In addition, the assessment is used to select the appropriate surgical procedure and determine patient needs related to the surgery.

The preoperative assessment evaluates the patient's condition and needs prior to surgery. The assessment includes the following:

- Physical exam and test results
- Medical needs
- Psychological needs
- Social needs (for example, safe housing and support with activities of daily living)
- Economic needs (for example, ability to pay for postoperative medication or medical equipment)
- Discharge needs (for example, transfer to rehabilitation center or home nursing needs)

Results of the preoperative assessment are documented in the patient's medical record prior to surgery. The assessment provides information necessary to do the following:

- Select the appropriate surgical procedure and the optimal time to perform the surgery.
- Perform the procedure safely.
- Interpret the findings of patient monitoring during surgery.

Surgical procedure selection depends on such factors as the following:

- Patient history
- Physical status
- Diagnostic data
- Risks and benefits of the procedure for the patient

Procedure selection considers the information from the initial assessments and reassessments, diagnostic tests, and other available sources. The assessment process is carried out in a shortened time frame when an emergency patient needs surgery.

The planned surgical care is documented in the patient's medical record and includes a preoperative diagnosis. The name of the surgical procedure alone does not constitute a diagnosis.

Measurable Elements of ASC.04.00

1. A preoperative assessment is performed and documented by a qualified provider before surgery.
2. The preoperative assessment includes the following:
    - Physical exam and test results
    - Medical needs
    - Psychological needs
    - Social needs
    - Economic needs
    - Discharge needs
3. Surgical care for each patient is planned based on the preoperative assessment information.
4. A preoperative diagnosis and the planned surgical procedure are documented in the patient's medical record prior to the procedure.

Standard ASC.4.01

The risks, benefits, and alternatives are discussed with the patient and their family or those who make decisions for the patient.

Intent of ASC.04.01

Adequate information and education must be provided to the patient, their family, and/or decision-makers on the risks, benefits, and alternatives related to surgical care to participate in care decisions and to provide the informed consent required in Standard PCC.03.00. Patient education and engagement can be promoted

through improvement in the patient and family's health literacy (the ability to obtain, understand, and act on health information); for example, providing information that a reasonable patient would want and would need to know that relates to the planned surgical procedure and care to make an informed decision. In addition, when blood or blood products may be needed, information on the risks and alternatives is discussed. The patient's surgeon or other qualified individual, as defined by the hospital, provides this information.

Measurable Elements of ASC.04.01

1. The patient, family, and/or decision-makers are educated on the following elements related to the planned surgical procedure:
   - Name of test, procedure, or treatment covered by the informed consent
   - Name of responsible practitioner(s) performing the procedures(s)
   - Risks and benefits of the planned procedure
   - The likelihood of success, potential complications, the recovery process, and possible results of nontreatment
   - Surgical and nonsurgical options and/or alternatives available to treat the patient
   - The need for, risks and benefits of, and alternatives to blood and blood-product use
2. Ⓓ The patient's surgeon, or other qualified individual as defined by hospital policy, provides and documents the education.

Standard ASC.04.02

Information about the surgical procedure is documented in the patient's medical record to facilitate continuing care.

Intent of ASC.04.02

A patient's postsurgical care depends on the events and findings of the surgical procedure. Most important, all actions and results essential to the patient's condition are entered in the patient's medical record. Patient information can be presented in various formats, such as templates (either paper or electronic), an operative report such as a written operative progress note, or nursing or other treatment or care service notes. To support a continuum of postsurgical supportive care, the information about the surgery is recorded in the patient's medical record immediately after surgery, prior to the patient being transferred from the surgical or the postanesthesia recovery area. The time immediately after surgery is defined as "upon completion of surgery, before the patient is transferred to the next level of care."

Information may also be contained in other notations in the medical record. For example, amount of blood loss and transfused blood may be recorded in the anesthesia record, or information about implantable devices may be shown using a manufacturer's preprinted sticker. Defining the time immediately after surgery (for example, "upon completion of surgery, before the patient is transferred to the next level of care") ensures that pertinent information is available to the next caregiver. If the surgeon accompanies the patient from the operating theatre to the next unit or area of care, the operative note, template, or progress note can be written in that unit or area of care.

Note: Documentation of information on nonsurgical procedures and treatments, such as invasive diagnostic procedures, interventional treatments, and other diagnostics and treatments, is identified in COP.01.01.

Measurable Elements of ASC.04.02

1. Surgical reports, templates, or operative progress notes include at least the following elements:
   - Preoperative diagnosis and planned procedure
   - Postoperative diagnosis
   - Name of operative surgeon and assistants
   - Procedures performed and description of each procedure findings