

**OLIVE VIEW-UCLA MEDICAL CENTER  
DEPARTMENT OF ANESTHESIOLOGY  
POLICY & PROCEDURE**

**NUMBER: 404  
VERSION: 6**

**SUBJECT/TITLE:** 006-PLAN FOR PROVISION OF CARE/SERVICES

**POLICY:** Define the scope of In-Patient and Ambulatory Care Services provided within the Hospital.

**PURPOSE:** Each department shall provide a description of their scope of services as part of the plan for patient care services.

**DEPARTMENTS:** ANESTHESIOLOGY

**KEYWORDS:** Provision of Care: Services

**PROCEDURE:** **I. Scope of Service**

**A. Location:**

Primary work locations are the operating rooms, the labor and delivery suite on the third floor, the Anesthesiology Clinic, and the Recovery Room. Anesthesia services are routinely provided in Radiology, Special Procedures, Cardiac Cath Room, Emergency Department, ICU, Endoscopy Lab, CT scanner, MRI, Recovery Room, or any other hospital location needing anesthesia services. Emergency services are given to all patients in all locations in the hospital. The Department manages the Anesthesiology Clinic (PAT: Pre Anesthesia Testing) in 2A185 (Clinic B) and provides medical management for OR and OB Recovery Rooms on the third floor. No services are provided in the health centers or any other location outside the hospital. (except MRI located in a separate building, on the hospital campus)

**B. Days and hours of operation:**

Weekdays: Main Operating Rooms and Labor & Delivery:

(ORs 1-8, Labor Rooms (LDR) and OR's 9-10):

Elective surgery and Emergencies as needed. Anesthesia Officer of the Day (AOD) clinically in charge.

a) Each Main Operating Room shall have an Attending Anesthesiologist (that may be supervising a resident or CRNA).

b) One Anesthesiologist to cover OB (Labor and Delivery).

**SUBJECT/TITLE: 006-PLAN FOR PROVISION OF CARE/SERVICES**

**Policy Number: 404**

**Page Number: 2**

Nights, WEEKENDS and HOLIDAY's:

Coverage for emergencies as designated by the weekly Manpower Schedule.

**ANESTHESIA IN OTHER LOCATIONS:**

Anesthesia care is routinely provided in other hospital locations, for scheduled or emergent cases. Anesthesia services are delivered by Department of Anesthesiology staff throughout the Hospital, such as in the ICUs, Emergency Room, Radiology, Cardiac Cath lab, GI lab, MRI or CT scanner, EEG lab, Recovery Room etc., following the Anesthesiology Department Procedure for Anesthesia in Other Locations. This service is arranged by discussion with the AOD or anesthesiologist on-call (emergency cases), through the Anesthesia Department clerical staff, or by the Surgery Scheduler. It may be preferable to bring a patient to the Recovery Room to perform the procedure under anesthesia (such as a Cardioversion).

**Staffing:** It is recommended that these procedures be scheduled. Because of the diversity and length of these procedures, it may be necessary to schedule multiple procedures simultaneously. Therefore staffing may require 1 - 3 Anesthesiologists for these Anesthesia procedures in locations outside of the OR, in addition to the requirements as noted above.

**Code Blue, Stat Intubations and other life threatening conditions:**

The Anesthesiology Department responds to requests for Stat Intubations and other threatening conditions throughout the Hospital (unless otherwise occupied by patient care).

Of note, on nights, weekends and holidays, the Anesthesiologist(s) may already be providing care, thus may not be able to respond.

**PREOP CLINIC (Pre-Anesthesia Testing; PAT): ("Clinic B"; Currently located in 2A185)**

Monday-Friday starting at 0700-until all patients have been seen (Approximately 4pm): Preoperative evaluation of elective and urgent surgery patients takes place, by assigned Anesthesiologists. The Nurse Practitioner(s) in this clinic are supervised by the Anesthesiologist.

