



Facility Bylaws, Department Rules and Regulations and Policy: What the CRNA Needs to Know

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Conflict of Interest Disclose Statement

Fall Leadership Academy

Barbara Anderson

Linda Goetz

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We have no financial relationships with any commercial interest related to the content of this activity.

We will **not** discuss off-label use during our presentation.

Overview of Bylaws

- Describe medical staff organization
- Rights and responsibilities of medical staff members
- Relationship with the organization's governing body
- Role in overseeing care treatment and services



Bylaws and the Law

- Bylaws must comply with federal, state, and local law and accreditation requirements.
- Bylaws may be more restrictive than federal, state, and local law or accreditation requirements.
 - For example, bylaws may require anesthesiologist medical direction even though federal and state law have no such requirement.

Why Should CRNAs Care?

Understand Medical Staff structure, rights and limitations

- Scope of Practice
- Oversight Requirements
 - Supervision, direction, medical direction, etc.
- Medical staff appointment eligibility and process
 - Classification of CRNAs
 - Ideally, classified as active medical staff members with full voting/due process rights if state law allows.



Why Should CRNAs Care?

- Active Medical Staff Membership Eligibility
 - Medicare regulations and interpretive guidelines permit CRNAs to serve as active medical staff members, consistent with state law.
 - Not all states permit CRNAs to be on the medical staff.
- Eligibility for Committee and Leadership Positions
 - Committee participation (e.g., APRN, Credentialing)

Why Should CRNAs Care?

- Duties and responsibilities
 - E.g., liability insurance requirements (contractors)
- Credentialing and privileging process and criteria
 - Competence assessment
- Peer review
- Fair hearing and appeal procedures
 - Due process rights and protections
- Roles and responsibilities of anesthesia services chair



Requirements for Histories and Physicals

- Medicare requirement - *42 CFR § 482.22(c)(5)*¹
- H&P completed within 30 days [or 24 hours after admission/registration], but prior to surgery or procedure requiring anesthesia services
- Document updated exam, including changes in the patients condition, within 24 hours after admission/registration, but prior to surgery or procedure requiring anesthesia services
- The physician or “other qualified licensed individual in accordance with State law” may perform the H&P and update
 - CRNAs may perform the H&P if state law allows and they are privileged to do so

1. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Process and Legal Review

- Bylaw Revision Process
 - Bylaws Committee
 - Medical Executive Committee
 - Medical Staff Vote
 - Governing Body Approval
- All bylaw revisions are subject to legal review



Other Governance Documents

- Detailed provisions, e.g., department structure and patient care responsibilities reflected in
 - Medical staff rules and regulations
 - Department rules and regulations
 - Policies and procedures
- Generally easier to amend

Anesthesia Rules & Regulations

- Check for restrictive language
- Clinical coverage responsibilities
 - E.g., 24-hr coverage, obstetrics, pain management
- Department organization
 - Anesthesia committee structure (e.g., anesthesia administrative committee, quality improvement committee)
- Description of department leadership key roles
 - Anesthesia department Chair
- Committees meeting frequency and attendance requirements



Impacting Change

Be engaged!



Get Involved!

Professionalism

Ethics
Interpersonal Skills
Integrity
Communication
Patient Satisfaction
Collaboration
Respect
Honesty
Relationships
Work Ethic
Team Work
Critical Thinking
Value



