RULES AND REGULATIONS
DEPARTMENT OF ANESTHESIA

2015 EDITION

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Department of Anesthesia Chair 2015
Gurdarshan Gill, M.D.

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President, Medical Staff 2015
Pramod Kadambi, M.D.

	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
Dept of Anesth.	09/16/96	05/05/97	11/06/00	05/06/02	07/02/03	02/02/04	03/05/07
Credentials	10/22/96	07/22/97	n/a	05/22/01	n/a	03/23/04	n/a
MEC	11/05/96	08/05/97	n/a	05/29/01	07/01/03	04/06/04	n/a
Board					07/30/03	04/28/04	n/a
	Revised/ Reviewed	**Revised/ Reviewed**	**Revised/ Reviewed**	**Revised/ Reviewed**	**Revised/ Reviewed**	**Revised/ Reviewed**	**Revised/ Reviewed**
Dept of Anesth.	03/04/09	01/28/11	02/15/12	03/20/13	02/19/14	05/20/15	
Credentials	03/24/09	n/a	02/28/12	n/a	n/a	n/a	
MEC	04/07/09	n/a	05/01/12	n/a	n/a	n/a	
Board		n/a	05/30/12	n/a	n/a	n/a	

The master, signed original document is located in the Medical Staff Manual in Nursing Administration.

ANTELOPE VALLEY HOSPITAL
DEPARTMENT OF ANESTHESIA
RULES AND REGULATIONS
2015

1. ANESTHESIA DEPARTMENT:

   A. Mission Statement: To provide high quality anesthesia to patients in a cost effective manner.

   B. Scope of Clinical Services Provided by the Department:

      (1) Management of acute, chronic and emergency conditions as they relate to elective and emergency anesthetic care in the geriatric, adult, adolescent and pediatric population.
      (2) Provision of anesthetic care and services in the inpatient, outpatient and Emergency Department settings.
      (3) All modalities related to the practice of anesthesiology including pain management.
      (4) Consultative services provided at the request of other Staff physicians.

   C. Specialties within the Department include Anesthesiology and Pain Management.

   D. Anesthesia is a closed department. Services are provided by the contracted anesthesia physician group.

   E. Department Responsibilities (refer to Medical Staff Bylaws, Article VIII, Section 8.4):

      (1) To act as participants in educational activities at Antelope Valley Hospital.
      (2) Participate in appropriate peer review in quality management.

2. DEPARTMENT MEMBERSHIP:

   A. Qualifications: As defined in Article III of the Medical Staff Bylaws. Membership shall be limited to practitioners who specialize in Anesthesiology and Pain Management.

   B. B. Call panel:

      (1) Individuals or their designee are required to provide a telephone number to Medical Staff Services where they may be reached when on call, which will be listed on the online call schedule for all to access..

      (2) Participation in the various call panels is voluntary and a contractual arrangement at the discretion of the Chief Executive Officer of Antelope Valley Hospital, or as requested by the Medical Executive Committee pursuant to General Rules and Regulations section I.1.

      (3) Individuals participating in the call panel(s) must be able to respond to the Emergency Department within 30-minutes.

3. GRANTING OF CLINICAL PRIVILEGES:

   A. Privilege form:

      (1) Each anesthesiologist will receive notification of his/her privileges listing specific operations of broad specialty categories as recommended by the Anesthesia Department and approved by the Credentials and Medical Executive Committees and the Governing Board.
      (2) Privilege lists are available electronically 24x7 on the AVH Med Staff Privilege Portal.

   B. Initial Appointment Privileging Standards.

   C. Provisional Monitoring/Proctoring:

      (1) Requirements:

      ANESTHESIOLOGY - The Anesthesia Department, through its anesthesiologist members, will provide proctoring for all applicants requesting anesthesia privileges at Antelope Valley Hospital. Proctoring will apply to all applicants, and to any existing member who requests additional anesthesiology privileges, regardless of the

specialty or category of membership. Proctoring will commence with the applicant's first case and will include a minimum of two major cases, two trauma cases, obstetrical cases (including two Cesarean sections and two epidural anesthesia cases), and two cardiovascular anesthesia cases
which shall represent a reasonable variety of cases for the privileges specifically requested. Proctoring will be by actual observation, by a physician privileged in that specialty. Proctoring will include concurrent chart review, plus the direct observation as previously noted and the monitoring of treatment techniques.

Anesthesia Cases, Major Versus Minor - For the purpose of proctoring, anesthesia cases shall be divided into two categories, major and minor, which are defined as follows:

Major: Any case with an ASA classification of Class III or above.

Minor: Any case with an ASA classification below Class III.

It is the responsibility of the proctor to make exceptions to the above as deemed necessary.

PAIN MANAGEMENT/PROCEDURAL SEDATION –Proctoring will apply to all applicants, and to any existing member who requests procedural sedation privileges. Proctoring will include concurrent chart review, plus the direct observation as previously noted. A minimum of two proctored cases is required for all applicants.

