

ANESTHESIA SERVICE

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook establishes the programmatic structure and procedures that are to be used for the practice of anesthesiology in VHA.
- 2. SUMMARY OF CONTENTS/MAJOR CHANGES.** Procedures have been revised to note the team approach to anesthesia care within the Department of Veterans Affairs (VA), and to be more specific regarding provision of anesthesia care. Procedures have been revised to recognize the participation of ancillary personnel including anesthesiologists' assistants, physicians' assistants, and biomedical technicians as part of the anesthesia team.
- 3. RELATED ISSUE.** VHA Directive 1123 (to be published).
- 4. RESPONSIBLE OFFICE.** The Office of Patient Care Services (111L) is responsible for the contents of this VHA Handbook. Questions may be addressed to the Anesthesia Service at 206-764-2157.
- 5. RECISSIONS.** VHA Handbook 1123, dated March 27, 1998, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of March 2012.

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ANESTHESIA SERVICE

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides guidance for the anesthesiology services and sections in VHA medical treatment facilities, and establishes formal principles to maximize the efficiency and the effectiveness of Anesthesia Service (AS).

2. BACKGROUND

a. At the national level, AS provides consultation to VHA Central Office on all matters regarding the practice of anesthesiology. AS respects the necessity for local services and sections to create policies and procedures pertinent to their individual practice settings, while at the same time conforming to national policies.

b. AS provides consultation and guidance regarding the practice of anesthesiology within VHA. It does this through distribution of information concerning agreed-upon and universally-applied principles and practices. VHA abides by guidelines and standards as described by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), the American Society of Anesthesiologists, and the American Association of Nurse Anesthetists. AS supports VHA's mission by providing the highest quality of care.

3. SCOPE

The practice of anesthesiology includes, but is not limited to the:

- a. Assessment of, consultation for, and preparation of patients for anesthesia.
- b. Provision of insensibility to pain during surgical, therapeutic, and diagnostic procedures and the management of patients so affected.
- c. Monitoring and restoration of homeostasis during the perioperative period, as well as homeostasis in the critically ill, injured, or otherwise seriously ill patient.
- d. Diagnosis and treatment of painful syndromes.
- e. Clinical management and teaching of cardiac and pulmonary resuscitation.
- f. Evaluation of respiratory function and application of respiratory therapy in all its forms.
- g. Supervision, teaching, and evaluation of performance of both medical and paramedical personnel in anesthesia, respiratory, and critical care.
- h. Conduct of research and collaboration in research efforts at the clinical and basic science level in order to proactively identify gaps in evidence and practice, then measure the impact of filling these gaps and linking evidence to practice. Relevant research findings and quality

improvement results can then be systematically fed back to providers and patients, as appropriate.

i. Administrative involvement in hospitals, medical schools, and outpatient facilities necessary for implementation of these responsibilities.

j. Involvement in quality improvement efforts.

4. PROVISION OF ANESTHESIA CARE

The VA system incorporates different types of facilities with differing levels of complexity of anesthetic care. Different models of anesthesiology practice may exist including facilities with only anesthesiologists, facilities with anesthesiologists and nurse anesthetists working in a care team approach, and facilities with nurse anesthetists only. In addition, other team members may include nurse practitioners, biomedical technicians, anesthesiologist assistants (AAs), physicians' assistants, registered nurses, or others as determined locally. Responsibility for care is determined by local policy, but the following minimum standards must be met:

a. In facilities with both anesthesiologists and nurse anesthetists, care needs to be approached in a team fashion taking into account the education, training, and licensure of all practitioners.

b. Anesthesia must be practiced at the highest levels of care and quality at all times.

c. While ultimate responsibility for the patient's care during the peri-procedure period rests with the practitioner performing the procedure, the choice of anesthetic technique and treatment of intra-operative physiologic changes rests with the anesthesia practitioner of record, whether it is an anesthesiologist or a nurse anesthetist. In facilities where nurse anesthetists practice and there is no anesthesiologist, responsibility for intra-operative anesthesia choice is determined by the anesthetist. In those cases, as the anesthesia practitioner of record, only the Certified Registered Nurse Anesthetist (CRNA)'s signature is required on the anesthetic record for purposes of authentication.

d. Responsibility for departmental policy rests with the Chief of Anesthesiology, or designee.

e. Providers must meet the licensure requirements defined in their respective VHA qualification standards. Facilities are reminded that state license scope of practice establishes the maximum breadth of practice allowable for a provider. VHA facilities, based on local needs, may specify privileges or scopes of practice that are narrower than those established in the state licenses.

