

CARROLL HOSPITAL CENTER

DEPARTMENT OF ANESTHESIOLOGY RULES & REGULATIONS

SECTION 1: GENERAL RESPONSIBILITIES OF THE DEPARTMENT OF ANESTHESIOLOGY

1. The Department of Anesthesiology is an independent department established in accordance with the Medical Staff Bylaws and Rules & Regulations of the Carroll Hospital Center, Inc.
2. The responsibility of the department and its members is to assure that the most efficient, safe and modern anesthetic, resuscitative procedures, and pain relief are provided for excellent patient care.
3. All members of the department shall be Maryland licensed physicians, Board certified by the American Board of Anesthesiology (A.B.A.); or the American Osteopathic Board of Anesthesiology; or be actively participating in the examination process with achievement of certification within 5 years after completion of all training. Members must maintain Board certification in Anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology. Members who have not maintained Board certification will be subject to immediate discontinuation of privileges. Nurse anesthetists may also be assigned to the department and will be credentialed under the provisions of the policies established by the Credentials Committee, the Medical Staff, Administration, and the Board of Directors. Nurse anesthetists will work in collaboration with the Chief of the department, or his designee, in accordance with the policies of the Maryland Board of Nursing.
4. Physicians seeking a waiver of the requirement for Board recertification shall submit, in writing, a request for a waiver to the Chief of Anesthesiology. The Chief will review all pertinent information, including quality data, to determine the physician's competency.

The Chief of Anesthesiology may recommend to the Credentials Committee, a waiver for a period of time, not to exceed three (3) years and may recommend terms and conditions of such waiver or may recommend a denial of the request.

The Credentials Committee shall consider the request and recommendation of the Chief of Anesthesiology and make a recommendation to the Medical Executive Committee for the disposition of the request to the Board of Directors which shall decide whether and upon what terms, the request might be granted.

Any physician holding a waiver will be subject to a Focused Professional Practice Evaluation (FPPE) on an ongoing basis.

5. The department shall be responsible for the administration of all anesthetics provided by departmental members. The department shall be responsible for the post anesthetic medical care of all patients who have received anesthesia from departmental members. The department shall make its members available for participation, consultation and guidance of all resuscitative procedures.

SECTION 2: SERVICES PROVIDED BY THE DEPARTMENT

1. Anesthesiologists and CRNA.s are available to perform the procedure commonly employed to render the patient insensible to pain for the performance of surgical and obstetrical procedures or of other clinical maneuvers.
2. Consultations are provided relating to various other forms of patient care such as respiratory therapy, emergency cardiopulmonary resuscitation, and acute post-surgical pain management.
3. Nurse anesthetists are under the overall direction of an anesthesiologist to:
 - a. Induce anesthesia
 - b. Maintain anesthesia at the required level
 - c. Manage untoward reactions
 - d. Provide professional observation and resuscitative care until the patient has regained control of his vital functions
 - e. Perform pre- and post-operative assessment of patients
4. The Department of Anesthesia shall provide proper policies concerning the NPO status of the patient.
5. The members of the department shall have the privilege of accepting or rejecting any elective patient. This privilege shall not be granted in emergency cases as documented on the medical record as a threat to life or limb.

SECTION 3: OUALIFICATIONS & FUNCTIONS OF THE CHIEF OF THE DEPARTMENT

1. The Chief of the Department shall be an A.B.A. Board Certified Anesthesiologist selected by the contracted anesthesia group subject to approval by the President of the Hospital.
2. The Chief of Anesthesiology, or his designee, also serves as the Medical Director of Perioperative Clinical Services (Ambulatory Surgery Centers, Post Anesthesia Care Units, and Pre-Admission Testing Center).
3. The Chief of Anesthesiology's responsibilities include medical staff issues and administrative issues. Medical Staff issues will be governed by the Bylaws and Rules and Regulations of the Medical Staff and the Department of Anesthesiology. Administrative issues will be channeled through the Administration of the hospital.
4. The Chief of the Department may appoint a Vice Chief who will serve at the pleasure of the Chief of the Department. The Vice Chief shall be a licensed physician, Board Certified in Anesthesiology, and a member of the Active Medical Staff.

