

DEACONESS HOSPITAL, INC.
Evansville, Indiana

DEPARTMENT OF ANESTHESIOLOGY RULES & REGULATIONS

- I. Department Organization and Direction - The Department of Anesthesiology shall be properly organized, directed and integrated with other services or departments of the hospital. For the purposes of the function of the Department of Anesthesiology, "Anesthesia" is defined as "delivery of care to any patient in any setting who receives for any purpose, by any route (1) general, spinal, or other major regional anesthesia, or (2) sedation (with or without analgesia) for which there is a reasonable expectation that in the manner used, the sedation/analgesia will result in loss of protective reflexes for the particular patient receiving the care."

The Department is responsible for reviewing and recommending approval or disapproval of the credentials and monitoring of all individuals providing anesthesia throughout the Hospital, assessing the quality of care provided, and recommending any corrective measures which may be indicated.

- A. The Department of Anesthesiology is a department of the Medical and Dental Staff.
1. Anesthesiologists are Active, Senior or Courtesy members of the Medical and Dental Staff of Deaconess Hospital.
 2. Courtesy members are allowed to perform more than twenty-five (25) procedures in a year if specifically requested by the Chief to cover for unexpected personnel shortages such as extra vacation/meeting requests, illness, pregnancy, et cetera.
 3. Deaconess Hospital is responsible for procurement of fees for services rendered.
 4. Certified Registered Nurse Anesthetist are Allied Health Care Providers and are members of the Medical and Dental Staff of Deaconess Hospital
- B. The Department of Anesthesiology is directed by an Appointed Anesthesia Medical Director, an Appointed Assistant Anesthesia Medical Director, a physician member of the Medical Staff who is called the "Chief of Anesthesiology", and an Appointed CRNA Medical Director.
1. The Appointed Anesthesia Medical Director and the Appointed Assistant Anesthesia Medical Director are members of the Anesthesia Department, Active Staff status and appointed by administration.

2. The Appointed Medical Director, being a member of the Department shall be responsible for establishing and maintaining an effective administrative relationship with the Medical Staff, Administration, and other Department/Services and shall direct the overall organizational aspects of anesthesia services within the anesthesia department of the hospital.
3. All administrative functions pertaining to hospital employees in the Anesthesia Department shall be the responsibility of the Manager of the Anesthesia Department in cooperation with the Medical Director.
4. The Medical Director in conjunction with the Assistant Medical Director, Chief of the Department, and CRNA Medical Director will review and discuss those matters where Administrative decisions have a bearing on professional practice or medical ethics.
5. The Medical Director shall be responsible for interpretation of the Rules and Regulations of the Department in his/her absence the Assistant Medical Director or Chief of Department and the enforcement of same.
6. The Medical Director shall appoint a designee, the assistant medical director or the chief of the department in his absence.
7. The Appointed Anesthesia Medical Director(s) has overall administrative responsibility for the department.
8. The Appointed Anesthesia Medical Director is responsible for:
 - a. Presides as Chairman at Anesthesia Leadership Team meetings
 - b. Directs the overall organizational aspects of patient care within the Anesthesia Department
 - c. Responsible for arranging, directing, and supervising the provision of all the professional anesthesia services as required for the hospital
 - d. Performs all administrative supervisory and educational functions related to the Anesthesia Department in conjunction with the Assistant Anesthesia Medical Director
 - e. Liaison between medical staff appointees and hospital management
 - f. Assures sufficient anesthesiology coverage is available
 - g. Participates in medical audit activities
 - h. Administratively collaborates with CAO & Director of Surgical and Anesthesia Services
 - g. Assessment of quality of care and assessment of equipment in PACU
9. The Appointed Assistant Anesthesia Medical Director is responsible for:

