



DEPARTMENT OF SURGERY SECTION OF ANESTHESIA RULES AND REGULATIONS

I. ORGANIZATION OF THE ANESTHESIA SECTION

The Section of Anesthesia shall:

- A. Include all members of the Medical Staff who have anesthesia privileges.
- B. Shall meet as necessary, but meetings are not required.
- C. Be directed by the Section Chief of Anesthesia or designee.
- D. Be responsible for the general quality of all anesthesia which is performed in this hospital including pre-anesthesia evaluation, anesthesia services and post-anesthesia care.
- E. Be responsible for the general quality of all services requested of the anesthesiologists and/or certified registered nurse anesthetists in which their specialized anesthesia skills, training, and experience are utilized.
- F. Each anesthesiologist and/or certified registered nurse anesthetist will receive training on the Pyxis Anesthesia System to be arranged or coordinated through the Pharmacy before they are allowed to perform anesthesia via the Pyxis Anesthesia System within the facility. Anesthesia providers who have previously had experience on the A-System must demonstrate current knowledge of the proper operation of the A-System to a Pharmacy Super User.
- G. Assist with developing policies governing the provision of all categories of anesthesia services.
- H. Recommending the specific and minimum qualifications for each category of practitioner who is permitted to provide anesthesia services.
- I. Assist in the formulation and management in those areas of all Hospital policies and procedures, which relate to the services of anesthesiologists and/or certified registered nurse anesthetists.
- J. The Anesthesia Section reports directly to the Surgery Committee/Department.

II. SECTION CHIEF

- A. Be elected for a two-year term in accordance with Article VI. Sections, of the Medical Staff Bylaws.
- B. Attend in person or by designee Anesthesia Section, Surgery Committee/Department meetings and Medical Executive Committee meetings.
- C. Assist the Department Chairperson in evaluating the credentials and qualifications of new applicants for membership and privileges in the Anesthesia Section.
- D. Assist the Department Chairperson in its bi-annual review of granting anesthesia privileges.
- E. The Section Chief of the Anesthesia Section shall, when feasible, be consulted prior to the granting of temporary privileges and may recommend to the Chairman of Surgery that temporary privileges be approved upon application.
- F. Assist the Department Chairperson with any quality management/performance improvement activities related to the specialists of the section.

- G. A Section Chief may be removed for failure to maintain the qualifications of the office as required by these Rules and Regulations and/or Medical Staff Bylaws. Removal must be initiated by petition signed by at least one-third of the active members of the Section. Such vote shall occur by written ballot conducted in the same manner as that used in the election of the Section Chief. Removal shall require a two-thirds vote of the active section members.

III. MEMBERSHIP AND PRIVILEGES

- A. Physicians applying for membership and privileges in the Anesthesia Section will apply in accordance with the Medical Staff Bylaws and Rules and Regulations.
- B. Documentation of continuing Board certification and/or Board eligibility is required to maintain membership and privileges on the Medical Staff. Any physician currently on Staff prior to April 5, 1993, with Class III privileges, who is not Board certified or Board eligible will be exempt.
- C. Certified Registered Nurse Anesthetists (CRNAs) must be certified by the American Association of Nurse Anesthetists Council on Certification of Nurse Anesthetists. Documentation of continuing certification is required to maintain membership and privileges on the Medical Staff.
 - 1. Function, Role, Relationship to Anesthesiologists
 - a. Function as Allied Health Practitioners (AHPs) to support and/or provide assistance to the CRNA's Supervising Physician to promote optimal care for Hospital patients;
 - b. Are employed by the BBWMC contract anesthesia provider group;
 - c. Must have a written agreement with a BBWMC anesthesiologist to ensure direct supervision of every case and also have professional liability coverage in accordance with the Medical Staff Bylaws;
 - d. Consistent with the Scope of Practice/Clinical Privileges provide conscious sedation, deep sedation, general anesthesia, regional anesthesia and monitored anesthesia care in the OR and procedural areas under the supervision of the supervising physician member of the group/Anesthesia Section.
- D. Each anesthesiologist and/or certified registered nurse anesthetist shall be subject to reappointment to the Anesthesia Section, as provided in Article 3 of the Medical Staff Rules and Regulations Policy Manual.

IV. EMERGENCY COVERAGE

All anesthesiologists and/or certified registered nurse anesthetists on the Staff of Banner Boswell Medical Center shall provide emergency coverage in a manner deemed necessary and/or appropriate by the Section Chief of Anesthesia. Where a life-threatening emergency exists and the surgeon has failed in his attempt to secure his regular anesthesiologist and/or certified registered nurse anesthetist, the Section Chief of Anesthesia or his designee shall provide emergency coverage.