5. In order to facilitate patient care and maximize the efficiency of the Department, the Chief, as well as the Vice Chief, of the Department may develop clinical directorship positions to cover various anesthesiology and pain management services provided. The creation, and dissolution of these positions shall rest with the Chief of the Department, who shall designate both the positions and the members of the department who will occupy them.

Medical Staff functions include:

1. Be accountable for all professional activities within the Anesthesiology Department.
2. Be a voting member of the Executive Committee of the Medical Staff, giving guidance on the overall medical policies of the hospital and making specific recommendations and suggestions regarding the Department of Anesthesia and Peri-Operative Clinical Services in order to assure quality patient care.
3. Be responsible for implementation within the department of actions taken by the Executive Committee of the Medical Staff and enforcement of hospital and Medical Staff Bylaws as it pertains to the department.
4. Transmit to the Executive Committee of the Medical Staff the Department's recommendations concerning staff classifications, appointments and the delineation of clinical privileges for all practitioners in the department.

Administrative functions and fiscal issues will be dealt with directly by the Chief of Anesthesiology, interacting with administrative personnel which include the Chief Medical Officer (Vice President of Medical Affairs), Chief Operating Officer & Chief Nursing Officer. Duties will include the following:

1. Clinical and administrative oversight of the Hospital's Ambulatory Surgery Centers, Post Anesthesia Care Units, Pre-Admission Testing Center, and any additional clinical services related to the perioperative period (perioperative services).
2. Administrative oversight of medical staff policies and procedures (including Bylaws) related to the use of the Ambulatory Surgery Centers, Post Anesthesia Care Units, Pre-Admission Testing Center, and any additional clinical perioperative services.
3. The channeling of specific incidents outside the policies and procedures of the perioperative services to the appropriate Chiefs of the respective departments for further review and action.
4. Recommend and assist in the development of new programs, protocols and services in the perioperative arena that support hospital and medical staff goals.
5. Facilitates interdepartmental coordination between medical staff departments that utilize the perioperative services.
6. Effectively cooperates with medical staff and hospital personnel to ensure quality of services and meet hospital, medical staff and community expectations.

7. Collaborates and consults regularly with the Chief Operating Officer & Chief Nursing Officer to resolve problems, reduce inefficiencies and enact or change policies within the confines of the hospital and Medical Staff Bylaws as it pertains to the perioperative services.
8. Assist in the preparation of such annual reports including budget type planning pertaining to the perioperative services as may be required by the Executive Committee, the Chief Executive Officer of the Governing body.

SECTION 4: SAFETY PROCEDURES

1. Appropriate precautions shall be taken to ensure safe administration of anesthetic agents. All members shall abide by any Joint Commission and/or hospital promulgated perioperative rules to ensure patient safety (i.e.; Time out procedures). Although no flammable anesthetic agents are used at this hospital, the following controls are established to minimize the hazards of fire and explosions in areas where anesthetic agents are used. These regulations are approved and regularly reviewed by appropriate representatives of administration:
 - a. All anesthetic apparatus will be inspected and tested by the anesthesiologists or anesthetist before use.
 - b. Only non-combustible agents will be used during electric coagulation or other electrical equipment employing an open spark.
 - c. When the line isolation monitor indicates a hazard (red light), the use of the suspected faulty apparatus is to be avoided if possible. Following completion of the surgical procedure, the Operating Room for which the signal emanated will not be used until the defect is remedied.
2. Electrical equipment, cords, plugs, switches, various electrical devices and conductivity of equipment will be tested by the Maintenance Department regularly.
3. All anesthetic gas machines will have a pin index safety system, a fail-safe system, a gas scavenging system, and oxygen analyzer. Machines equipped with ventilators must have a high and low-pressure alarm system. The anesthesia care provider will check the readiness of the patient and machine. He will check for availability, cleanliness and working condition of all equipment used in the administration of anesthesia. Oxygen, Air, and Nitrous Oxide will be available by both wall supply and compressed cylinders.
4. The control of humidity and temperature will be the responsibility of the Maintenance Department.

