

Department of Anesthesia

Rules and Regulations

ARTICLE I Organization

The Department of Anesthesia shall:

- 1.1 Include physicians granted privileges in the area of anesthesia;
- **1.2** Be directed by the Department of Anesthesia Chair or designee;
- 1.3 Be responsible for the general quality of all anesthesia which is performed in this Hospital including anesthesia evaluation, anesthesia services and post-anesthesia care;
- 1.4 Be responsible for the general quality of all ancillary services requested of the anesthesiologists and/or certified registered nurse anesthetists in which their specialized anesthesia skills, training and experience are utilized; and
- 1.5 Assist in the formulation and management of all Hospital policies and procedures relating to the provision of anesthesia and sedation services.

ARTICLE II Department Chair Functions & Duties

- 2.1 The Department Chair shall appoint a Vice Chair of the Department.
- 2.2 The Chair's election will be approved by the Medical Executive Committee.
- 2.3 The Department Chair, or their designee, shall insure timely ongoing assessment of the quality of anesthesia care (OPPE) through: routine quality review activities and investigation of referrals from members of the Medical Staff or Administration or from the Director of Surgical Services. Routine quality review activities will include, but not be limited to, the following:
 - a. invasive procedures review, medication usage evaluation, blood usage review, and medical records timeliness and clinical pertinence review;
 - b. other routine reviews of anesthesia-related issues including:
 - 1. complications;
 - 2. mortality;
 - 3. infection control.
 - 4. risk management, including sentinel events;
 - 5. comparative outcome data;
 - 6. regulatory and accreditation results
 - 7. ethics considerations
 - 8. patient satisfaction feedback

ARTICLE III Meetings

3.1 Information regarding meetings is outlined in Section 10.1-10.4 of the Medical Staff Bylaws.

- 3.2 The chair shall invite members of the Department of Anesthesia who are in the Active and Associate categories to attend the Department of Anesthesia.
- 3.3 The presence of two (2) voting members of the department shall constitute a quorum.
- 3.4 A majority of the Active and Associate Staff who are in attendance at the Department meeting may approve action.

ARTICLE IV Standards for Anesthesia Care

The Department of Anesthesia is responsible for the provision of anesthesia care, including moderate sedation, throughout the hospital, including the establishment of one level of anesthesia care and definitive statements describing comprehensive anesthesia care, including: preoperative assessment, administration, intraoperative/intraprocedural monitoring, documentation, postoperative evaluation, recovery and discharge by practitioners with any/all levels of anesthesia privileges.

- Protocol will be developed with input and collaboration of the Department of Anesthesia and approval for use by any practitioner with Anesthesia privileges.
- 5.2 The scope of privileges and one level of care will be monitored for compliance to credentialing and protocol criteria through the Medical Staff quality review activities.
 - **5.2-1** Departments/Services will be responsible for ongoing process; the Department of Anesthesia may be consulted or referred to for trends, exceptions, etc.
 - **5.2-2** The Department of Anesthesia will be responsible to include all departmental practitioners within its quality review process.
- 5.3 IV sedation anesthesia may be administered outside the Operating Room. For this 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.
- 5.4 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 room suite.
- 5.5 Any patient who has received anesthesia, other than local anesthesia, is examined before discharge by an anesthesiologist or certified registered nurse anesthetist. The anesthesiologist or certified registered nurse anesthetist will insure that the patient is given adequate post anesthesia recovery instruction.
- 5.6 The responsibility for extubation remains with the anesthesiologist or certified registered nurse anesthetist. Nurses may extubate at the request of the anesthesiologist or certified registered nurse anesthetist, but he or she must be in the immediate vicinity. (Immediate vicinity defined as in the Hospital or Operating Room/Post-Operative Care Unit Department.)
- 5.7 Consistent with Hospital policy and the Bylaws, Rules and Regulations, anesthesia will not be started unless the surgeon is in the immediate vicinity.
- 5.8 All anesthesiologists and certified registered nurse anesthetists on the staff of Banner Estrella Medical Center shall provide emergency coverage in a manner deemed necessary and/or appropriate.

Approved: Anesthesia Dept – 1/10/2005

MEC - 1/11/2005 Board - 1/12/2005

Revised: Anesthesia Dept - 2/2005

MEC - 3/2005 Board - 3/2005

Revised: Anesthesia Dept – 7/2007

MEC - 8/2007 Board - 8/2007

Revised: Anesthesia Dept - 4/2010

MEC - 5/2010 Board - 5/2010

Revised: Anesthesia Dept – 7/2010

MEC - 8/2010 Board - 8/2010

Revised: Anesthesia Dept – 3/2012

MEC - 4/2012 Board - 4/2012

Revised: Anesthesia Dept – 3/2012

MEC - 4/2012 Board - 4/2012

Revised: Anesthesia Dept – 5/2012

MEC - 6/2012 Board - 6/2012

Revised: Anesthesia Dept – 10/2014

MEC - 11/2014 Board - 11/2014

REVISED: Anesthesia Dept – 2/2016

MEC - 3/2016 Board - 3/3016