- Increased CRNA visibility
- Build credibility
- Leads to culture change

Develop and Sustain Working Relationships

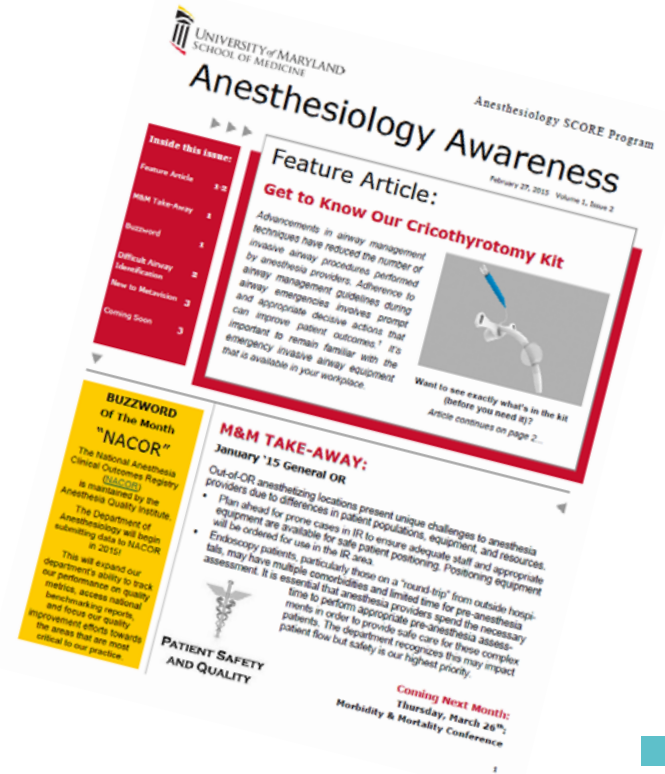
- Anesthesiology
- Periop
- Nursing
- Pharmacy
- Medical Staff Office
- Executive suite



"We're burning 20 calories just by shaking hands.
This relationship is off to a great start!"

Committee Participation

- Anesthesia
 - Policy development (ERAS)
- OR
- Credentialing Committee



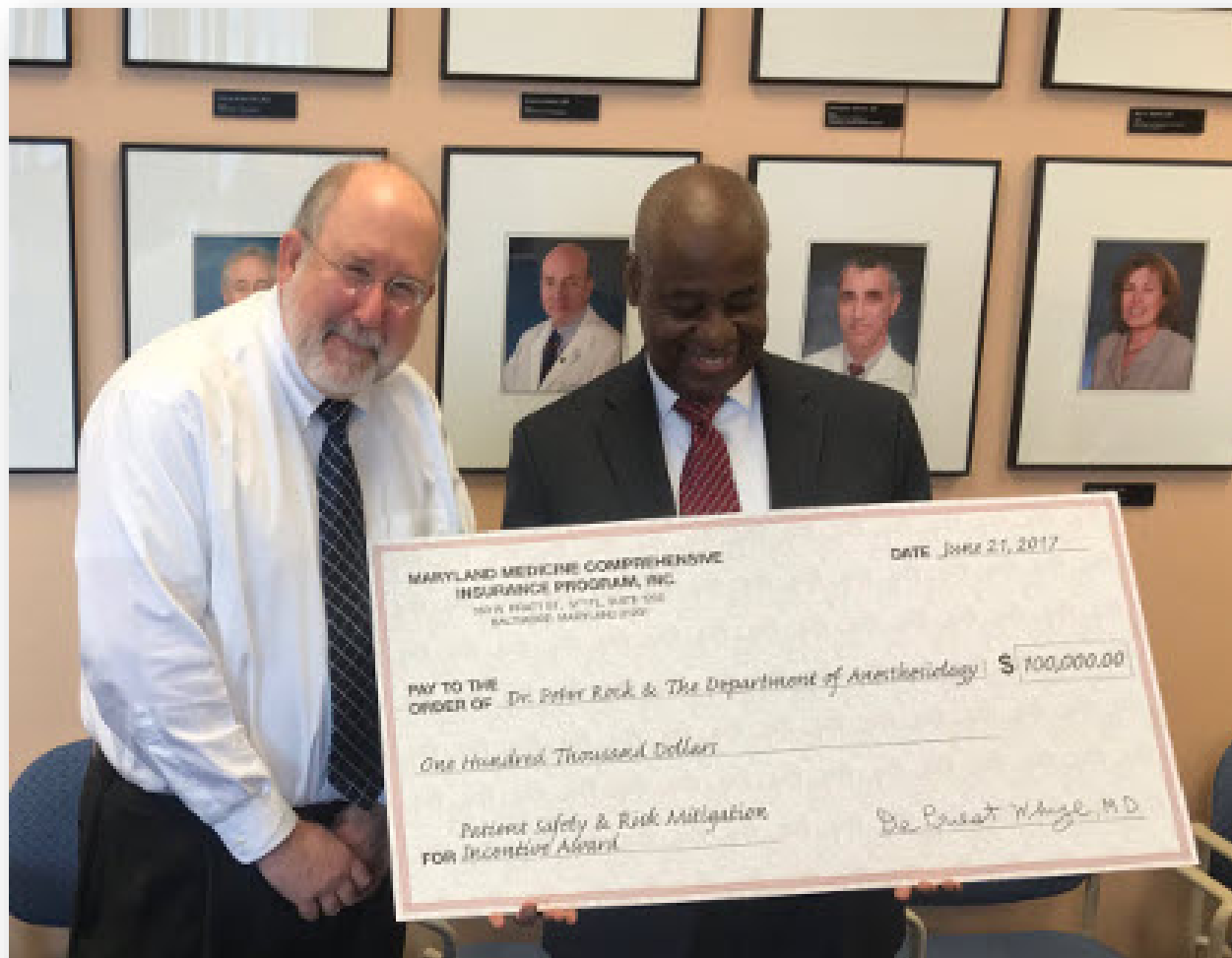
What is your **VALUE**?

