Banner Good Samaritan
Medical Center
Phoenix, Arizona

Department of Anesthesiology and Peri-Operative Medicine

Rules and Regulations

ARTICLE I Organization

Section 1

In accordance with the Bylaws of the Medical Staff of Banner Good Samaritan Medical Center, the Department of Anesthesiology and Peri-Operative Medicine is organized as a department of the Medical Staff.

Section 2

The Department of Anesthesiology and Peri-Operative will be directed by the Anesthesia Committee.

Section 3

The chairman of the department will chair the Anesthesia Committee. The chairman of the department will be elected by the Active Staff members of the department for a two-year term, in accordance with Article 8 of the Medical Staff Bylaws. The chairman shall appoint a vice-chairman of the department.

Section 4

a) Sections of the Department of Anesthesiology and Peri-Operative Medicine will include:

-Obstetrical Anesthesia
-Cardiovascular Anesthesia

b) A chief of a section may be appointed per Section 8.6 of the Medical Staff Bylaws.

c) A new section may be formed when the Anesthesia Committee determines that special care, number of patients, or staff members make it advisable to organize for periodic review of the professional activity of its members.

ARTICLE II Functions and Duties

Section 1

The Chairman's functions and duties are outlined in Section 8.5-5 of the Medical Staff Bylaws.

Section 2

The vice chairman will be responsible for administration of the department in the absence of the chairman.

ARTICLE II **Functions and Duties** (continued)

Section 3

Qualifications, selection, term of office and removal of the Chairman are outlined in Sections 8.5-1 through 8.5-4 of the Medical Staff Bylaws.

ARTICLE III **Miscellaneous Provisions**

Section 1 - Meetings

a) Information regarding meetings is outlined in Section 10.2 of the Medical Staff Bylaws.

b) Only active members of the Department of Anesthesiology and Peri-Operative Medicine appointed by the chairman and approved by the Executive Committee shall attend the executive session of the Department of Anesthesia meeting, unless invited by the chairman or at the request of the Executive Committee, Chief of Staff, or Chief Executive Officer of Banner Good Samaritan Medical Center.

Section 2 - Anesthetic Management

Anesthesia services must be appropriate to the scope of the services provided and must be administered only by:

a) A qualified anesthesiologist;

b) A doctor of medicine or osteopathy (other than an anesthesiologist);

c) A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law; or

d) A certified registered nurse anesthetist (CRNA) under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed.

(Approved by BOD 11-11-10).

Section 3 - General Policies

a) An anesthesiologist shall be able to provide resuscitative measures as indicated including cardiopulmonary support.

b) A complete pre-anesthetic evaluation shall be done by a physician in all cases prior to induction of anesthesia. A partial evaluation by a physician will be made prior to his/her ordering any pre-operative medication.

c) Prior to administering anesthesia the anesthetist shall check the readiness, availability, cleanliness, sterility where required, and safe working conditions of all equipment used in the administration of anesthetic agents.

d) Following induction, the anesthetist shall remain with the patient as long as required by the patient's condition relative to his/her anesthesia status, and until responsibility for proper care has been assumed by persons qualified to do so (i.e. post anesthesia care or critical care personnel).

e) Discharge from the post anesthesia care area will be accomplished when the criteria for discharge established by the Anesthesia Department are met; or unless specifically ordered otherwise by a physician.

f) Post anesthesia care will be provided by the operating surgeon or his/her representative following discharge of the patient from the post operative recovery area unless post anesthesia care complication occurs. In this case, the anesthesiologist will be notified and will participate in the future care of the patient as indicated. For purposes of proper record keeping, the post operative notes of the surgeon will suffice unless a specific anesthesia related complication does occur. The anesthesiologist will record appropriate notes documenting the nature of the problem and the therapeutic steps taken.

Section 4 - Evaluation of Anesthetic Care

a) It is also the responsibility of the operating room supervisor and the post anesthesia care supervisor to report any complications, untoward results, or questionable anesthetic practice to the chairman of the Department of Anesthesiology and Peri-Operative Medicine for appropriate investigation and correction.

