

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

**NUMBER: 405
VERSION: 3**

SUBJECT/TITLE: 007-RULES AND REGULATIONS

POLICY: Rules And Regulations

PURPOSE: Anesthesia services shall be provided in a well-organized manner.

DEPARTMENTS: ANESTHESIOLOGY

DEFINITIONS: Define: Membership, Qualifications, Administration, Appointment and Reappointment, Corrective Action, Committees, Meetings, Standards of Participation, Amendments, Adoption of Rules and Regulations.

PROCEDURE: ARTICLE I MEMBERSHIP

1. Physician membership in the Department of Anesthesiology is a privilege which shall be extended to Physicians who are members of the Professional Staff Association (PSA), and who have met all the requirements as outlined below. Patients may be treated only by individuals who have been credentialed and granted clinical privileges by the Professional Staff Association (PSA). Membership in the PSA shall not automatically confer any clinical privileges, and appointment to PSA membership shall confer only those clinical privileges which have been granted by the Department of Anesthesiology in accordance with the PSA bylaws.
2. Certified Registered Nurse Anesthetist (CRNA) and Nurse Practitioner (NP) membership in the Department of Anesthesiology is a privilege which shall be extended to individuals who have been credentialed and granted clinical privileges by Olive View-UCLA Medical Center. The qualifications of allied health professionals providing services in the Olive View-UCLA Medical Center shall be reviewed by the Interdisciplinary Practice Committee of the PSA and this committee will forward its recommendations to the Department of Anesthesiology.
3. All new appointments to the Department shall be under the rules governing appointments to the PSA.

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ARTICLE II QUALIFICATIONS

1. Provisional members:

- a. Physician Provisional members shall be all newly-appointed members of the PSA, who must serve at this level for a period of no fewer than six months, and who shall be subject to the same restrictions applied to provisional members of the PSA, according to the PSA By-Laws.
- b. CRNA and NP Provisional members shall be all newly-appointed members, who must serve at this level for a period of no fewer than six months, and who shall be subject to the same restrictions applied to Physician provisional members. The qualifications of allied health professionals providing services in the Olive View-UCLA Medical Center shall be reviewed by the Interdisciplinary Practice Committee of the PSA.

2. Active members shall be Physicians, Certified Registered Nurse Anesthetists and Nurse Practitioners who actively attend to patients at Olive View-UCLA Medical Center and whose time commitment is generally half time or greater.

Both active and those provisional members proposed as active members shall be eligible to serve on departmental committees. All Department members are required to attend departmental meetings. They must maintain current privileges, except in unusual circumstances.

3. Consultants are those members of the Department whose advice or assistance is occasionally desired. Consultants shall be physicians who attend patients at Olive View-UCLA Medical Center and whose time commitment is generally half time or less.

They are eligible to serve on committees, but are not required to attend PSA or Department meetings.

4. All Physician members must also have completed the requirements of formal training required for the examination process for certification by the American Board of Anesthesiology. It is expected that active members will become certified by the American Board of Anesthesiology within two years of becoming eligible. However, members of the department who are in the examination process may maintain privileges at the discretion of the department chairman. The member shall keep the Department Chair informed at all times as to his/her status with the specialty board. To maintain clinical privileges, the Physician shall have a current License from The Medical Board of California and a current DEA certificate.

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5. Nurse Practitioners:

Licensing and Certification Requirements:

In order to practice as a Nurse Practitioner, a candidate must have successfully completed a course of study, certified by the Board of Registered Nursing and meet the licensing and certification standards as established by the board or its equivalent and meet the following requirements:

- a) Current California Registered Nurse License/ Nurse Practitioner Certificate.
- b) Furnishing Certificate from the Board of Registered Nursing within 1 month.
- c) The Department of Anesthesiology requires that Nurse Practitioners not already certified at the time of hire be certified by an approved Nurse Practitioners Certification Program within two years from the date of hire. (Candidates will become certified by an organization approved by the Board of Registered Nursing)
- d) The Department of Anesthesiology will adhere to The Joint Commission and Title 22 requirements as to the requirements that a Nurse Practitioner follow Standardized Procedures and Protocols when providing direct patient care to individuals. Standardized Procedures and the process for qualifying for Clinical Privileges are specific to the Department of Anesthesiology.