The Anesthesiology Clinic is also used for evaluation of certain other patients:

- a) Consultation for patients who require assessment of anesthetic risks to determine type of surgery or other treatment options.
- b) Consultations for those patients with pain problems.
- c) Patients with a possible anesthetic complication such as spinal headache and the patient has returned from home.

**SUBJECT/TITLE: 006-PLAN FOR PROVISION OF CARE/SERVICES**

**Policy Number: 404**

**Page Number: 3**

Anesthesia consults can be done in the PAT, or in the hospital, if the patient is an in-patient.

If a patient is found to have a new disease, they may be referred to the appropriate clinic. Serious new health problems are dealt with by calling the Medicine consult service the day the problem is discovered, and appropriate evaluation and planning for care of the patient is done. Rarely, patients who present with serious medical problems must be sent to Urgent Care or the DEM.

**C. Goals:**

- Provide exceptional patient care, including critical management of high risk patients,
- Assist other hospital staff in the fulfillment of the Mission Statements of the Department of Health Services, the Hospital and the department of Anesthesiology.
- Provide evidence based, cost-effective care, with exceptional customer service,
- Provide the best possible experience for the UCLA medical students and residents who are training within our department.

**D. Types of patients and services:**

All patients requiring general or regional anesthesia, needing pain relief during a clinical procedure, monitored anesthesia care (MAC), control of the airway, or resuscitation. All patients needing evaluation for surgery and/or an Anesthesia procedure. All patient age groups.

**E. Contracted service:**

The department uses contract and registry anesthesiologists (and rarely contract CRNA's) when needed to provide patient care. Care provided by contracted service are the anesthesia services as defined in Section 2.c. Quality of services by contract staff is monitored by the same strict standards as the County Physicians including direct observation of patient care, chart review, statistical analysis, ORCHID data, reports and from Medical Records.

Peer review is performed according to the same standards as the County Physicians.

**Scope of Service/Care**

(1) Anesthesia services (General Anesthesia, Regional Anesthesia and Monitored Anesthesia Care for: pain relief, amnesia, airway management, monitoring of vital functions, treatment of problems in these areas and any other needed services to

**SUBJECT/TITLE: 006-PLAN FOR PROVISION OF CARE/SERVICES**

**Policy Number: 404**

**Page Number: 4**

maintain life and pain relief) during scheduled and emergency surgery for patients in the main operating rooms.

(2) Anesthesia services (defined above) for patients in the Labor and Delivery Suite.

3) Anesthesia services (defined above) for patients having procedures in other locations throughout the hospital.

(4) Medical Supervision of the Recovery Room in the OR area and L&D Recovery

(5) Formulating the Policy for Moderate and Deep Sedation throughout the hospital.

(6) Consultation in the following areas:

- a. Anesthesiology Clinic, including the preparation of patients with significant co-morbidities for surgery and anesthesia.
- b. Problems of airway or ventilator management in the ICUs or ER.
- c. Assisting with Moderate and Deep Sedation in the ICU and the ER.
- d. Provision of care to patients who are critically ill.
- c. Acute post-operative pain problems
- d. Familial syndromes known to cause problems during anesthesia, such as Malignant Hyperthermia or Atypical Pseudocholinesterase.

(7) Post-operative pain management in the Recovery Room. The Department of Anesthesiology is also available to consult on care for patients in the immediate post-operative period.

(8) Emergency airway management in all hospital locations. Response to "Code Blue".

(9) Education in areas related to anesthesia for the department's staff, other physicians, residents, nurses, respiratory therapists and technicians.

(10) Academic activities as required by the affiliation with UCLA School of Medicine, including clinical research and public education.

(12) Members of the Department of Anesthesiology play key roles throughout the Hospital, including chairmanship and active participation on most hospital committees. The Anesthesiology Department provides input into key operational and strategic decisions to provide patients with excellent care, improve patient satisfaction, improve organization-wide performance and to fulfill the mission of

**SUBJECT/TITLE: 006-PLAN FOR PROVISION OF CARE/SERVICES**

**Policy Number: 404**

**Page Number: 5**

the hospital.