Section 5 - Pre-Anesthetic History and Physical

a) A history and physical is required on all patients receiving anesthetic agents with the exception of local infiltration.

b) As required by the Medical Staff Rules and Regulations, a history and physical examination or concise note indicating the patient's illness shall be on the chart prior to surgery. If the history and physical examination or pertinent information is not recorded before the time stated for operation, the operation shall be cancelled unless the attending surgeon states in writing such delay would constitute a hazard to the patient.

c) All patients admitted to the hospital for general anesthesia must have their weight recorded.

Section 6 - Anesthesia Record

a) A complete, anesthesia record shall be kept on all patients receiving anesthesia. This record shall denote all parameters monitored, including but not limited to the vital signs (blood pressure, pulse and respiration), agents and drugs given, special techniques.

b) Total of fluids and blood products will be noted. Variations from the above may occur if the safety of the patient could be jeopardized by lack of attention to the record. In addition to the graphic record of anesthesia administration, a pre-anesthesia evaluation will be recorded either on the anesthesia record form or in the physician progress notes. A post anesthetic evaluation will also be recorded in a similar manner.

c) In order that a pre-operative evaluation may be done, a history and physical examination must be recorded on the medical record prior to administration of anesthesia. Pre-operative x-rays, EKG's and/or their interpretation shall be available prior to induction.

d) The history and physical is the responsibility of the operating physician. Surgery may be cancelled if the history and physical is not available on the chart unless this presents a hazard to the patient, and the surgeon so indicates in writing in the record.

Section 7 - Anesthesia Coverage for Trauma Service

Trauma Anesthesia Call

a) An anesthesiologist will be available in the hospital at all times, and will participate actively in resuscitation and evaluation of all patients admitted to the trauma service; will also be primarily responsible for airway management, ventilation and intravenous fluid administration including blood products.

b) If immediate surgery is required because of a threat to life, trauma anesthesia will provide anesthesia care in the operating room. First call may provide anesthesia care in the event of any life or limb-threatening emergency (e.g. ruptured aneurysm, profuse bleeding, even if non-traumatic in nature).

c) Trauma anesthesia may be called upon to provide airway management in "code" situations.

d) Trauma anesthesia will provide anesthesia only if the trauma surgeon operates; in other non-life threatening situations another anesthesiologist will provide care. Generally this anesthesiologist will be selected by the surgeon.

Section 8 – Emergency Coverage

General anesthesia emergency room call is mandatory for all board admissible or certified members of the Department of Anesthesiology and Peri-Operative Medicine with anesthesia privileges in the active, associate and provisional category. Those excluded from the mandatory requirement are physicians having provided ten (10) or more years of service to the institution. Physicians who are reinstated after previously being on staff may request that prior service be counted toward the ten year service requirement. Department privileges of a physician who refuses to accept a patient from the Emergency Room when on assigned call may be suspended.

Section 9 - Appointment Procedure

a) Membership

Physicians applying for department membership and privileges will apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws.

Except as provided in paragraph 4, physicians requesting privileges in the Department of Anesthesiology and Peri-Operative Medicine must have successfully completed an American training program accredited by the Accreditation Council of Graduate Medical Education, thereby being admissible for examination leading to board certification following completion of training. Effective upon approval of these rules by the Board of Directors, all applicants for membership in the Department of Anesthesiology and Peri-Operative Medicine must be certified by the American Board of Anesthesiology or become certified within five years of completion of a residency program approved by the ACGME or LCGME. Failure to become board certified within said five years shall result in the revocation of privileges.
(Approved by BOD 12-14-94)

Applicants certified or admissible for certification by the American Osteopathic Board of Anesthesia or by foreign boards may be considered. All applicants must become certified within five years of completion of an approved residency program. Failure to become board certified within said five years shall result in the revocation of privileges.

Applicants to or Members of the Department of Anesthesiology and Peri-Operative Medicine shall be required to submit evidence of current ACLS certification. Failure to produce this evidence shall result in the expiration of privileges, which constitutes nonreviewable action in accordance with Section 6.7(Q) of the Medical Staff Bylaws. Applications for appointment and reappointment will be deemed incomplete without such evidence. **Extensions will not be granted (Approved by BOD 10-14-10).**

Anesthesiologists with Category I privileges must be able to perform all independent services required in the practice of anesthesiology, including the ability to:

1) Perform accepted procedures commonly used to render the patient insensible to pain during the performance or surgical, obstetrical and other pain producing clinical maneuvers, and to relieve pain associated medical syndromes.