6. Certified Registered Nurse Anesthetist - CRNA (See note below regarding CMS):

For clinical privileges within the Department of Anesthesiology, the CRNA shall have:

- a) Possession of an active California registered nurse (RN) license (California Code of Regulations).
- b) Successful completion of a CRNA program of study which conforms to the Board's educational standards set forth in the California Code of Regulations. There shall be verification of the Completion of the CRNA Academic Program.
- c) Maintenance of certification by a national organization/association recognized by the California Board of Registered Nurses.
- d) Possession of a valid Nurse Anesthetist Certificate to Practice from the California Board of Registered Nursing.

7. "Reentry" Program:

The Department of Anesthesiology supports the concept of a "Reentry" Program. "Reentry" is a return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity (typically greater than 2 years) not resulting from discipline or impairment. Physician reentry is not remediation, resulting from disciplinary intervention due to a breach of medical ethics, substance

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abuse, loss of one's medical license or similar events. The physician must already hold a California Medical License.

The focus of the Reentry program is to enable the physician to obtain privileges to deliver effective, efficient and high-quality patient care. The applicant will be interviewed by both the Professional Staff Association (PSA) Credentials Committee and the Department of Anesthesiology. At the discretion and agreement of both the PSA Credentials committee and the Department of Anesthesiology, a determination shall be made whether the applicant may apply for Provisional Privileges and subsequently begin the Reentry Program.

Further information shall be in the PSA Policy and Procedure for Physician Reentry.

ARTICLE III ADMINISTRATION

1. The Department Chair shall be appointed as outlined in the PSA guidelines and shall have the responsibilities delineated in the PSA By-Laws.
2. The Division Chief of each department division shall be appointed by the Department Chair.
3. The Department Chair:
 - a) Must be active or proposed as an active member of the PSA,
 - b) Shall hold a faculty appointment at UCLA (or be in the process of obtaining or retaining a faculty position),
 - c) Shall be physically present at Olive View-UCLA Medical Center for a significant portion of his/her professional time,
 - d) Shall maintain the quality of care and insure the highest level of patient safety,
 - e) Shall support the clinical residency program, and ensure adherence to ACGME requirements,
 - f) Shall have a comprehensive knowledge of the requirements of the Olive View - UCLA Medical Center in regards to budgeting, overtime requests and the preparation of annual reports,
 - g) Shall have a comprehensive knowledge of the Professional Staff Association (PSA) Bylaws, rules and regulations,
 - h) Shall have a comprehensive knowledge of the Department of Anesthesiology and the Olive View - UCLA Medical Center, such that the department can work in a true collaborative partnership with the nursing service and the hospital administration in matters affecting patient care, safety, special regulations, standing orders and techniques,

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- i) Shall have a comprehensive knowledge of the Peer Review and Performance Evaluation process for members of the Department of Anesthesiology.

4. The Division Chiefs:

- a) Must be active or proposed as active members of the PSA;
- b) Hold a faculty appointment at UCLA (or be in the process of obtaining or retaining a faculty position),
- c) Be physically present at Olive View-UCLA Medical Center for a significant portion of his/her professional time,
- d) Shall maintain the quality of care and insure the highest level of patient safety,
- e) Support the clinical residency program, and ensure adherence to ACGME requirements.

If, at the re-appointment process, a Division Chief does not meet the requirements of this position, he/she shall be called Acting Division Chief until such time that an appropriately qualified physician is appointed by the Chairman or the requirements are met. A physician may not serve as Acting Division Chief for more than one year, unless continued by a majority vote of the Department.

