

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-109 DUTIES OF ANESTHESIOLOGIST	POLICY #: 1173
	VERSION: 2
APPROVED BY: ASC Approvers	
DATE APPROVED: 09/29/2017	

PURPOSE: To state the responsibilities and duties of the anesthesiologist

POLICY: The anesthesiologist will preside over all anesthesia-related activities within the Ambulatory Surgical Center.

PROCEDURE:

A. GENERAL

1. Arrive on time; regular work hours are 0700-1530, Monday through Friday.
2. Check OR schedule board and work in conjunction with the CRNA, Operating Room Nurse-in-charge and operating surgeon.
3. Be available throughout the regular working hours. Carry assigned VOIP phone, inform CRNAs and operating room Nurse-in-charge/clerk when leaving the ASC, and respond to any overhead pages.

B. PRE-OPERATIVE ANESTHESIA EVALUATION

1. Evaluate and prepare patients for anesthesia in the Preop Clinic or in the Preop Holding Area (for patients who were not seen prior to the day of surgery) per Policy #VI-106 as follows:
 - a. Interview and examine all patients scheduled for a pre-op visit and complete the Anesthesiology Preoperative Evaluation form on each patient scheduled to undergo a procedure with anesthesia care in the ASC. Discuss anesthesia plan with patient, or parent/legal guardian, including risks, benefits and alternatives. The Informed Consent for Anesthesia and Anesthesia-Related Services must be signed and witnessed to indicate understanding and authorization of proposed anesthesia care.
 - b. Order, when indicated, and review results of laboratory and diagnostic tests for patients scheduled for surgery.
 - c. If abnormal laboratory or diagnostic tests results are identified, review the patient's history and physical and decide on a course of action. Inform surgeon, if applicable, and discuss measures to be taken.

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- d. If a case needs to be canceled after preoperative evaluation, inform OR scheduling and the scheduling Surgeon.

C. OPERATING ROOM:

1. On the morning of and prior to the procedure, you must perform an in-person assessment of each patient to check for any changes in the patient's condition or any missed items on the preoperative evaluation. Take any needed action resulting from change in patient's condition or from newly found information.
 - a. Document the assessment as an addendum in the medical record
 - b. If there has been a change of plan for anesthesia, decide on the best plan, discuss with patient, and obtain patient's consent and document in the medical record.
2. Administer anesthesia
3. Actively supervise CRNAs: The anesthesiologist is responsible for supervision of anesthesia care. This includes, but is not limited to, the following:
 - a. Maintain a 1:2 supervision of CRNAs
 - b. Be present in the OR and directly supervise the CRNA during induction of general anesthesia.
 - c. The anesthesiologist may leave the immediate OR area after induction of general anesthesia, if the patient is stable, to perform other duties, (i.e. pre-anesthetic evaluation of patients and patient care in Post Anesthesia Care Unit or Peri-Operative Holding Area). Before leaving the immediate area, the Anesthesiologist must inform the CRNAs and the OR Nurse-in charge.
 - d. Relieve CRNAs for breaks when needed.
 - e. Sign the Anesthesia record as proof of supervision of anesthesia care.
4. The anesthesiologist engaged in supervision of anesthesia should not personally be administering another anesthetic and should use sound judgment when initiating concurrent anesthetic (supervising a CRNA).
5. The anesthesiologist engaged in supervision of anesthesia to a pediatric case should not leave the immediate OR area.

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D. POST ANESTHESIA CARES UNIT (PACU):

1. Provide medical supervision of patients in the PACU, treat pain, if indicated, and any anesthesia as well as procedure-related complications, including but not limited to nausea, vomiting, hemodynamic instability, and respiratory-related concerns.
2. Communicate with responsible surgeons about anesthesia complications, including pain, nausea and vomiting that are unresponsive to treatment, as well as about any hemodynamic or respiratory instability, which may anesthesia or surgery-related.
3. Follow up on any complication resulting from anesthesia or surgery, obtain any needed consultations for evaluation of complications and treat as needed until the problem is resolved. If the complication is related to the surgery/invasive procedure, treatment decisions should be discussed with the surgeon but the anesthesiologist retains the ultimate responsibility for the patient in PACU until the complication is resolved and the patient is discharged to POHA or transferred to the hospital.
4. Document in the medical record actions taken in relation to management of possible complications.
5. Discharge patients from PACU, and document status upon discharge in in the medical record.

E. PERIOPERATIVE HOLDING AREA (POHA):

1. Provide medical supervision of patients.
2. On the morning of and prior to the procedure, the anesthesiologist must, for each patient:
 - a. Review the Preoperative Anesthesia Evaluation and medical record. .
 - b. Identify patient, verify procedure and site.
 - c. Perform an assessment and check for any changes in the patients' condition.
 - d. Take any necessary action resulting from change in patient condition or from newly found information.
 - e. Discuss changes with the CRNA.

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- f. Consult with surgeons if changes are required.
 - g. Document patient’s condition as an addendum to preoperative anesthesia assessment in in the medical record.
3. Be available to evaluate and treat any problems that may arise during the patient's stay.
 4. Discharge patients when the surgeon is not available.

F. NON-CLINICAL DUTIES:

1. Attend ASC Credentialing Committee meetings if requested by Medical Director.
2. Assess equipment needs and recommend new equipment, to improve patient care outcomes as needed.
3. Collect data needed for department performance monitoring and improvement activities.
4. Participate in the ASC Performance Improvement and Patient Safety activities.
5. Participate in educational efforts of the ASC, including presentations, when requested.
6. Comply with HDHS ASC, CMS and DHS policies and procedures.
7. Maintain professional behavior, speech and dress code.
8. Complete County timekeeping per policy.
9. Fulfill all requirements for Anesthesia privileges, as directed by the HDHS Medical Staff Office.
10. Fulfill other duties related to the department or the to the ASC functions, when requested by the ASC Medical Director.

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