2) Support life functions during the period in which anesthesia is administered including induction and intubation procedures.

3) Provide appropriate pre and post anesthesia management of the patient.

4) Provide consultation relating to various forms of patient care, such as respiratory therapy, emergency cardiopulmonary resuscitation and special problems in pain relief.

b) Limited Privileges

Physicians with special training in specific regional block techniques, who would be aided in their practice by the use of these anesthetic procedures, shall be in this category. They must be competent in all phases of the block procedures, including handling of complications and resuscitation as indicated.

c) Applications

1) Physicians requesting privileges in the Department of Anesthesiology and Peri-Operative Medicine are to complete the application form obtained in the Medical Staff Office.

2) The Department of Anesthesiology and Peri-Operative Medicine will review the application and may recommend provisional **un**supervised privileges as indicated.

3) An anesthesiologist absent from the practice of anesthesiology for an extended period of time may be required to take a refresher course in a training program acceptable to the Department of Anesthesiology and Peri-Operative Medicine.

4) Any physician whose privileges have been suspended, revoked, or modified because of unsatisfactory medical care, or who has been denied privileges during the supervision process, shall ordinarily be required to undergo a minimum of three months of additional training in a program that provide training in the areas in which the physician has been adjudged deficient. Satisfactory completion of the training must be evidenced by a letter of recommendation from the program director stating the said anesthesiologist has satisfactorily completed the course.

d) Full or Limited Privileges

1) After completion of the provisional period, the Anesthesia Committee will recommend to the Executive Committee the approval of a change in staff category or denial of privileges. Final action on the applicant's request for privileges rests with the Executive Committee and the Board of Directors.

2) The Committee, at its discretion, may maintain separate supervisory requirements for subspecialty anesthesia care. e.g. invasive pain management or cardiac (pump) cases.

3) When privileges are granted, the Medical Staff Office will notify the applicant of this action.

Section 10 - Staff Category Designation

a) Anesthesiologists must have a minimum of 25 patient contacts in a one year period to be eligible for Active staff status.

b) Consulting staff category applies to those anesthesiologists approved for eICU privileges only **(Approved by BOD 10-14-10)**.

Revised:
Anesthesia Committee Date 09-04-90
Executive Committee Date 09-24-90
Board of Directors Date 10-02-90

Revised:
Anesthesia Committee Date 03-05-91
Executive Committee Date 03-25-91
Board of Directors Date 04-02-91

Revised:
Anesthesia Committee Date 04-06-93
Executive Committee Date 04-26-93
Board of Directors Date 05-11-93

Revised:
Anesthesia Committee Date 10-04-94
Executive Committee Date 11-21-94
Board of Directors Date 12-14-94

Revised:
Anesthesia Committee Date 10-01-96
Executive Committee Date 01-27-97
Board of Directors Date 02-11-97

Revised:
Anesthesia Committee Date 03-03-98
Executive Committee Date 04-27-98
Board of Directors Date 05-12-98

Revised:
Anesthesia Committee Date 10-03-00
Executive Committee Date 10-23-00
Board of Directors Date 11-14-00

Revised:
Anesthesia Committee Date 10-02-01
Executive Committee Date 10-22-01
Board of Directors Date 11-19-01

Revised:
Anesthesia Committee Date 11-07-02
Executive Committee Date 11-25-02
Board of Directors Date 12-17-02

Revised:
Anesthesia Committee Date 10-04-07
Executive Committee Date 12-17-07
Board of Directors Date 01-10-08

Revised:
Anesthesia Committee Date 08-05-10
Executive Committee Date 09-27-10
Board of Directors Date 10-14-10

Revised:
Anesthesia Committee Date 10-07-10
Executive Committee Date 10-25-10
Board of Directors Date 11-11-10

Revised:
Anesthesia Committee Date 10-06-11
Executive Committee Date 10-24-11
Board of Directors Date 12-08-11

Revised:

Bylaws Committee	Date 04-12-12
Executive Committee	Date 04-23-12
Board of Directors	Date 06-14-12