PROVIDER TO
A STRATEGIC
PARTNER.



**Your ability to show
others your worth
will determine your
value.**

Tracy Wilson





Seek out leadership opportunities within the organization

- Anesthesia Department
- Quality & Safety
- Blood Bank
- Pharmacy
- Medical Staff Office

Identify & Seek to Remove Barriers

Know your facility

- What are the avenues for change?
- Start small



Delineation of Privileges (DOP)

UNIVERSITY OF MARYLAND MEDICAL CENTER

Delineation of Privileges for Certified Registered Nurse Anesthetist:

Name: _____ Date: _____
Department: _____

Certification Status: National Board on Certification
and Recertification of Nurse Anesthetists: _____ Yes _____ No Date: _____
Training Program Accredited by Council on Accreditation of
Nurse Anesthesia Educational Programs: _____ Yes _____ No

**NOTE: All privileges approved are under the direct supervision of an Attending Anesthesiologist.
CRNAs are clinically accountable to the Chief of Anesthesiology or Designee**

Specified Services	Check (✓) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<p>Category 1 (Core) Privileges: To be eligible for core privileges, applicants must have completed a nurse anesthesia program accredited by the AANA Council on Accreditation of Nurse Anesthesia Educational Programs, be certified by the CCNA or recertified by the Council on Recertification, or by the predecessor or successor agency to either. If initial certification is pending, applicants must have graduated from an approved nurse anesthesia program.</p> <p>Core Privileges include the following:</p> <ul style="list-style-type: none"> - Administration of specific types of anesthesia for assigned cases under supervision - Pre-anesthesia evaluation and preparation - Administration of general anesthesia including adjunct drugs and regional anesthesia/analgesia techniques - Administration of emergency ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the peri-anesthesia period - Airway management techniques - Peri-anesthetic invasive and non-invasive monitoring - Tracheal intubation/extubation - Placement of central venous catheters - Placement of intra-arterial catheters - Regional Anesthesia - Advanced airway management - Mechanical ventilation/oxygen therapy - Initiate and modify therapies, including drug and pain therapy - Provide initial management and implementation of respiratory and ventilatory care in the PACU or ICU 	_____	_____

NOTE: All privileges approved are under the direct supervision of an Attending Anesthesiologist.
CRNAs are clinically accountable to the Chief of Anesthesiology or Designee