V. CONCURRENT AND RETROSPECTIVE REVIEW

Supervision or case review may be required:

- A. As required by established Focused Practitioner Provider Evaluation (FPPE) requirements as established by the Surgery Department and listed in the Surgery Department Rules and Regulations.
- B. As an evaluation tool to determine a practitioner's performance; or
- C. As deemed appropriate pending completion of an investigation to determine if corrective action is warranted or pending exhaustion of due process rights.
- D. Should observation be imposed by the Section Chief and the Department Chair, no more than two (2) observations may be provided by the same observer.

- E. Results of the review will be reported to the Anesthesia Section Chief for review and action.
- F. The reviewer's report is confidential. The report may be released to other hospitals if requested in writing, by the reviewed physician for privileges at other hospitals.
- G. Following review of the completed review forms, additional cases may be required if deemed necessary by the Section Chief, Department Chairman or Professional Review Committee (PRC).

VI. STANDARDS FOR ANESTHESIA CARE

The Anesthesia Section is responsible for the provision of anesthesia care, including moderate sedation, throughout the hospital. The members shall participate in the establishment of One Level of anesthesia care and participate in developing definitive statements describing comprehensive anesthesia care including preoperative assessment, administration, intra-operative/intra-procedural monitoring, documentation, post-op evaluation, recovery and discharge by practitioners with any/all levels of anesthesia privileges.

- A. Anesthesia will only be administered in the Operating Suite or other locations meeting the same level of care.
- B. I.V. sedation anesthesia may be administered outside the Operating Room. Appropriate monitoring will be instituted in accordance with Banner Boswell Policy and Procedure. An IV must be in place and a pulse oximeter, an ECG monitor and a blood pressure monitoring device must be used. Resuscitative equipment including a defibrillator and emergency drugs are available.
- C. SAFETY STANDARDS
 1. No flammable anesthetic agents shall be used in Banner Boswell Medical Center.
 2. All gases in the anesthesia machine shall be shut off when the machine is not in use.
 3. The anesthesia machine shall be checked for leakage or any other defect prior to the start of an anesthetic. If any leaks or defects are found, that machine shall not be used until corrected.
 4. Aerosol mixtures shall be of the nonflammable type.
- D. The scope of privileges and one level of care will be monitored for compliance to credentialing and protocol criteria through the Medical Staff performance improvement activities.

VII. MISCELLANEOUS GUIDELINES

- A. Whenever anesthesia services and post anesthesia care is provided outside the operating room, the level of care must be comparable to the care provided in the operating suite.
- B. Any patient having outpatient surgery who has received anesthesia, other than local anesthesia, is examined before discharge by an anesthesiologist or a certified registered nurse anesthetist. Patient may be discharged after meeting discharge criteria approved by the Department. The anesthesiologist and/or certified registered nurse anesthetist will ensure that the patient is given adequate post anesthesia recovery instruction.
- C. The responsibility for extubation remains with the anesthesiologist and/or certified registered nurse anesthetist. Nurses may extubate at the request of the anesthesiologist and/or certified registered nurse anesthetist, but s/he must be in the immediate vicinity. (Immediate vicinity defined as in the Hospital or Operating Room/Post Anesthesia Care Unit (PACU) Department).
- D. No Class IV Anesthesia Risk patients will be done as immediate pre-op admit surgical patients or outpatients on an elective basis.
- E. Consistent with Hospital policy and the Bylaws Rules and Regulations of the Medical Staff of the Hospital, anesthesia will not be started unless the surgeon and the assistant surgeon are in the Hospital. Surgeons must be in the Operating room and ready to commence operating at the time scheduled. In no case will the Operating Room be held longer than fifteen (15) minutes after the time scheduled.

- F. It shall be the responsibility of the anesthesiologist and/or certified registered nurse anesthetist to dispose of or secure all drawn-up injectable anesthetic medication, syringes, and needles at the end of each surgery case in accordance with Banner Boswell Medical Center Policy and Procedure.

REVIEWED & APPROVED:	Surgery Department	06/07/01, 06/18/07, 09/17/07, 09/21/10, 12/21/10, 10/11, 02/14
	Medical Executive Committee	07/02/02, 07/10/07, 10/02/07, 10/05/10, 01/04/11, 11/11, 03/14
	Joint Conference Committee	08/15/02
	Board of Directors	08/15/02, 07/25/07, 10/18/07, 10/14/10, 01/10/11, 11/11, 09/13, 03/14