SECTION 5: PRE-ANESTHESIA CARE

1. The following standards apply to all patients who receive anesthesia care. Under exceptional circumstances, these standards may be modified. When this is the case, the circumstances shall be documented in the patient's record. An anesthesiologist shall be responsible for

determining the medical status of the patient and developing a plan of anesthesia care. For guidance, refer to the American Society of Anesthesiologists Basic Standards for Pre Anesthesia Care.

Prior to the delivery of anesthesia care, the anesthesia care team is responsible for:

- a. Reviewing the available medical record.
- b. Interviewing and performing a focused examination of the patient to:
- c. Discuss the medical history, including previous anesthetic experiences and medical therapy.
- d. Assess those aspects of the patient's physical condition that might affect decisions regarding perioperative risk and management.
- e. Ordering and reviewing pertinent available tests and consultations as necessary for the delivery of anesthesia care.
- f. Ordering appropriate preoperative medications.
- g. Ensuring that consent has been obtained for the anesthesia care

SECTION 6: DOCUMENTATION OF ANESTHESIA CARE

1. Accurate and thorough documentation is an essential element of high quality and safe medical care, and accordingly a basic responsibility of Physician Anesthesiologists and CRNA's. Anesthesia care is a continuum including three general phases of care: pre-anesthesia, intraoperative/intra-procedural anesthesia and post-anesthesia care. To contribute to accuracy in medical records and to facilitate any future necessary chart review, anesthesiologists should ensure that accurate and thorough documentation is accomplished in all three phases of anesthesia related care.

Information that is relevant to the perioperative care of a patient that exists elsewhere in the medical record need not be duplicated in the pre-anesthesia evaluation, the anesthesia record or post-anesthesia evaluation.

In specific circumstances (e.g. emergencies, rapidly developing critical events, time sensitive sequential clinical care activities) an anesthesiologist or anesthesia care team member may be in conflict between a primary obligation to ensure patient safety and best clinical care, and contemporaneous medical record documentation. In these circumstances, attention to clinical care requirements remains the primary obligation. Medical record documentation should be provided as soon as appropriate in view of competing, primary clinical care requirements.

For guidance, refer to American Society of Anesthesiologists Statement on Documentation of Anesthesia Care.

SECTION 7: BASIC ANESTHESIA MONITORING

These standards apply to all anesthesia care although, in emergency circumstances, appropriate life support measures take precedence. These standards may be exceeded at any time based on the judgment of the responsible anesthesiologist. They are intended to encourage quality patient care, but observing them cannot guarantee any specific patient outcome. They are subject to revision from time to time as warranted by the evolution of technology and practice.

1. Qualified anesthesia personnel shall 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 shall be continually evaluated.
3. In certain rare or unusual circumstances, 1) some of these methods of monitoring may be clinically impractical, and 2) appropriate use of the described monitoring methods may fail to detect untoward clinical developments. Brief interruptions of continual† monitoring may be unavoidable. These standards are not intended for application to the care of the obstetrical patient in labor or in the conduct of pain management.

For guidance, refer to American Society of Anesthesiologists Standards for Basic Anesthetic Monitoring.

SECTION 8: POST ANESTHESIA CARE

These standards apply to post anesthesia care in all locations. These standards may be exceeded based on the judgement of the responsible anesthesiologist. They are intended to encourage quality patient care, but cannot guarantee any specific outcome. They are subject to revision from time to time as warranted by the evolution of technology and practice.

For guidance, refer to the American Society of Anesthesiologist Standards for Post Anesthesia Care.

1. All Patients who have received General Anesthesia, Regional Anesthesia or Monitored Anesthesia Care shall receive appropriate post-anesthesia management.
2. A patient transported to the PACU shall be accompanied by a member of the anesthesia care team who is knowledgeable about the patient's condition. The patient shall 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 shall 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 shall be evaluated continually in the PACU.
5. A member of the anesthesia care team is responsible for the discharge of the patient from the post anesthesia care unit.