- a. Serves as Chairman at Anesthesia Leadership Team meetings in absence of Medical Director and works in conjunction with Anesthesia Medical Director for the following:
 - b. Block Scheduling Team
 - c. Billing compliance
 - d. Protocols
 - e. Surgeon Value Analysis Team
 - f. Communication
 - g. Quality, regulatory, safety
 - h. Equipment, supplies
 - i. If no one is appointed responsibilities are assigned to appointed anesthesia medical director
10. The Chief of Anesthesiology shall be elected by majority vote by Active and Senior members of the department. The Chief shall serve a two (2) year term and may be reelected to two (2) additional consecutive terms. In the event of a tie vote or a no majority vote during the election of a Chief, the current Chief will vote to break a tie or decide a no majority vote.
11. Any Board Certified member of the department with Active Staff status that has attended 50% of the monthly department meetings for the preceding two (2) years is eligible to serve as Chief of Anesthesiology.
12. The Chief of Anesthesiology is responsible for:
- a. Assessment of quality of anesthesia care rendered by all personnel rendering anesthesia throughout the hospital and recommendations of any corrective measures which may be indicated.
 - b. Assessment of needs for equipment necessary for administering anesthesia.
 - c. Assessment of needs for equipment necessary for resuscitation and monitoring of patients receiving anesthesia.
 - d. Coordination of the evaluation of equipment and supplies used in anesthesia care.
 - e. Development and implementation of regulations concerning anesthesia safety.
 - f. Morbidity-mortality conferences.
 - g. Presides as Chairman at Monthly Anesthesia Section Meetings and responsible for the meeting minutes.
 - h. Sits on Anesthesia Leadership Team

- i Serves actively on committees to which position is automatically appointed by the Bylaws. Representing the Department of Anesthesiology at Executive Council and Surgical Control Committee meetings and as liaison to hospital administration.
- j. In the absence of the Chief of Anesthesiology, his or her duties shall be assigned by the immediate past Chief of Anesthesiology

13. The Appointed CRNA Medical Director is responsible for:

- a. Review of GI/OR scheduling guidelines
- b. CRNA Quality
- c. CRNA chart audits/reviews
- d. Group and personal meetings with CRNA's
- e. Liaison between Medical Director, CRNA's, Anesthesia Department, Surgical Services, and hospital management
- f. Recruitment of CRNA's

Works in conjunction with Anesthesia Medical Director related to all CRNA practices and protocols

C. Representatives of the Department of Anesthesiology should participate as instructors in providing programs of continuing education.

- 1. They may be members of the teaching staff of the School of Respiratory Therapy.
- 2. Members of the department are encouraged to participate in continuing Medical Education activities.

D. Standards of Practice.

- 1. Effective May 8, 2003, all members of the Department shall be Board Certified in Anesthesiology within five (5) years of being granted appointment to the Medical Staff. Members are required to maintain board certification until such time as they reach Honorary Staff status.

II. Anesthesia Coverage

A. Purpose: The following outlines the scope and extent to which anesthesia care is available in the hospital, as required by HFAP.

B. Policies: It is the policy of the hospital to make available:

- 1. Anesthesia care 24 hours a day for the Surgical Department.
 - a. Qualified anesthesiologists or other personnel who have been

granted privileges by the Hospital on the recommendation by the Department of Anesthesiology administer anesthetics for procedures requiring general anesthesia, spinal anesthesia, local, and regional blocks in the operating room. Regional blocks and Nitrous Oxide inhalation at other locations in the Hospital may be administered by other qualified physicians (and dentists for dental procedures only), upon approval by the Department of Anesthesiology. Refer to delineation form.

2. Anesthesiologist consultation in relation to respiratory therapy, cardiopulmonary resuscitation and special problems when so requested.

4. The individual anesthesiologist or certified registered nurse anesthetist is responsible for:
 - a. Notifying the Practice Coordinator of vacation request .
 - b. Making appropriate notations on hospital records during the procedure and of postoperative visits.
 - c. Recording consultation remarks on the appropriate form.
 - d. Ordering preoperative medication.
 - e. Ordering appropriate studies as indicated.
 - f. Consulting with the attending surgeon regarding any problems in patient's preparation or management.
 - g. Each individual anesthesiologist or certified registered nurse anesthetist is responsible for carrying a pager.

5. Call: In order to maintain Active staff privileges, a physician must Assume call responsibility based off departmental staffing and is subject to hospital approval, which shall not be unreasonable held.
 - a. First, Gateway, & Second call are by rotation assigned by Medical Director.
 - b. Holiday call schedule and monthly schedule is to be arranged by the Anesthesia Medical Director.

