information on what sedation practices are being undertaken in NSW public hospitals and what (if any) the impact of implementing PS9 would be for the health system. However, anecdotal information suggests that many areas where procedural sedation is administered do not meet the PS9 guidelines.

- **Appropriate staffing levels and role delineation**

It is inappropriate for the proceduralist to be simultaneously managing the procedure and monitoring the sedation. A separate, designated person trained to monitor the patient's sedation levels and cardio-respiratory status is required for all episodes of sedation.

- **Appropriate skills and training**

The PS9 guidelines outline the recommended training required for non anaesthetist medical practitioners to provide sedation for diagnostic and interventional medical and surgical procedures and the grandfathering of those experienced in procedural sedation and analgesia.

An appropriate training program will:

- train proceduralists in the safe administration of sedation
- improve the knowledge, skills and attitudes of participants including:
  - Pre-procedure assessment
  - Requirements for facilities, equipment and staff to support safe sedation
  - Administration of intravenous sedation
  - Monitoring during the procedure
  - Identification and management of complications
  - ALS, airway management, CPR
  - Ensure that the 'sedationist' is able to meet the criteria set out in the PS9 Guidelines

Hospitals will have to ensure that there is an appropriate number of staff available for each procedure (in accordance with PS9) and that the role delineation for each of the staff members present during the procedure is clear, including the identification of the clinician with the appropriate skills required to monitor the patient's airway.

- **Appropriate hospital governance of sedation outside of operating rooms**

Hospitals should ensure the provision of safe sedation for each of the procedures performed outside of operating rooms in accordance with PS9.