DOP: Language Change

UNIVERSITY OF MARYLAND MEDICAL CENTER

Delineation of Privileges for Certified Registered Nurse Anesthetists

Name: _____ Date: _____
Department: _____

Certification Status: National Board on Certification and _____ Yes Date: _____
Recertification of Nurse Anesthetists (NBCRNA) _____ No

Training Program Accredited by Council on Accreditation of
Nurse Anesthesia Educational Programs _____ Yes _____ No

Specified Services	Check (✓) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Category I (Core) Privileges: NBCRNA NOTE: A Nurse Anesthetist granted Category I (Core) privileges shall collaborate with an Anesthesiologist under the medical direction model.		
Core Privileges include the following: <ol style="list-style-type: none"> 1. Pre-anesthesia evaluation and preparation 2. Administration of general anesthesia including adjunct drugs and regional anesthesia/analgesia techniques 3. Administration of emergency ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the peri-anesthesia period 4. Airway management techniques 5. Tracheal intubation/extubation 6. Advanced airway management 7. Mechanical ventilation/oxygen therapy 8. Peri-anesthetic invasive and non-invasive monitoring 9. Placement of intra-arterial catheters 10. Placement of central venous catheters 11. Regional Anesthesia 12. Initiate and modify therapies, including drug and pain therapy 13. Provide initial management and implementation of respiratory and ventilatory care in the PACU or ICU 	_____	_____
Category II Privileges: Administration of sedation for imaging procedures in Radiology (may be requested only after consultation with CRNA Director)		

Applicant's Signature _____

Date _____

Peter Rock, MD, Chair, Department of Anesthesiology _____

Date _____

Applicant's Confirming Signature
(required if any requested privilege is not approved)

Date _____

Revised 5/2013

Category 1 (Core) Privileges: NBCRNA

NOTE: A Nurse Anesthetist granted Category I (Core) privileges shall collaborate with an Anesthesiologist under the medical direction model.

Category II Privileges:

Administration of sedation for imaging procedures in Radiology (*may be requested only after consultation with CRNA Director*)



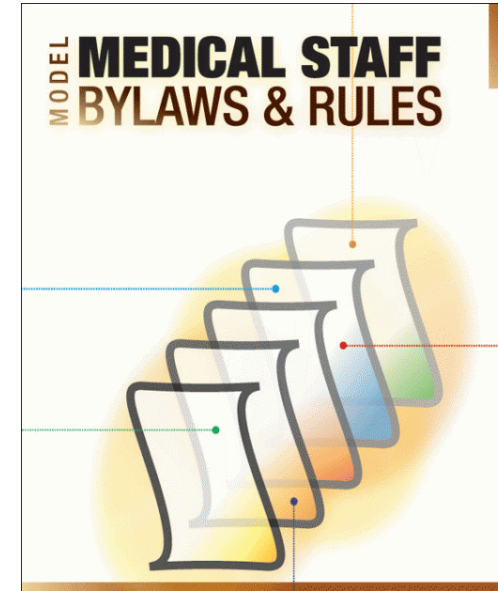
Bylaw Optimization

- Removal of facility-imposed scope of practice barriers that go beyond law and accreditation standards
 - Supervision requirements?
 - Scope restrictions?
- Do bylaws reflect actual practice?
 - Regulators/accreditors will hold you to your bylaws and policies



Bylaw Engagement

- Are CRNAs active or affiliate members of the medical staff?
 - With voting and due process rights?
 - CRNAs eligible for leadership or committee roles?
- Is there CRNA / APN representation on the Credentialing Committee?