- D. Guidelines for Coverage of Scheduled Procedures in Operating Room are followed.
 - E. Guidelines for Coverage of Emergency Procedures are followed.
Emergency procedures are covered by the Department of Anesthesiology.
 - F. Guidelines for Coverage and Emergency Bumps are followed
 - G. Guidelines for Coverage of Scheduled Procedures in GI Lab:
 - 1. The anesthesiologist/certified registered nurse anesthetist will administer anesthetics for his or her assigned column.
 - H. Guidelines for Coverage of Emergency Procedures in GI Lab:
 - 1. Emergency procedures are covered by the anesthesia department.
- III. Medical Staff Policies for Anesthesia Care - Practices employed in the delivery of anesthesia care shall be consistent with policies of the Medical Staff.
- A. A pre-anesthetic evaluation of the patient will be done by an anesthesiologist or certified registered nurse anesthetist.
 - 1. Appropriate documentation of the following factors should be made:
 - a. Pertinent information relative to the choice of anesthetic to be given.
 - b. Patient's previous drug history and drug allergies, if any.
 - c. Other anesthetic experiences as well as any unusual reactions to anesthetics by members of the patient's family. (e.g. hyperthermia)
 - d. Potential anesthetic problems.
 - e. Patient requests for specific anesthesiologist will be attempted Monday through Friday. Saturday requests are only honored by persons working that day.
 - f. Patient's physical status and any specific disorders.

2. The evaluation may include:
 - a. Chart review.
 - b. Personal interview with the patient.
 - c. Performance of any physical examination that would provide information that might assist in decision regarding risk and management.
 - d. Obtaining consultation as believed necessary.
 - e. Ordering of necessary tests and medications essential to conduct anesthesia.
 - f. Ordering of laboratory or other tests as necessary.

- B. The anesthesiologist or certified registered nurse anesthetist must review the patient's condition immediately prior to induction of anesthesia by reviewing the chart and by patient interview/observation and will include:
 1. A review of chart for:
 - a. Consent forms.
 - b. Pertinent laboratory and related data.
 - c. Appraisal of changes in patient's condition
 - d. The Department of Anesthesiology recommends that when a scheduled case is canceled after consultation with two other anesthesiologists for a medical reason, the case should not be done by any other member of the department until the medical problem has been assessed by more than one anesthesiologist, and the patient is determined to be suitable for anesthesia.
 2. The reevaluation is documented on the anesthesia record.

- C. Safety checks and practices during anesthesia will be as follows:
 1. Check readiness, availability, cleanliness and working condition of all equipment used in the administration of anesthetic agents:
 - a. Gas machine and apparatus.
 - b. Laryngoscope

- c. Airways.
 - d. Endotracheal Tubes
 - e. Masks
 - f. Means of administering artificial ventilation.
 - g. Functioning suctioning apparatus.
2. Anesthetic agents will be approved in conjunction with the Anesthesiology Department and the P&T Committee which will establish the formulary for anesthetic agents.
 3. All multi-dose vials that are opened should be labeled and dated, and all syringes appropriately labeled.
 4. All gas machines will have a pin index safety system.
 5. The anesthesiologist or certified registered nurse anesthetist will stay with the patient as long as appropriate after the procedure.
 - a. Specific problems about the patient's condition will be presented to those who care for the patient in post-anesthesia.
 - b. Decisions relative to the discharge of patients from the post-anesthesia unit would be made by an anesthesiologist.
 - c. Anesthesia stand-by patients should receive the same degree of care as patients receiving general, spinal or regional anesthetics.
- D. Records of induction of, maintenance, of, and emergence from anesthesia will be kept as follows:
1. During the induction, surgery and emergence:
 - a. All events affecting anesthesia.
 - b. Other drugs administered.
 - c. Intravenous fluids administered.
 - d. Blood or blood fractions infused.
 - e. Recording of vital signs which are being monitored.

E. Post-Anesthesia Care

1. The anesthesiologist or certified registered nurse anesthetist or his/her designee will remain with the patient as long as necessary following anesthesia. Post anesthesia care personnel will be advised of specific problems as vital to the care of the patient. The patient may be discharged from PACU upon order with a post-anesthesia recovery Aldrete score, otherwise, may be discharged only by order of the anesthesiologist or his/her designee.
2. PACU is to be under the direction of the Anesthesia Medical Director. Questions regarding airways, vital signs, respiratory problems, sedation, analgesics and fluids are to be directed to the anesthesiologist in charge or his designee.

F. Delayed Post-Anesthesia Visits

It is the opinion of the Department of Anesthesiology that certain groups of patients should be seen in a follow-up visit 48 hours or the next calendar day following their anesthetic experience. This visit, with appropriate notes, is in addition to visits and notes made concerning the patient during his/her stay in the recovery room or immediately thereafter and should be made, if possible, by the person administering the anesthesia to the patient.

It is felt that the following patients should be seen and appropriately notes made on the patient's chart on the day or days following their procedure.

- a. All ASA Class III patients.
- b. All ASA Class IV patients.
- c. All patients receiving major regional anesthetic, e.g., spinal, epidural, or axillary blocks.
- d. All patients having a complicated anesthetic course during the procedure or in the recovery area.
- e. Any other patient the primary surgeon feels has complications from the anesthetic.