## **II. Standards of Practice**

A. Services and functions shall be developed and implemented in a manner consistent with applicable regulatory and advisory agency standards.

B. Regulatory agencies with relevant standards include: The Joint Commission, CMS, DHS, Title 22 of the state's hospital licensing code, the Medical Board of California, and the State Board of Nursing. Professional organizations with applicable standards and recommendations include the American Society of Anesthesiologists, the American Association of Nurse Anesthetists, the Anesthesia Patient Safety Foundation and the Malignant Hyperthermia Association.

## **III. Requirements for Staff**

A. Job classifications required to staff the department are as follows:

- Department Chair
- Vice Chair
- Anesthesiology OR Director
- Anesthesiology OB Director
- Physician Specialists
- Anesthesiology Residents
- Certified Registered Nurse Anesthetists
- Nurse Practitioner(s)
- Central Service Technicians
- Surgical Technicians
- Nursing Attendants
- Medical Secretaries

B. Basic Requirements:

### **DEPARTMENT CHAIR:**

1. The Department Chair shall be appointed as outlined in the PSA guidelines and shall have the responsibilities delineated in the PSA By-laws. The Department Chair shall be a doctor of medicine or osteopathy. The Department chair shall have a current license as a Physician and Surgeon in the State of California, current DEA license and current hospital privileges. The Department Chair shall have completed an approved anesthesiology residency, Board-certification, have status in academic anesthesiology and a UCLA faculty appointment; documented excellence in clinical care;

**SUBJECT/TITLE: 006-PLAN FOR PROVISION OF CARE/SERVICES**

**Policy Number: 404**

**Page Number: 6**

administrative experience suitable for managing a department. Superior communication skills. Understanding of the institution's and department's missions and dedication to carrying them out. The Department Chair has the authority and responsibility for directing the administration of all anesthesia throughout the hospital.

The Department Chair responsibilities include the following:

- A. Planning, directing, and supervising all activities of the service;
- B. Establishing staffing schedules;
- C. Evaluating the quality and appropriateness of the anesthesia patient care.

Vice Chair: Current license as a Physician and Surgeon in the State of California, current DEA license. Current hospital privileges. Completion of an approved Anesthesiology residency, Board-certification, experience in academic anesthesiology and a UCLA faculty appointment; documented excellence in clinical care; administrative experience suitable for managing a department. Superior communication skills. Understanding of institution's and department's missions and dedication to carrying them out. Shall be eligible to hold the title of Chief Physician.

Anesthesiology Division Chief or Director: Current license as a Physician and Surgeon in the State of California, current DEA license. Completion of an approved anesthesiology residency, Board-certification. Documented excellence in clinical care; administrative experience suitable for managing a clinical section of a department. Excellent communication skills. Understanding of institution's and department's missions and dedication to carrying these out. Academic appointment in the Department of Anesthesiology at UCLA (or pending).

Physician Specialists: Current license as a Physician and Surgeon in the State of California, current DEA license. Completion of an approved anesthesiology residency, Board-certification (or in the process), documented clinical competence in all basic anesthesia skills, able to manage standard anesthesia crises. Understanding of institution's and department's missions and dedication to carrying these out. Agency/ Contract/Personal Service Anesthesiologists must also meet these requirements.

Anesthesiology Residents: Concurrent attendance in an approved anesthesiology residency, documented clinical competence in basic anesthesia skills, able to manage standard anesthesia crises. Understanding of this institution's and department's missions and dedication to carrying these out. License and certification as required by Hospital Policy.

