



Caring for Your Patient in an Outpatient Setting *Anesthesiology in Today's Office Practice*

The Current Changes

One of the most recent and significant changes in healthcare has been the move of many surgical procedures out of the hospital and ambulatory surgical centers into doctor's offices. These changes raise new issues and challenges in today's office practice.

There are few statutory requirements for the protection of the patient during in-office procedures. Only a few states have implemented requirements for office-based surgery. The American Society of Anesthesiologists (ASA) and The American College of Surgeons (ACS) have addressed this issue. The ASA has published Guidelines for Office-Based Anesthesia, and the ACS has published Guidelines for Optimal Office-Based Surgery. Some of the ASA guidelines include the following:

1. All facilities should have, at a minimum, a reliable source of oxygen, suction and resuscitation equipment and emergency drugs. When using IV sedation, it is recommended that pulse oximetry be used.
2. All equipment should be maintained, tested and inspected according to the manufacturer's specifications.
3. Backup power sufficient to ensure patient protection in the event of an emergency should be available.
4. All healthcare practitioners and nurses should hold a valid license or certificate to perform their assigned duties (a copy of the current license should be in their personnel file).

5. All operating-room personnel who provide clinical care in the office should perform services commensurate with their levels of education, training and experience.

Good equipment and effective drugs are safe only in the hands of well-trained

professional personnel.

The surgeon operating in an office environment

must assume multiple responsibilities regularly handled by the institution and/or the anesthesiology department in a hospital or ambulatory surgery center. Broadly, these responsibilities are to ensure that facilities, policies, procedures and personnel are adequate and appropriate for the type of surgery performed.

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It is important for the physician to know who is providing anesthesia. Is your anesthesia provider a board-certified Anesthesiologist, a CRNA or a PAAA? Familiarize yourself with the type of supervision your state requires if the anesthesia provider is a CRNA or a PAAA. Be sure that you know they are qualified before you allow them to administer anesthesia to your patient. In some states anesthesia may be administered by a CRNA or PAAA under the direction of a licensed physician. Under those circumstances the physician may be held vicariously liable for any negligence of the anesthetist under his or her supervision. Consequently, it is recommended that physicians who use the services of CRNAs/PAAAs should require them to have an ongoing quality assurance relationship with an anesthesiologist to provide regular review of their anesthesia practices including continuing

education. Additionally, the CRNA or PAAA should be required to have separate professional liability coverage.

Policies and Procedures

All facilities performing office-based surgery should have written policies and procedures for all emergencies including cardiopulmonary emergencies and other internal or external disasters such as fire. All surgical personnel must be trained in basic life

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support (CPR) and must be recertified as required. There should

be policies related to the credentialing of the personnel along with the procedures to be followed for monitoring patients during surgical intervention. These should be reviewed with all new employees.

There should be a cardiopulmonary resuscitative cart available for emergencies, and at a minimum it should include an Ambu bag, a laryngoscope and a medication kit. The medication kit should include appropriate medications for treatment of anaphylaxis, cardiac arrhythmia's and CPR.

Both the ASA and ACS recommend that every facility have a written protocol for on-site recovery and arrangements for safe and timely transfer of patients to a prearranged acute care hospital when extended or emergency services are needed to protect the health of the patient and for patient discharge home.

When a patient is discharged home after a procedure, it is the responsibility of the

physician to make sure the patient is recovered sufficiently to function independently. The patient should have stable vital signs and be fully oriented and able to move all extremities. When any type of sedation has been used, the patient should have a responsible adult take them home. Discharge instructions should be given verbally and in writing.

Conclusion

Prior to scheduling any surgery, evaluate the individual needs and risks associated with each patient and their scheduled procedure. Not all-surgical procedures should be performed in a physician's office. Not all patients are good candidates for each procedure. The decision to schedule a patient for office-surgery should only be made after obtaining answers to the following four questions. First, what is the anesthesia provider's level of experience with the scheduled procedure? Are personnel properly trained? Second, if difficulties occur during surgery, is there backup for the CRNA/PAAA? Does there need to be? Third, if emergency transport to an acute care hospital becomes necessary, what is the distance to the hospital and how long will it take to arrive? Is the distance and delay acceptable? Fourth, is the patient a high-risk patient for the procedure? If so, does the procedure need to be scheduled in the hospital setting?

As more attention is focused on outpatient facilities, we too should focus on the safety of these facilities. Assuring patient safety is a primary concern in any facility. With this continued focus on patient care and safety, physicians will be able to provide the best care reasonably possible, whether in the hospital, ambulatory surgery center or office. ●

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