IV. Safety Regulations - Safety regulations in regard to the use and control of inhalation anesthetic agents and anesthetic location are based on hospital policy that is established to provide a safe environment for the patient and the employee, and that adheres to the codes

and standards set for the by the National Fire Protection Association and the HFAP of Hospitals.

- A. Hazards exist in the operating room even though flammable agents are prohibited. The hazards involved must be recognized by all personnel and regulations designed and controlled to promote safe practice in anesthetizing locations.
 - 1. These hazards are present in all anesthetizing locations:
 - a. Electric shock and spark hazards, high frequency burns, cautery units, etc.
 - b. Toxicologic hazards - anesthetic waste gases.
 - c. Mechanical hazards - cylinder of compressed gases.
 - 2. These hazards are related to the use of flammable substances:
 - a. Fire and explosion from mixtures of flammable anesthetic agents with an O₂ and N₂O.
 - b. Ignition of flammable medicants and aerosol products post-anesthesia.
 - c. Fixed and portable electrical equipment, static electricity, electrosurgical equipment, open flames or hot materials at or above ignition temperature of agents are sources of ignition.
 - 3. These hazards may be present in non-flammable anesthetizing locations:
 - a. Conductive flooring is not a requirement, but uncontrolled use of static producing materials may lead to:
 - 1. A hazardous electrostatic discharge to a conductor leading into the heart or great vessel of a patient.
 - 2. Electrostatic discharge through sensitive components of electronic equipment can cause equipment failure.
 - 3. Impaired efficiency because of electrostatic clinging.
 - 4. Involuntary movement of personnel subject to electrostatic charges.
- B. Responsibility:

The anesthesiology service center at Deaconess Hospital shall take precautions for the safe administration of anesthetic agents. Written regulations relative to anesthetic safety are developed under the supervision and direction of the Medical Director, and these regulations shall be approved by the Medical Staff Executive Council and Administration and the Board of Directors, and are set forth below. The Medical Director services and the Director of Nursing Services oversee the adherence to the rules and procedures that apply in their respective areas.

C. Definitions:

Nonflammable Anesthetic Agent - Refers to those anesthetic agents which because of their vapor pressure at 37 degrees and atmospheric pressure, cannot attain flammable concentration when mixed with air, O₂, or mixtures of O₂ and N₂O.

Nonflammable Anesthetizing Location - Any anesthetizing location designated for the exclusive use of nonflammable anesthetizing agents.

D. Policy:

Only nonflammable anesthetic agents will be used in Deaconess Hospital.

E. Regulations for Safe Practice in Nonflammable Anesthetizing Locations.

The following rules and regulations have been adopted by the Medical Staff and Administration: NFPA No. 56A, and No. 76B-T shall apply in all anesthetizing locations.

The use or storage of any of the following mentioned flammable agents or germicides shall be prohibited from all operating rooms, delivery rooms and other anesthetizing locations in this hospital.

By reason of their chemical composition, these agents present a hazard of fire or explosion:

CYCLOPROPANE
DIVINYL ETHER
DIETHYL ETHER
FLOURXENE
ETHYL CHLORIDE
ETHYLENE

1. Equipment

- a. No electrical equipment except that judged by the Engineering Department of Deaconess Hospital as being in compliance with

NFPA No. 56A and No. 76B-T shall be used in any anesthetizing location.

- b. When a physician wishes to use his personal electrical equipment, it shall first be inspected by the Engineering Department and if judged to comply with NFPA No. 56A and No. 76B-T, be it so labeled.
- c. Photographic lighting equipment shall be of the totally enclosed type or so constructed as to prevent the escape of sparks or hot metal particles.

2. Practice:

- a. Yokes on gas machines are constructed with a pin index safety system. Each gas machine has a gas scavenging system. Each gas machine has an oxygen pressured interlock system.
- b. Hospital portable electric equipment, i.e., electrocautery, cardioscopes, etc. are checked biannually.
- c. Defibrillators are checked biannually.
- d. Electric appliances used are constructed so that spillage of or immersion into liquids do not result in a shock hazard.
- e. Regulators used to reduce cylinder pressure are designated to fit only the cylinder of gas for which they are designated.

F. Meeting physical facility standards for safe practices in anesthetizing locations is primarily in the scope of Deaconess Hospital Administration with responsibility for the maintenance of these under the Hospital Plant Operations Department. See Hospital Plant Operations Manual for the delineation of these practices.

