

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-115 ANESTHESIA CARE TEAM AND CRNA SUPERVISION	POLICY #: 1187
	VERSION: 2
APPROVED BY: ASC Approvers	
DATE APPROVED: 09/29/2017	

PURPOSE: To describe the Ambulatory Surgical Center (ASC) policy regarding roles of members of anesthesia care team members.

POLICY:

1. The ASC Anesthesia Service has a ratio of 1:2 supervision of CRNAs by an anesthesiologist.
2. The anesthesiologist is responsible for the medical Supervision of anesthesia care.
3. Medical direction includes the items stated in "The Anesthesia Care Team" (see attachment 1), an American Society of Anesthesiologists (ASA) position.
4. The anesthesiologist must be physically present in the operating room at critical points in the case, such as induction of general anesthesia.
5. The anesthesiologist must be immediately available, per ASA definition (see attachment 2), at all other times. Immediately available is defined as in physical proximity that allows the anesthesiologist to return to re-establish direct contact with the patient to meet the medical needs and address any urgent /emergent clinical problems.
6. The anesthesiologist may leave the immediate OR area, to perform other duties such as provision of post-anesthesia care in the Post Anesthesia Care Unit or preoperative evaluation of patients, only if all is going well with the on-going case(s). Before leaving, the anesthesiologist must inform the CRNAs and the ASC Nurse-in-charge where he/she is going as well as wear a working VOIP.
7. The anesthesiologist engaged in medical supervision should not personally be administering another anesthetic and should use sound judgment in initiating other concurrent anesthetic and emergency procedures.

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ATTACHMENTS:

1. ASA Statement on the Anesthesia Care Team, last amended October 21 , 2009
2. ASA Definition of Immediately Available when medical directing, Approved October 17, 2012

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