ARTICLE IV PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

1. Appointment

- a. An applicant to the Department of Anesthesiology may be proposed by the appropriate Division Chief or by the Vice-Chair of the Department to the Chairman of the Department. Upon concurrence of the Department chair, notification shall be sent to the PSA requesting that an application be sent to the applicant. Upon completion of the application, the PSA will send the application to the Department. The Department Chair shall review the application and the requested privileges and shall transmit to the Department Executive Committee (Executive Committee) the application. The Executive committee shall determine whether to recommend to the Chairman of the Department that the applicant be granted temporary or provisional privileges and be provisionally appointed to the Department, that he/she be rejected for Department membership, or that his/her application be deferred for further consideration. Based on the recommendation of the Executive Committee, the Department Chairman shall decide whether the application shall be approved, rejected, or deferred. (The recommendation of the

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Executive Committee shall be acted upon by the Chairman, but is not binding). In the event that there is not recommendation forthcoming from the Executive Committee, the Department Chairman may rule on the application.

- b. When the recommendation of the Chairman/Executive Committee is favorable to the applicant, the application will subsequently be presented before the PSA credentials committee and the Medical Executive Committee. The PSA shall determine if the applicant shall be granted membership in PSA. The applicant shall be promptly informed by the Chairman once provisional membership in the PSA has been granted. At that time, the applicant will be granted temporary or provisional privileges in the Department.

(When the recommendation of the Executive Committee and the Chairman is to defer the application, the physician shall be informed by the Department within 30 working days.)

- c. Once temporary or provisional privileges have been granted, proctoring, including but not limited to direct observation of clinical performance, shall be performed by at least two members of the Department appointed by the Chairman for a period of at least six months. The member will be supplied with the names and duties of the proctors. If the proctors believe a longer period of observation is required, they may recommend to the Chairman that the proctoring period be extended.
- d. The proctors will submit written reports to the Chairman. The written reports will include assessment of clinical knowledge, technical skills, judgment, and general behavior.
- e. If the proctoring reports are favorable, the Chairman, via authority granted by the Executive Committee, will recommend to the PSA Credentials Committee unrestricted privileges and appropriate membership in the PSA. The PSA will so inform the applicant of its decision.
- f. When the recommendation of the Executive Committee or the proctors is adverse to the applicant, the matter will be referred to the PSA credentials and executive committees for resolution.
- g. All appointments shall be for a period of time in accordance with the PSA bylaws.

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2. Reappointment

- a. Prior to the end of the current appointment/reappointment, the Department Chair and other members of his/her choice shall review all pertinent information available on each departmental member who is scheduled for periodic appraisal, including peer review, data from the Quality of Care Committee and status with respect to the specialty board, and shall propose to the appropriate committee reappointment for the ensuing two years, with or without change in membership category, or non-reappointment. As in the appointment process, a recommendation shall be made by the Department Executive Committee who shall transmit its recommendation through the Chairman to the Credentials Committee of the PSA. The PSA will so inform the member and the department executive and credentials committees will be notified.
- b. Reappointment and Non-reappointment are also subject to all the terms of the PSA By-Laws.
 - The member shall demonstrate ongoing competence by the performance/supervision of a minimum of 200 procedural cases and/ or perioperative case management in the past two years in their entire practice^{2,3} at Olive View-UCLA Medical Center. The American Medical Association (AMA) recommends that organizations with responsibilities for patient care and patient safety request physicians to engage in content-specific educational activities when there is a reasonable expectation that the CME intervention will be appropriate for the physician and effective in improving patient care or increasing patient safety. Therefore, CME may be used in evaluating clinical competency, as it is recognized that Continuing Medical Education (CME) is a key factor to keep Anesthesiologists abreast of advances in patient care, to improve patient safety and to improve patient outcomes.
 - If circumstances do not allow adequate review of a member at Olive View - UCLA Medical Center, that member will be asked to furnish the name of the Joint Commission certified facility where most of their clinical practice occurs so that information may be requested from that facility

3. Change in membership status

Any member may at any time request a change in membership status for himself/herself by petitioning in writing the Chairman of the Department. The Chairman shall review all pertinent

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information and shall transmit the request and a recommendation for approval, denial, or deferment to the Credentials Committee, who shall then submit a recommendation in a timely manner to the Executive Committee, as in the appointment process. The decision of the Executive Committee shall be transmitted promptly to the physician in question by the Chairman and, when appropriate, to the Credentials Committee of the PSA. The PSA, according to its by-laws, rules and regulations will review and act upon the request. Ultimately, the PSA will grant or deny a change in membership status.