V. Supporting Services

The Department of Anesthesiology shall adhere to the Hospital Policies and Procedures governing support services. Refer to the appropriate Policies as listed below for delineation of these practices.

- A. Pathology and Clinical Laboratory Services.
 - 1. Specimen Requirements and Specimen Receipt.
 - 2. Laboratory Test Directory and Laboratory Procedure Manual.

- B. Radiology.
 - 1. Monitoring hazardous material.
 - 2. Refer to Hazardous Material Management Manual.
 - 3. Intravenous Cancer Chemotherapeutic Drugs Policy and Procedure No. 50-34.

- C. Blood bank.
 - 1. Laboratory procedures for Blood Supply.
 - 2. Release of blood from blood bank.

- D. Infection Control.
 - 1. Operation Procedure Manual, Sterile Supply, Policies No. 40-422.
 - 2. Operating room Infection Control Nursing Policy and Procedure Manual.
 - 3. Sterile Disposable Items - Resterilization/Reuse, Policy and Procedure No. 35-20.
 - 4. Risk Management/Safety Program Policy and Procedures No. 45-16.

VI. Amendments

- A. Amendments of the rules may be moved by any active or senior member of the department.

- B. Amendments to these Rules & Regulations require a majority of active or senior members present at a meeting.

- C. Amendments shall be forwarded to the Executive Council for review and approval and shall become effective only upon approval of the Board of Directors.

APPROVED: Department of Anesthesiology - 11/4/80
Executive Council - 5/13/81

REVISED: Executive Council - 5/11/83
 Department of Anesthesiology - 5/18/83
 APPROVED: Executive Council - 8/10/83
 REVISED: Department of Anesthesiology - 10/1/85
 APPROVED: Executive Council - 10/9/85
 REVISED: Department of Anesthesiology - 10/6/87
 APPROVED: Executive Council - 11/11/87
 REVISED: Department of Anesthesiology - 3/1/88
 APPROVED: Executive Council - 4/13/88
 REVISED: Department of Anesthesiology - 11/7/89
 APPROVED: Executive Council - 12/13/89
 REVISED: Department of Anesthesiology - 6/4/91
 APPROVED: Executive Council - 06/91
 APPROVED: Department of Anesthesiology - 04/06/93
 REVISED: Department of Anesthesiology - 02/01/94
 REVISED: Department of Anesthesiology - 03/01/94
 APPROVED: Executive Council - 05/11/94
 APPROVED: Board of Directors - 05/23/94
 REVISED: Department of Anesthesiology - 02/06/96
 APPROVED: Executive Council - 02/14/96
 APPROVED: Board of Directors - 02/26/96
 REVISED: Department of Anesthesiology – 08/05/97
 APPROVED: Executive Council – 10/10/97
 APPROVED: Board of Directors – 10/20/97
 REVISED: Department of Anesthesiology – 04/06/99
 Department of Anesthesiology – 05/04/99
 APPROVED: Executive Council – 05/12/99
 APPROVED: Board of Directors – 06/14/99
 REVISED: Department of Anesthesiology – 09/04/01
 APPROVED: Executive Council – 09/12/01
 APPROVED: Board of Directors – 09/17/01
 REVISED: Department of Anesthesiology - 4/6/04
 APPROVED: Executive Council - 4/14/04
 APPROVED: Board of Directors - 4/19/04

 REVISED: Department of Anesthesiology – 4/3/07
 APPROVED: Executive Council – 4/11/07
 APPROVED: Board of Directors – 4/16/07

 APPROVED: Department of Anesthesiology – 12/01/09
 APPROVED: Executive Council – 1/13/10
 APPROVED: Board of Directors – 1/25/10

 APPROVED: Department of Anesthesiology-12/07/10
 APPROVED: Executive Council – 1/12/11
 APPROVED: Board of Directors - 1/24/11

REVISED: Department of Anesthesiology - 04/03/12
APPROVED: Executive Council – 05/09/12
APPROVED: Board of Directors - 05/21/12

APPROVED: Department of Anesthesiology – 05/30/13
APPROVED: Executive Council – 06/12/13
APPROVED: Board of Directors – 06/24/13

APPROVED: Department of Anesthesiology – 04/07/15
APPROVED: Executive Council – 05/13/15
APPROVED: Board of Directors – 05/18/15

APPROVED: Department of Anesthesiology – 03/03/2020
APPROVED: Executive Council – 08/12/2020
APPROVED: Board of Directors – 08/24/20/20