(2) Proctor's Qualifications:

Reference General Rules and Regulations, Section P, paragraph 3, Qualifications of Proctor.

Proctoring will be by a physician qualified and/or privileged in that same specialty whenever possible.

(3) Assignment of Proctors:

Members shall obtain their own proctor whenever possible. If the member is unable to obtain a proctor, it is the duty of the Department Chair to assist in this process.

(4) Proctor's Report:

A written report describing the case proctored will be completed by the proctor and submitted to the Medical Staff Services Department for consideration by the Department chair/designee. It is the responsibility of the applicant to ensure completed proctoring reports are received by the Medical Staff Services Department. The report shall describe the case proctored and an evaluation of the applicant's performance. Following review, the report will be maintained in the applicant's confidential file.

(5) Reciprocal Proctoring:

Due to the nature of the specialty, reciprocal proctoring will not be accepted in this department.

D. Reappointment Privileging Standards:

(1) The physician will provide attestation of approved CME Category I credits as required by the Medical Board of California in meetings, courses, or visiting fellowships during the preceding two years, with the majority of the topics of education pertaining specifically to their specialty.

(2) Evidence of proficiency in the area of delineated privileges in the Department of Anesthesia.

E. Requests for Additional Privileges:

(1) Applications for increased clinical privileges must always be accompanied by appropriate documentation of training and experience to justify the additional privileges. It is the applicant's responsibility to provide acceptable documentation.

(2) See Article VI in Credentials Policy and Procedure Manual for instructions on making application for additional privileges.

4. DEPARTMENT CHAIR:

A. Qualifications for Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1A):

Member of the Active Staff with willingness and ability to discharge the functions of the office. The Department Chair must be board certified by an appropriate specialty board, i.e., the American Board of Anesthesiology.

B. Term of Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph D):

The term of office is two years. The Department Chair may serve additional terms if so requested.

C. Roles and responsibilities of the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph E).

D. Nomination/election process for the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph B):

Each Department shall elect its own Department Chair. Each appointment must be approved by the Medical Executive Committee and Governing Board before it is effective.

5. DEPARTMENT MEETINGS:

A. When Held:

Anesthesia Departmental meetings will be held monthly at a time agreed upon by the Chair and communicated to the committee members. Departmental members may be called upon to participate on committees, task forces or in quality assessment activities to assist the Department in maintaining the standard of care.

B. Voting:

(1) Only Active Staff members of the Department will be granted voting privileges regarding election of officers.
(2) All members of the Department will have an equal vote regarding routine Department business.

C. Format/Standard Agenda.

6. CONSULTATIONS:

A. Responsibilities:

Arrangements for a consult are the responsibility of the attending physician. The attending physician shall at all times retain final authority and responsibility for the medical management of the patient. The physician or the physician's assigned delegate shall be available for call at all times regarding a patient the physician has admitted to the facility. Depending on the attending physician's privileges, consultation with co-management or referral of case may become necessary in some cases.

7. DEPARTMENT MONITORING AND EVALUATION PROGRAM.

A. Indicators (on file in Performance Improvement Department).

B. Practice parameters/standard of practice/department-specific criteria.

C. Peer review system/forms.

D. Ongoing and focused professional practice evaluations.

8. HOSPITAL WIDE GUIDELINES FOR ANESTHESIA USE:

General anesthesia is administered by anesthesiologists only in the Operating Room setting or other designated areas in the Hospital. Local anesthetic agents may be administered throughout the Hospital.

Epidural analgesia may be administered in areas of the Hospital where the nursing staff have been instructed in the use, monitoring and intervention of complications associated with this mode of anesthesia.

Sedating or paralyzing agents that alter the patient's level of consciousness may be administered in designated areas of the Hospital where patients can be monitored in a manner consistent with the hospital-wide policy on conscious sedation.

H. Anesthesia Safety:

(1) Prior to administering general anesthesia, the anesthetist shall check the readiness, availability, cleanliness and working condition of all equipment used in the administration of anesthesia.
(2) Only nonflammable agents shall be used for anesthesia.
(3) Only fabrics that meet NFPH standards shall be allowed in the anesthesia areas.
(4) Each anesthesia machine shall have pin-index safety system.
(5) There shall be adequate equipment and supplies for each procedure requiring a general anesthetic which will include at least:

(a) Cardiac monitor with a pulse rate meter and strip recorder.
(b) Direct current defibrillator.
(c) Oxygen and respiratory rate alarms.
(d) Emergency drugs and supplies.
(e) Pulse oxcimetry.
(f) Capnography and temperature.

(6) There shall be documentation of the anesthesia given each patient.
(7) It is the responsibility of the anesthesiologist to identify and confirm the site and side of surgery prior to induction of anesthesia.
(8) The anesthesiologist shall determine that all the required consents have been given and signed prior to induction.
(9) The anesthesiologist is responsible for documentation of postanesthetic care for 48 hours following a procedure.