5. THE DIRECTOR, ANESTHESIA SERVICE (AS)

a. The Director, AS, must be certified by the American Board of Anesthesiology and appointed by VHA Central Office.

b. The Director, AS, is responsible to the Chief Consultant, Medical-Surgical Services, VHA Central Office.

c. The Director, AS, is responsible for:

(1) Coordinating the Service's activities with other services in VHA Central Office and other Federal Agencies on issues pertaining to the practice of anesthesiology in VHA;

(2) Working closely with the Deputy Director, AS, to ensure effective communication;

(3) Recommending, preparing, and publishing policies, plans, procedures, and professional standards pertaining to the practice of anesthesiology in VHA;

(4) Developing programs to promote ongoing quality improvement and rigorously measure the care provided by VHA;

(5) Developing plans and processes for interacting with external review organizations;

(6) Advising VHA Central Office and the Veterans Integrated Service Networks (VISNs) concerning the collection of anesthesia workload, staffing data, and other pertinent data;

(7) Assisting, when requested, local medical facilities in recruiting staff and acknowledging appointments of service or section chiefs;

(8) Providing professional expertise, information, and/or testimony to congressional inquiries;

(9) Developing programs of education relevant to anesthesiology and patient care in general;

(10) Serving on VHA Central Office Professional Standards Board; and

(11) Providing liaison with professional organizations.

6. DEPUTY DIRECTOR, AS

a. The Deputy Director, AS, must be a CRNA appointed by VHA Central Office.

b. The Deputy Director, AS, is responsible to the Director, AS.

c. The Deputy Director, AS, is responsible for:

(1) Coordinating CRNAs activities through the Director, AS.

(2) Recommending, preparing, and implementing policies, plans, and professional standards pertaining to CRNAs.

(3) Recommending long-range programs of continuous quality improvement to the Director, AS.

(4) Assisting, when requested, the field facilities in:

(a) Recruiting CRNAs and other anesthesia personnel, and

(b) Establishing criteria for the scope of practice.

(5) Advising and providing assistance and professional expertise to field facilities and VHA Central Office concerning CRNAs.

(6) Providing information and/or testimony relevant to congressional inquiries as delegated by Director, AS.

(7) Serving on the VA Central Office CRNA Professional Standards Board, or other Professional Standards Boards as delegated by Director, AS.

(8) Providing liaison with professional organizations on matters pertaining to CRNAs.

7. SELECTION AND PRIVILEGING OF FACILITY ANESTHESIA PERSONNEL

a. **Chief, Anesthesiology Service or Section.** The Chief, AS, must meet the requirements for a staff anesthesiologist. The Chief of Staff, or designee, discusses the proposed selection with the Director of AS who may provide comments or recommendations concerning the proposed selection within 5 working days. The Chief of Staff, or designee, recommends a candidate to the facility Director (for new appointments or advancements the Director must consider the recommendation of the Professional Standards Board). The recommendation must include any comments made by the Director, AS. The facility obtains the concurrence of the Dean's or Medical Advisory Committee, where appropriate. The facility Director approves or disapproves the appointment or assignment. The facility advises the Director, AS and the VISN Director that the selection has been approved.

b. **Chief CRNA.** The Chief CRNA is selected by the Chief, Anesthesiology Service or Section. The Deputy Director, AS, must be contacted and may recommend additional candidates for consideration. The Chief of Staff, or designee, discusses the proposed selection with the Deputy Director, AS, who has 5 working days to make comments or recommendations concerning the proposed selection. The recommendation is forwarded through channels to the facility Director for consideration. Recommendations are to include the comments of the Deputy Director, AS, and, in the case of new appointments, the recommendation of the CRNA Professional Standards Board. The Chief CRNA, must meet all of the requirements of a staff CRNA.

c. **Staff Anesthesiologist.** Privileges of the staff Anesthesiologist are determined by the local Professional Standards Board, or its equivalent.

d. **Staff CRNA.** Privileges or scope of practice of the staff CRNA are recommended by the Chief CRNA, or equivalent, and confirmed by the local Professional Standards Board, or its equivalent.

e. **Allied Health Professionals.** Ancillary personnel may consist of allied health professionals such as medical instrument technicians, health technicians, electronics technicians, biomedical engineering technicians, physician's assistants, Anesthesiology Assistants (AAs), registered nurses, nurse practitioners, administrative assistants, secretaries, and others as determined locally. *NOTE: Because the occupation has not previously been utilized in VHA, Appendix A provides a prototype position description for an AA.*

8. FIELD ADVISORY COMMITTEE

The Field Advisory Committee, composed of four to eight field-based VA-employed Anesthesiologists and CRNAs, meets annually (in person subject to the availability of funds). It is responsible for providing:

- a. Advice and recommendations to the AS Director regarding:
 - (1) Program development,
 - (2) New clinical techniques and procedures,
 - (3) Clinical policy, and
 - (4) Program performance for anesthesia care.
- b. Feedback on matters of importance to field-based practitioners.