Certified Registered Nurse Anesthetist (CRNA): Possession of an active

**SUBJECT/TITLE: 006-PLAN FOR PROVISION OF CARE/SERVICES**

**Policy Number: 404**

**Page Number: 7**

California registered nurse (RN) license, successful completion of a CRNA program of study which conforms to the Board's educational standards set forth in the California Code of Regulations, maintenance of certification by a national organization/association recognized by the California Board of Registered Nurses, possession of a valid Nurse Anesthetist Certificate to Practice from the California Board of Registered Nursing.

Nurse Practitioner: Current license as an RN and Nurse Practitioner in the State of California, Furnishing Number current or pending, current BLS. Experience in taking standard histories and physicals, lab and other diagnostic test ordering.

Central Service Technicians: Completion of a Central Service Technician course, current state certificate as a Central Service Technician.

Surgical Technician: Completion of a Surgical Technician course, current state certificate as a Surgical Technician.

Medical Secretary: Previous experience as a secretary in a large hospital department. Advanced word-processing and spread-sheet knowledge. Understanding of institution's mission and dedication to carrying it out.

#### **IV. Staffing Plan:**

##### A. Staffing for MD and CRNA:

Determined by nationally accepted staffing standards (American Society of Anesthesiologists), Center for Medicare and Medicaid, and California law. Primary determinants are number of ORs to be run (both ORs and L&D suite), procedures "outside the OR" that require an Anesthesiologist, and Anesthesiology Clinic staffing. A call-back system is in place to meet emergency demands, when number of patients exceeds number of anesthesia staff on site.

L&D: Ability to staff 1 C-section, with a response time according to ASA standards.

##### B. Shifts:

On call Anesthesiologists: Anesthesiologist for emergency OB (Labor and Delivery) case(s). On call Anesthesiologist (C1), Physician Specialists and Nurse Anesthetists as needed; Call-2 stays late, then standby from home, able to return to the hospital per Policy on "ON-CALL EXPECTATIONS".

Weekends/Holidays: 7AM-7AM, On call Anesthesiologist(C1), Physician Specialists and Nurse Anesthetists (CRNA) as needed; CRNA may be on call with MD, or MD on call for main OR -comes in from home. Additional Call-2 (standby), able to come to the Hospital per Policy on "ON-CALL

**SUBJECT/TITLE: 006-PLAN FOR PROVISION OF CARE/SERVICES**

**Policy Number: 404**

**Page Number: 8**

EXPECTATIONS” 7AM-7AM.

CST/ST: Weekdays: One per 8 hour shift, day and evening. Weekends/Holidays: none

Medical Secretary: Scheduled all L.A. County Business days.  
Weekends/Holidays: Rarely, (if needed)

C. Plans for adjustments:

Increase in need (Staffing Variance Plan): Anesthesiologist in charge - “AOD” or Anesthesiologist on call: Call employed staff or contract staff not on duty to come in.

Decrease in staffing needed: “Flex” Staff (i.e. send home)

**V. Supplies:** Detailed: These are adequate.

**VI. Equipment:** Detailed: This is adequate.

**VII. Space:** As allocated by the hospital’s Space Committee. This is adequate.

References:	
1) The American Society of Anesthesiologists: THE ORGANIZATION OF AN ANESTHESIA DEPARTMENT. Committee of Origin: Quality Management and Departmental Administration (Approved by the ASA House of Delegates on October 15, 2003, and last amended on October 16, 2013).	
2) The American Society of Anesthesiology: STANDARDS AND GUIDELINES. Guidelines for Patient Care in Anesthesiology. Developed By: Committee on Surgical Anesthesia Last Amended: October 26, 2016 (original approval: October 03, 1967).	
3) Centers for Medicare and Medicaid Services: Revised Hospital Anesthesia Services Interpretive Guidelines: December 2, 2011.	
4) Joint Commission Standards.	
Note: For purposes of this policy, “Olive View - UCLA Medical Center”, “Olive View”, “Medical Center” and “Hospital” shall be synonymous	
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