ARTICLE V CORRECTIVE ACTION, HEARING, AND APPELLATE REVIEW

1. Whenever the professional conduct of any member is considered to be below the standards of the Department or to be disruptive or deleterious to its operations, peer review or corrective action may be requested by an active member. This request, specifically supporting the allegation, must be submitted in writing to the Executive Committee.
2. The Executive Committee shall review the request at its next regular meeting or at a meeting called by one of the Committee members. The Committee shall transmit the request to the Chairman, who shall promptly inform the accused member of the allegations in writing, and who then may forward the request to the PSA Executive Committee to pursue the process of Corrective Action as described in the PSA By-Laws or adequately resolve the matter at the departmental level and in a manner that is satisfactory to the Executive Committee and/or the Quality of Care Committee.
3. Hearing and Appellate Review Procedures shall be conducted according to the PSA By-Laws.

ARTICLE VI COMMITTEES

1. The Chairman shall appoint all committees.
2. The Executive Committee shall consist of the Chair and at least 2 additional Active Staff Anesthesiologists
 - a. The Executive Committee shall coordinate the activities and general policies of the Department, represent, and act on behalf of

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the Department, provide liaison between the Department and the PSA, receive and act upon committee reports and recommendations, make recommendations to the Chairman on the administrative matters, and take all reasonable steps to ensure professional and ethical conduct and competent clinical performance of all members of the Department.

- b. The Executive Committee shall meet at least one time per month for at least 10 months per year and a permanent record of its proceedings and actions will be maintained. A quorum shall consist of at least 3 (three) members present at a regularly called meeting (e.g. monthly department meeting), and any specially-convened meeting.
3. The Credentials Committee shall consist of at least three active members appointed for one year (July 1 through June 30) and may include the Chairman of the Department. The Executive Committee may serve as the Credentials Committee.
 - a. The Credentials Committee shall evaluate every physician seeking departmental appointment and reappointment and shall be responsible for determining if an applicant meets the professional and ethical standards of the Department and if he/she should be granted the specifically-requested privileges. In the case of new appointments, the privileges granted will be provisional or temporary only, with unrestricted privileges based on the results of proctoring. For members requesting new or additional privileges during reappointment, these privileges will be either provisional, based on the outcome of proctoring of these new privileges, or unrestricted depending upon the specific circumstances of training and experience. The committee shall then present its findings in the form of a recommendation.
 - b. The committee shall meet as needed and report to the Executive Committee.
 4. The Quality of Care Committee shall consist of at least three active and/or Provisional members.
 - a. The Committee shall be responsible for monitoring the quality of care provided by the Department, which includes entertaining and investigating any questions of quality submitted by an individual or another committee, studying the morbidity and mortality reports to assure accuracy and satisfactory completion, and at

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regular time intervals, reviewing departmental cases and individual physician and departmental activities.

- b. The Committee shall meet regularly and shall report to the Executive Committee.

5. The Performance Improvement and Peer Review Committee

- a. The Committee will be comprised of at least 3 members of the Department. The Committee shall consist of the Chair, the Vice Chair and at least two other active members. In the event that the committee needs to meet and the Chair or the Vice-Chair is not available, the committee meeting may take place with at least the Chair or the Vice-Chair present. All efforts should be made to make committee members aware of a meeting such as personal notification, phone and/or e-mail. All efforts should be made by committee members to attend the meeting. If it was not possible to contact a committee member and the committee has met, that member shall be contacted by one of the aforementioned means to notify that person that a meeting has taken place in their absence.
- b. The Committee shall oversee the Morbidity & Mortality review process, perform practitioner-specific peer review, both for ongoing (OPPE) and focused professional practice evaluation (FPPE). Privileges shall be subject to OPPE and FPPE. The committee will also establish the duration for such FPPE, as well as triggers that indicate the need for performance monitoring. Monitoring may use prospective, concurrent, or retrospective proctoring, including but not limited to the following:
 - i. Chart review
 - ii. Tracking performance monitors/indicators
 - iii. External peer review
 - iv. Simulations
 - v. Morbidity and mortality reviews
 - vi. Discussion with other employees who may be able to comment on the practitioner
 - vii. Discussion with patients and their families, who may be able to comment on the practitioner.
- c. The committee shall meet at least quarterly, maintain a record of its proceedings and submit reports to the PSA Peer Review Oversight Committee.
- d. There shall be a Performance Improvement coordinator.
- e. This Committee shall be responsible for evaluating and improving aspects of care provided by the Department. This includes receiving and investigating any question of quality

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submitted by an individual or another committee, establishing goals of the Department, reviewing practitioner-specific peer review, and monitoring the Departmental indicators.