9. PATIENT CARE

NOTE: The following descriptions of patient care are taken from the Standards, Guidelines, and Protocols from the American Society of Anesthesiology (ASA).

a. **Preanesthesia Care**

(1) A member of the anesthesia care team is responsible for determining the status of the patient, developing a plan of anesthesia care, and acquainting the patient or the responsible adult with the proposed plan. This process must include documentation that the risks and benefits of anesthesia were discussed and the patient has chosen to go forward with the planned procedures.

- (2) The development of an appropriate plan of anesthesia care is based upon:
 - (a) Reviewing the medical record;
 - (b) Interviewing and examining the patient;

(c) Obtaining and/or reviewing tests and consultations necessary to the conduct of anesthesia; and

(d) Determining the appropriate prescription of pre-operative medications as necessary to the conduct of anesthesia.

b. **Basic Anesthetic Monitoring**

(1) Qualified anesthesia personnel must be present in the room throughout the conduct of all general anesthetics, regional anesthetics, and monitored anesthesia care.

(2) During all anesthetics, the patient's oxygenation, ventilation, circulation, and temperature must be continually evaluated. For body temperature, this means continual monitoring when clinically significant changes in body temperature are intended, anticipated, or suspected. *NOTE: For cases of short duration, body temperature monitoring may not be required.*

c. **Postanesthesia**

(1) All patients who have received general anesthesia, regional anesthesia, or monitored anesthesia care must receive appropriate postanesthesia management.

(2) A patient transported to the Postanesthesia Care Unit (PACU) must be accompanied by a member of the anesthesia care team who is knowledgeable about the patient's condition and qualified to monitor the patient during transport. The patient must be continually evaluated and treated during transport with monitoring and support appropriate to the patient's condition.

(3) Upon arrival in the PACU, the patient must be re-evaluated and a verbal report provided to the responsible PACU nurse by the member of the anesthesia care team who accompanies the patient.

(4) The patient's condition must be evaluated continually in PACU and potential or apparent complications reported and managed appropriately.

(5) A licensed independent practitioner is responsible for the discharge of the patient from PACU. Alternatively, qualified staff may discharge the patient by pre-established criteria established at the local facility.

10. DOCUMENTATION

The following must be documented in the patient's medical record (either paper or electronic):

a. **Preanesthesia evaluation**, to include:

(1) A patient interview to review medical, anesthesia, and medication histories;

- (2) An appropriate physical examination;
- (3) Reviewing the objective diagnostic data;
- (4) Assignment of ASA physical status; and

(5) Formulation and discussion of an anesthesia plan with the patient and/or responsible adult, including the risks and benefits of anesthesia and noting that the patient has chosen to go forward with the planned procedures.

b. **Perianesthesia**, (time-based record of events, either paper or electronic), to include:

(1) Reviewing the pre-operative evaluation immediately prior to initiation of anesthetic procedures;

(2) Monitoring of the patient (e.g., recording of vital signs); and

(3) Documenting:

(a) Amounts of all drugs and agents used, and times given;

(b) The type and amounts of all intravenous fluids used, including blood and blood products, and times given;

(c) The technique(s) used;

(d) Unusual events during the anesthesia period; and

(e) The status of the patient at the conclusion of anesthesia.

c. **Postanesthesia**, to include:

(1) Patient evaluation on admission and discharge from the PACU;

(2) A time-based record of vital signs and level of consciousness (either paper or electronic); and

(3) Documenting:

(a) All drugs administered and their routes of administration and doses;

(b) Type and amounts of intravenous fluids administered, including blood and blood products;

(c) Any unusual events including postanesthesia or postprocedural complications; and

(d) Postanesthesia visits.

11. REFERENCES

- a. Guidelines and Standards for Nurse Anesthetist Practice, American Association of Nurse Anesthetists, 1996.
- b. Standards, Guidelines, and Protocols. Directory of Members, American Society of Anesthesiologists, 1996.
- c. Comprehensive Accreditation Manual for Hospitals: The Official Handbook, Joint Commission on Accreditation of Health Care Organizations, 2006.

PROTOTYPE POSITION DESCRIPTION, ANESTHESIOLOGIST ASSISTANT

A copy of the prototype position description for an Anesthesiologist Assistant can be downloaded from the Anesthesia Service website at:

<http://www.anesthesia.med.va.gov/anesthesia/>