

## **THE ORGANIZATION OF AN ANESTHESIA DEPARTMENT**

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Experience has shown that the specialty of anesthesiology has encountered problems individual to it relating to the quality and standards of patient care that are due in part to practice arrangements between hospitals and anesthesiologists and between anesthesiologists themselves. In response to these problems, the American Society of Anesthesiologists has adopted a *Statement of Policy*, which contains principles that the Society urges its members to consider in structuring their own individual medical practices.

Provision of quality anesthesia care for the patient requires that individual medical practices within the context of the individual hospital be organized for administrative purposes into a functioning entity, or department. The department should be managed and operated in a manner that will facilitate the patient's access to quality anesthesia care, and promote the efficient fulfillment of the responsibilities of individual physicians and the hospital's administration to the patient and the community. Because of the diversity of local conditions, there is no single framework for the organization and management of a department of anesthesia. However, the organization of the department of anesthesia should be consistent with the organization of the hospital's other clinical departments, and should assure the availability of quality anesthesia care where and when needed in the hospital. In addition, the following suggestions should be considered in addressing the practical problems of organizing and managing an anesthesia department that has quality patient care as its primary goal.

### **I. PHYSICIAN RESPONSIBILITIES FOR MEDICAL CARE**

Since the quality of care in anesthesia depends in large measure upon the role of the physician in rendering such care, the proper definition of the responsibilities of individual physicians in the provision of medical care is the starting point in the organization of an anesthesia department. Such definition should take into account the following principles.

- A. Anesthesia care is the practice of medicine. An anesthesiologist must be personally responsible to each patient for the provision of anesthesia care. An anesthesiologist exercises the same independent medical judgment on behalf of the patient as is exercised by other physicians.
- B. The anesthesiologist's responsibilities to the patient should include responsibility for preanesthetic evaluation and care, medical management of the anesthetic procedure and of the patient during surgery, postanesthetic evaluation and care, and medical direction of any nonphysician who assists in providing anesthesia care to the patient. The anesthesiologist should fulfill these responsibilities to the patient in accordance with the *ASA Guidelines for the Ethical Practice of Anesthesiology* and *Guidelines for Patient Care in Anesthesiology*.
- C. As a member of the hospital medical staff, an anesthesiologist is subject to and must observe, as well as be accorded the benefits of, the medical staff bylaws, rules and regulations generally applicable to all physicians granted privileges in the hospital. Additional rights and responsibilities may arise from rules and regulations specifically applicable to physicians in the department of anesthesia.
- D. An anesthesiologist with full staff privileges must share on a fair and equitable basis in the responsibility for assuring 24-hour-a-day, 7-day-a-week availability of anesthesia care.

## II. MEDICO-ADMINISTRATIVE ORGANIZATION AND RESPONSIBILITIES

The department of anesthesia has the responsibility to promote and ensure patient access to quality anesthesia care and the optimal utilization of hospital facilities. To fulfill this responsibility, it is necessary to grant staff privileges to a sufficient number of qualified physicians to assure patient access to quality anesthesia care and optimal utilization of facilities. Additionally, the anesthesia department must develop a practicable system that will assure the constant personal availability of a member of the department. The department must also monitor and enforce adherence to standards of care, the medical staff bylaws and the rules and regulations particularly applicable to the anesthesia staff. The discharge of these administrative responsibilities should be guided by the following principles:

- A. The assumption and performance of medico-administrative responsibilities, though for the ultimate benefit of patients, are undertaken on behalf of, and as the agent for, the hospital. The fact that a physician has medico-administrative responsibilities should not affect that physician's, or any other physician's, individual responsibilities to patients or the physician's rights under the medical staff bylaws.
- B. All members of the department should share in the discharge of medico-administrative responsibilities to the extent necessary or appropriate.
- C. Administration of the anesthesia department should be directed by a qualified anesthesiologist member of the medical staff. The director should be elected or appointed in the same manner as the directors of the other clinical departments in the hospital.
- D. The director of the anesthesia department should be responsible for the following medico-administrative functions in a manner similar to directors of other clinical departments, and should be a permanent voting member of the Executive Committee.
  1. Recommending clinical privileges for all individuals with primary anesthesia responsibilities. Privileges should be processed through established medical staff channels, be based solely on qualifications and competence, and be conditioned upon observance of the medical staff bylaws and the rules and regulations governing the anesthesia department. Privileges should be delineated in accordance with the *ASA Guidelines for Delineation of Clinical Privileges in Anesthesiology*.
  2. Monitoring the quality of anesthesia care rendered throughout the hospital, including surgical, obstetrical, emergency, outpatient, psychiatric and special procedures areas. The *ASA Documentation of Anesthesia Care* should be followed in order to provide the factual basis for such monitoring.
  3. Recommending to the hospital administration and medical staff the type and amount of equipment and supplies necessary for administering anesthesia, interventional pain medicine and resuscitation.
  4. Adopting and/or developing regulations concerning anesthetic safety.
  5. Ensuring evaluation of the quality of anesthesia care throughout the hospital.
  6. Establishing a program of continuing education for all personnel having anesthesia privileges. The educational program should include in-service training and be based in part on the results of an evaluation of anesthesia care.

Such program should follow the *ASA Guidelines for Minimally Acceptable Continuing Medical Education in Anesthesiology*.

7. Participating in the development of, and enforcing policies and procedures relating to, the functioning of anesthesia personnel and the administration of anesthesia throughout the hospital. This should include the development and maintenance of a written policy defining the perioperative care of patients that may appropriately be provided in the facility, based upon consideration of age, risk categories, proposed procedure, and facility equipment and nursing capabilities.
  8. Ensuring that qualified anesthesia personnel are available for the daily surgical schedule and providing a schedule for 24-hour, 7-day-a-week availability of anesthesia care. Scheduling may be coordinated by the director or may be accomplished directly by scheduling between surgeons and anesthesiologists or indirectly by surgeons through the person responsible for developing the surgical schedule. Any scheduling mechanism should accommodate patient requests for specific anesthesiologists.
- E. A description of the details of the operation of the anesthesia department, including all policies and procedures applicable to personnel in the department, should be compiled in a single set of rules and regulations or in a procedure and policy manual. Such policies and procedures must be consistent with the medical staff bylaws, the hospital charter and administrative regulations and local law, and should be based upon the ASA Manual for Anesthesia Department Organization and Management and other ASA guidelines and suggestions, adapted to suit local conditions.

In any event, the department of anesthesia must not be operated in a manner that restricts the patient's access to quality care or inhibits the development of the specialty of anesthesiology.