- f. There shall be a Performance Improvement (PI) report given quarterly at the Anesthesiology Department Meeting and the PSA Quality Assurance & Improvement Committee (QAIC) Meeting.
6. Other committees may be appointed at the discretion of the Chairman and/or the Executive Committee.
7. If any committee member cannot be present at any designated meeting, the may Chair may enlist a qualified replacement to attend.

ARTICLE VII MEETINGS

1. Members of the department may find information regarding the scheduling of routine meetings by one of the following methods: a) Monthly calendars and/or the weekly Manpower Schedule (MPS), and/or weekly notices posted throughout the department, b) notice(s) sent by e-mail, c) information on the Anesthesiology Department Intra-net site.
2. There shall be at least 10 monthly department meetings per year of the Department to conduct and discuss department and hospital business and to review the care of the patients of all divisions. While subject to change, these meetings are held on a Thursday from 7 a.m. to 8 a.m.
3. All morbidity and mortality which meets criteria for presentation and discussion shall be discussed by the responsible physicians or their designees at an appropriate department conference.
4. There shall be other meetings as determined by the Chair and the committee's within the department.
5. Special meetings of the Department may be called by the Chairman or by a majority of the Department's active members. When a special meeting of the Department is called by a majority of the Department's active members, a minimum 30 day written notice shall be given noting the place, date, time and purpose of such a Special Meeting and shall be hand-delivered or mailed to each member of the Department. In addition, notices will be posted prominently throughout the Anesthesiology Department in at least 24 font and an e-mail notification will be made to the L.A. County (membername@dhs.lacounty.gov) address of the department member.

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6. Active members and provisional members who are proposed as active members should attend at least 50% of the weekly meetings in any one year.

ARTICLE VIII STANDARDS OF PARTICIPATION FOR ACTIVE MEMBERS AND CONSULTANTS WHO ARE ONE-HALF TIME OR GREATER

1. The patient care, teaching, research, creative or scholarly pursuits, administrative and other contributions for active members and provisional members who are proposed as active members should be commensurate with their role in the Department or Division as determined by the Chairman and/or the appropriate Division Chief. Appropriate activities include teaching and educational activities within the department, attending in the operating room, attending in the outpatient department (includes supervision and coordination of care), attending responsibilities outside of the OR, perioperative case management (pre-anesthesia evaluation, post-anesthesia evaluation), participation in department committees, departmental or hospital business meetings, and participating in Olive View-UCLA and UCLA educational activities and teaching conferences.

The Department of Anesthesiology plays a crucial role in ensuring the hospital's quality of care and in patient safety. Therefore, the Department of Anesthesiology recognizes the importance of its leadership role throughout the Hospital. Because of the importance of quality of care and patient safety, time spent in administrative responsibilities is considered active participation for standards of participation.

2. Arranging appropriate attending coverage is the responsibility of the Chair (who can delegate preparation of the schedule to a scheduler), but once an on-service assignment has been designated, it is the responsibility of the assignee. In unusual circumstances such as illness or for bereavement leave, the assignee may assist in the process of providing a qualified substitute.
3. Inadequate participation may be cause for change of membership status. Failure to participate as designated or promised may be cause for a request for corrective action.

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ARTICLE IX AMENDMENTS

An Amendment to these Rules and Regulations may be proposed by any active member and may be enacted by a two-thirds majority vote at any departmental meeting, provided that the proposed changes are presented at a prior departmental meeting. The Rules and Regulations of the Department must be in accordance with the policies and procedures of the Department of Anesthesiology and the PSA.

