

## **Policy Statement on Practice Parameters**

### **Committee of Origin: Standards and Practice Parameters**

**(Approved by the ASA House of Delegates on October 17, 2007, and reaffirmed on October 17, 2018)**

ASA practice parameters provide guidance in the form of requirements, recommendations, or other information intended to improve decision-making and promote beneficial outcomes for the practice of anesthesiology. The use of practice parameters cannot guarantee any specific outcome. Practice parameters are subject to periodic revision as warranted by the evolution of medical knowledge, technology and practice. Variance from practice parameters may be acceptable, based upon the judgment of the responsible anesthesiologist.

Two major categories of practice parameters are recognized:

1. *Evidence-Based Practice Parameters* are developed by a rigorous process that combines scientific and consensus-based evidence. This process uses a systematic and standardized approach to the collection, assessment, analysis and reporting of: 1) scientific literature, 2) expert opinion, 3) surveys of ASA members, 4) feasibility data and 5) open forum commentary. Evidence-based practice parameters may take the form of standards, guidelines or advisories. They may be adopted, modified or rejected according to clinical needs and constraints. They are not intended to replace local institutional policies. The key distinctions between evidence-based standards, guidelines and advisories are shown below.
  - A. *Evidence-based practice standards* provide rules or minimum requirements for clinical practice. They are regarded as generally accepted principles of patient management. Standards may be modified only under unusual circumstances, e.g., extreme emergencies or unavailability of equipment. Evidence-based standards contain recommendations that are supported by meta-analyses of findings from multiple clinical trials. All or nearly all expert consultants and surveyed ASA members agree with the recommendations found in evidence-based practice standards.
  - B. *Evidence-based practice guidelines* provide recommendations for patient care that describe a basic management strategy or a range of basic management strategies. Evidence-based practice guidelines contain recommendations that are supported by meta-analyses of findings from multiple clinical trials. In general, a majority of expert consultants and surveyed ASA members agree with the recommendations found in evidence-based practice guidelines. Areas of disagreement or divergent opinion are clearly indicated. Evidence-based practice guidelines are not offered or intended as standards or minimum requirements.
  - C. *Evidence-based practice advisories* provide statements to assist decision-making in areas of patient care where there is not a sufficient number of adequately controlled studies to



- permit meta-analysis. Evidence-based practice advisories are supported by a descriptive summary of the available literature. In general, a majority of expert consultants and surveyed ASA members agree with the statements found in evidence-based advisories. Areas of disagreement or divergent opinion are clearly indicated. Evidence-based practice advisories are not offered or intended as standards, minimum requirements or guidelines.
2. *Consensus-Based Practice Parameters* are developed by ASA-appointed experts who formulate opinions using a variety of methods and resources. When available, scientific evidence may be considered. Unlike evidence-based practice parameters, consensus-based practice parameters do not utilize a systematic and standardized approach to data collection, assessment, analysis and reporting. Consensus-based practice parameters may take the form of policy parameters or clinical practice parameters. The key distinctions between policy parameters and clinical practice parameters are shown immediately below.
    - A. *Consensus-based policy parameters* describe policies and protocols associated with professional conduct. Consensus-based policy parameters address issues such as ethical practice, continuing education, expert witness qualifications and testimony, credentialing or the delineation of clinical privileges.
    - B. *Consensus-based clinical practice parameters* address the clinical management, care and safety of the patient. Consensus-based clinical practice parameters provide recommendations for patient care.

The ASA House of Delegates oversees the choice of new practice parameters and the updating of existing parameters. The ASA Committee on Standards and Practice Parameters supervises the creation of new evidence-based practice parameters and the revision of existing evidence-based practice parameters. The ASA Committee on Standards and Practice Parameters conducts a periodic review of ASA standards, practice guidelines, and statements.

The interpretation and application of practice parameters takes place within the context of local institutions, organizations and practice conditions. Members of ASA are responsible for interpreting and applying practice parameters in their own institutions and practices. Practice parameters developed by ASA are not intended as unique or exclusive indicators of appropriate care. A departure from one or more recommendations of a practice parameter may be appropriate if the facts and circumstances of the case demonstrate that the rendered care met the physician's duty to the patient.