SECTION 9: CARE OF EQUIPMENT AND PATIENT CARE SUPPLIES

1. All anesthesia care providers utilize Universal Precautions when caring for patients and handling equipment.
2. All disposable supplies are removed and replaced between each patient contact.
3. All reusable patient care equipment and supplies are cleaned and disinfected according to the manufacturer's specifications, and Hospital protocols.
4. Universal precautions will be used on all patients and special consideration will be given to the cleaning of the anesthesia equipment used for patients with the following known infections:
 - a. Tuberculosis
 - b. Broncho pneumonia
 - c. Lung abscess
 - d. C-difficile
 - e. Methicillin Resistant Staph-A
5. All disposable components will be discarded.
6. Soda lime canisters will be emptied, decontaminated and refilled.

SECTION 10: CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)

1. CRNAs report to the Chief of Anesthesiology. The scope of practice of the Certified Registered Nurse Anesthetist encompasses the professional functions, privileges and responsibilities associated with nurse anesthetist practice. These are performed in collaboration with qualified and legally authorized professional health care providers (Anesthesiologist). CRNA's are prepared to recognize those situations where care requirements are beyond their individual competencies and must seek consultation with the supervising/directing Anesthesiologist.
2. The CRNA will be a qualified anesthesia provider in the administration of anesthesia and related services as delineated and approved by the Chief of Anesthesiology.
3. The CRNA will practice in collaboration with the Chief of Anesthesiology and under the direction of the Department of Anesthesia both of whom will be responsible at all times for the actions of the CRNA in the hospital.
4. The CRNA contact with the patient shall not supplant direct anesthesiology physician contact with the patient during the hospital stay.
5. All CRNA care will be provided under the direct supervision of an attending anesthesiologist in conformance with the ASA guidelines or other pertinent governmental regulatory agencies.


QUALIFICATIONS

1. Holds current state licensure as a registered nurse and complies with any applicable state statutory or regulatory requirements.
2. Graduate of a nurse anesthesia educational program accredited by the American Association of Nurse Anesthetists Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor.
3. Complies with one of the following requirements regarding initial certification or recertification.
 - a. Is currently certified by the AANA Council on Certification of Nurse Anesthetists or its predecessor; or
 - b. Is currently recertified by the AANA Council on Recertification of Nurse Anesthetists.
4. Insurable by an appropriate medical malpractice insurer for the limits required by this institution.
5. Demonstrates current competency in those critical responsibilities for which the candidate applies.
6. CRNA.s will function in accordance with their delineation of procedures as approved by the Chief of Anesthesiology.


SECTION 11: QUALITY IMPROVEMENT

1. The Department of Anesthesiology shall be responsible for the quality of the care rendered by its members, in cooperation with the Organizational Performance Improvement Plan of the hospital and the medical staff peer review process as directed by the Medical Executive Committee.
2. Participation in the Process shall be defined as:
 - a. Members will participate in the quality review process as requested by the Chief, Vice-chief, President of the Hospital, President of the Medical Staff or the Director of PI,
 - b. Criteria for specific Department of Anesthesiology reviews will be determined periodically as directed by the Medical Staff Quality process and submitted to the Medical Executive Committee.
 - c. Tracking and trending information will be reviewed regularly by the Chief and individual physicians as directed through the Medical Staff Quality process, and
 - d. Individual data will be included in the data reported to the Medical Staff office for reappointment as required by that process.

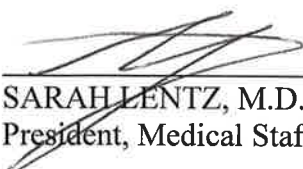
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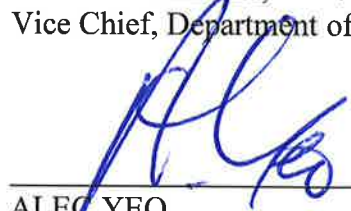
KIRAN KUNA, M.D. Date
Chief, Department of Anesthesiology 6/11/2020



JEFFREY TABAK, M.D. Date
Vice Chief, Department of Anesthesiology 6/11/2020



SARAH LENTZ, M.D. Date
President, Medical Staff 6/11/2020



ALEC YEO Date
Chair, Board of Directors 6/11/2020

6/5/2020