ARTICLE X ADOPTION

These Rules and Regulations may be adopted at any regular meeting of the Department by a two-thirds majority of those voting members present, provided that they are presented at a prior departmental meeting. When thus approved and signed by the Chairman, these Rules and Regulations shall then replace any previous Rules and Regulations of the Department. If the Chairman will not endorse this document, approval by at least two-thirds of all voting members at a subsequent regular meeting of the Department shall override the veto.

By becoming a member of the Department of Anesthesiology at Olive View-UCLA Medical Center, any category of physician agrees to comply with all department policies and procedures and agrees to maintain the highest level of patient care and medical professionalism possible.

Article XI VARIANCE

Every attempt has been made such that these Rules and Regulations will be in accordance with the Professional Staff Association Bylaws and Rules & Regulations. Additionally, every attempt has been made such that these Rules and Regulations are in accordance with: a) established L.A. County Policies, Procedures, Rules and Regulations; b) all applicable laws; c) Federal and State regulations. However, if it is determined that there is a variance or conflict, the PSA Bylaws and Rules & Regulations; L.A. County Rules and Regulations, applicable laws, and Federal and State regulations shall take precedence. At all times, all other components of these Rules and Regulations will remain in effect. If any dispute cannot be resolved at the Department level, resolution will take place in accordance with applicable Professional Staff Association guidelines.

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APPROVED FOR ADOPTION BY

RIMA MATEVOSIAN, M.D., FASA, CHIEF MEDICAL OFFICER DATE

LELAND POWELL, M.D., PH.D., F.A.C.P., PRESIDENT OF THE PSA DATE

JUDITH MAASS, RN, NP, CHIEF EXECUTIVE OFFICER DATE

GOVERNING BODY REPRESENTATIVE DATE

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References: Bylaws of the Professional Staff Association

¹ Division 2. Healing Arts; Chapter 6. Nursing; Article 7. Nurse Anesthetists

2825. Short Title

This article may be cited as the Nurse Anesthetists Act. (Added by Stats. 1983, c. 696, § 7.)

2826. Definitions

As used in this article:

(a) "Nurse anesthetist" means a person who is a registered nurse, licensed by the board and who has met standards for certification from the board. In the certification and recertification process the board shall consider the standards of the Council on Certification of Nurse Anesthetists and the Council on Recertification of Nurse Anesthetists and may develop new standards if there is a public safety need for standards more stringent than the councils' standards. In determining the adequacy for public safety of the councils' standards or in developing board standards, the board shall comply with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(b) "Accredited Program" means a program for the education of nurse anesthetists which has received approval from the board. In the approval process the board shall consider the standards of the Council on Accreditation of Nurse Anesthesia Education Programs and Schools and may develop new standards if the councils' standards are determined to be inadequate for public safety. In determining the adequacy for public safety of the councils' standards or in developing board standards, the board shall comply with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) "Appropriate committee" means the committee responsible for anesthesia practice which is responsible to the executive committee of the medical staff.

(d) "Trainee" means a registered nurse enrolled in an accredited program of nurse anesthesia.

(e) "Graduate" means a nurse anesthetist who is a graduate of an accredited program of nurse anesthesia awaiting initial certification results for not more than one year from the date of graduation.

(Added by Stats. 1983, c. 696, § 7.)

² Joint Commission Certified Facilities will be considered.

³ The American Board of Anesthesiology defines clinically active as performing, teaching or supervising anesthesia in the operating room or other anesthetizing areas an average of one day per week during twelve consecutive months over the preceding three years in patients having a varied degree of systemic disease and who are undergoing surgery or diagnostic procedures requiring anesthetic care consistent with the knowledge of the currently relevant pharmacology, physiology and medicine. The American Society of Anesthesiologists recognizes the Anesthesiologist as the perioperative physician, and as such improves quality, safety and patient satisfaction. Therefore, clinically active perioperative case management will include pre-operative assessment, consultation in the recovery room and post-operative assessment and management.

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Approved by: Rima Matevosian (Chief Medical Officer)	Date: 02/12/2020
Review Date: 12/07/2009, 12/07/2012, 08/29/2016, 08/30/18, 02/12/2020	Revision Date: 11/14/08; 11/09/09; 08/29/16
Next Review Date: 02/12/2023	
Distribution: Anesthesiology	
Original Date:	