



Anesthesia Department Scope of Services

Considerations

This document provides general considerations for developing an Anesthesia Department Scope of Services. The considerations language and services provided should be adapted to reflect your practice. The Scope of Services references and should reflect Medical Staff Bylaws and facility policies based on federal, state, and local law and regulations, and accreditation standards.

□ Scope of Service

Sample language

- Anesthesia services, including, but not limited to, preanesthesia evaluation, general anesthesia, sedation, neuraxial anesthesia, nerve blocks, post-operative analgesia and pain management services are provided to patients requiring anesthesia services for diagnostic, therapeutic, invasive, obstetric or surgical procedures, and acute and chronic pain management across all departments of the facility by anesthesia providers.
- The Anesthesia Department is responsible for developing policies and procedures governing the provision of all categories of anesthesia, sedation, and pain management services, including specifying the minimum qualifications for each category of practitioner who is permitted to provide anesthesia services.
- Anesthesia services are available to patients regardless of age, sex, race or financial class on an emergent, urgent, and elective basis.
- An anesthesia provider, when available, will provide airway management, central vascular access, cardiopulmonary resuscitation in the facility. Neonatal resuscitation is provided by a member of the Department of Pediatrics or their designee.

□ Care Delivery Model

Insert the anesthesia care model specific to your facility/practice with regards to autonomy, supervision, collaboration, or medical direction requirements.

Sample language for CRNAs in an opt-out state

- Delivery of anesthesia, sedation, and pain management services is provided by the CRNA, working collaboratively with the interprofessional team. The registered nurses and advanced practice nurses deliver care in partnership with anesthesia providers in a way that maximizes health care team collaboration and patient and family involvement.

Additional References

- [AANA Statement on Most Cost-Effective and Safe Anesthesia Practice Models](#)
- [CMS Hospital CoPs and Interpretive Guidelines](#)
 - See: §482.52(a) Standard: Organization and Staffing



❑ **Staff Responsibilities and Position Requirements**

This section may contain a brief description of anesthesia department staff and role on the anesthesia team.

Positions may include:

- *Chair of Anesthesia*
- *Chief CRNA*
- *Anesthesiologist*
- *Certified Registered Nurse Anesthetist*
- *Other staff (e.g., registered nurse, anesthesia technologist, business staff)*

❑ **Categories of Analgesia/Anesthesia**

- *Definitions from [CMS Hospital CoPs and Interpretive Guidelines](#)*
- *See: §482.52 Condition of Participation: Anesthesia Services*
- **Procedural Sedation / Analgesia**
 - **Topical or Local Anesthesia:** The application or injection of a drug or combination of drugs to stop or prevent a painful sensation to a circumscribed area of the body where a painful procedure is to be performed. There are generally no systemic effects of these medications, which also are not anesthesia.
 - **Minimal sedation:** A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilator and cardiovascular functions are unaffected. Minimal sedation is also not considered anesthesia.
 - **Moderate sedation/analgesia:** A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- **Anesthesia**
 - **Monitored anesthesia care (MAC):** Anesthesia care that includes the monitoring of the patient by an anesthesia professional. Indications for MAC depend on the nature of the procedure, the patient's clinical condition, and/or the potential need to convert to a general or regional anesthetic. Deep sedation/analgesia is included in MAC.
 - **Deep sedation/analgesia:** A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. Because of the potential for the inadvertent progression to general anesthesia in certain procedures, it is necessary that the administration of deep sedation/analgesia be delivered by an anesthesia professional.
 - **General anesthesia:** A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory support is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. General anesthesia is used for

those procedures when loss of consciousness is required for the safe and effective delivery of surgical services.

- Regional anesthesia: The delivery of anesthetic medication at a specific level of the spinal cord and/or to peripheral nerves, including epidurals and spinals and other central neuraxial nerve blocks, is used when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required.
- Rescue Capacity
 - Because the level of sedation of a patient receiving anesthesia services is a continuum, it is not always possible to predict how an individual patient will respond. Further, no clear boundary exists between some of these services. Hence, hospitals must ensure that procedures are in place to rescue patients whose level of sedation becomes deeper than initially intended, for example, patients who inadvertently enter a state of Deep Sedation/Analgesia when Moderate Sedation was intended. “Rescue” from a deeper level of sedation than intended requires an intervention by a practitioner with expertise in airway management and advanced life support. The qualified practitioner corrects adverse physiologic consequences of the deeper-than-intended level of sedation and returns the patient to the originally intended level of sedation.

❑ Standards of Practice

Sample language

- Policies and procedures are formulated using guidelines, resources, and data obtained from entities including, but not limited to, Centers for Medicare and Medicaid Services (CMS) Condition of Participation (CoPs) or, as applicable, Conditions for Coverage, state law and regulations, professional healthcare organizations, facility accreditors, and peer-reviewed literature to develop evidence-based policies and procedures appropriate to the resources and needs of the facility.
- All policies are reviewed and approved by the Chair of Anesthesia and are subject to medical staff approval, when applicable.

❑ Location of Anesthesia Services

Verify locations of anesthesia services provided throughout the facility/facilities. Include specific location details (e.g., building name, floor).

Sample language

- Anesthesia services are provided in the following departments:
 - Surgery - inpatient and outpatient
 - Labor and Delivery
 - Endoscopy
 - Acute and Chronic Pain Management
 - Heart Lab (e.g., electrophysiology, endovascular)
 - Radiology
 - Emergency Department
 - Intensive Care Unit (ICU)
 - Other Special Procedure Areas



☐ **Days and Hours of Operation**

This section details the days, times and on call coverage. Differentiate by facility if there are multiple facility locations.

☐ **Method of Staffing**

This section describes staffing (e.g., 8, 10, 12, 16 hour blocks) and on-call requirements specific for areas of service.

☐ **Method of Assignment**

This section describes who is responsible for and how staffing assignments will be determined.

Sample language

- Office staff and the anesthesia schedule facilitator evaluate the staffing needs one day prior to service need to provide an adequate number of anesthesia providers for each area of service or shift staff to a future date.
- On the day of service, the anesthesia schedule facilitator will work with the surgery schedule facilitator to coordinate cases, timing, and staffing.

Disclaimer: This template is designed to be used as a guide for policy development. Each individual facility is responsible for and determines the level of detail and applicability. Identify any gaps between this template policy and your practice and carefully consider any unintended consequences. This information is provided as a service to our members and does not constitute legal advice. Federal, state, and local law and regulations should be consulted. Each individual utilizing this resource should consult with legal counsel in his or her state (or the State in which you intend to practice) to be properly advised on any laws or regulations governing his or her business practices.