Department of Anesthesiology OPPE Summary Report

Other Documents

- Rules and Regulations
- Delineation of Privileges (DOP)
- Policies and Procedures
- Ongoing Professional Practice Evaluation (OPPE)
- Focused Professional Practice Evaluation (FPPE)

Clinician: _____

Reporting period: 11/1/2016 -
7/31/2017

Generated on: 8/9/2017

Clinical Quality Measure	Performance Rate*	AQI Benchmark**	Department Average
PACU Re-intubation (% of patients who were extubated following general anesthesia but require reintubation in PACU)	0.00 %		0.1%
Procedural Safety for Central Line Placement (% of patients who underwent CVC placement and did not experience a CVC complication)	100.00 %		99.4%
Antibiotic Timing (% of patients with antibiotics administered within 1 hour prior to incision)	82.40 %		91.1%
Perioperative Temperature Management (% of patients with initial post-operative temperature $\geq 35.5^{\circ}\text{C}$)	97.10 %		98.3%
Dental Injury (% of patients with loss/damage of a tooth, or damage to a dental appliance/prosthesis during anesthesia care)	0.00 %		0.0%
Corneal Injury Not Diagnosed in PACU (% of patients who underwent anesthesia care and did not have a new diagnosis of corneal injury in the PACU)	100.00 %		100.0%

* (% of cases fulfilling measure criteria)

** Provided when available from the Anesthesia Quality Institute

Clinical Experience Measures	Performance
Cases performed	175
Intubations performed or supervised	94
CVC's placed or supervised	6
Arterial Catheters placed or supervised	22
Regional Anesth performed or supervised	12

Recommendations: I reviewed OPPE data and

____ recommend continuation of current privileges

____ recommend additional privileges (attach new privilege form)


____ recommend a reduction of privileges (attach new privilege form)

Comments:

Reviewed by: _____

Date: _____


AANA Website



AANA
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Safe and effective anesthesia care
for every patient

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Enter Keyword 

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Practice

Practice Management

Professional Practice Manual

U.S. Food and Drug Administration

Health and Wellness/Peer Assistance

Clinical Practice Resources

State Law and Practice

Facility Accreditation

Evidence-Based Practice

[Home](#) > [Practice](#) > [Practice Management](#)

Resources Available

Visit the business resources page for AANA practice management tools, templates, and checklists and download them in a customizable (Word or Excel) format.

[Public Resources](#)[Member Resources](#)

Practice Management

Business of Anesthesia and
Pain Management Resources



AANA Resources

- Bylaws “Bundle”
 - CRNA Employment/Practice Setting Considerations, Medical Staff Bylaws Checklist
 - Introduction to Medical Staff Bylaws
 - Medical Staff Bylaw Framework
- Anesthesia Rules and Regulations Framework



Introduction to Medical/Professional Staff Bylaws

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CRNA Employment/Practice Setting Considerations

Medical Staff Bylaws Checklist

Understanding the governance structure and facility documents that affect CRNA practice is important for newly employed and tenured CRNAs. The following checklist and cross-referenced medical/professional staff bylaws framework provides a high-level overview of

AANA Resources

- Anesthesia Services Agreement
- Contract Checklists
- Negotiation Principles, Considerations Checklist
- Scope of Services
- Changes in Anesthesia Group Management or Employment Arrangement
- Anesthesia Staffing Considerations
- Updated Position Descriptions
 - Certified Registered Nurse Anesthetist
 - Chief Certified Registered Nurse Anesthetist
 - Critical Access Hospital Anesthesia Department Director (CRNA)
- Editable forms and resources – dynamic process



Enhanced Recovery

- www.aana.com/EnhancedRecovery
- Considerations for Pathway Development and Implementation
- ERAS Protocols
- Webinars
- Articles



American Association of Nurse Anesthetists
222 South Prospect Avenue
Park Ridge, IL 60068
www.aana.com

Enhanced Recovery after Surgery *Considerations for Pathway Development and Implementation*

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PR Tools

- Infographics
- Research
- FAQs
- CRNA Stories



www.future-of-anesthesia-care-today.com/

AANA Contacts

Professional Practice

Facility accreditation, practice management, clinical practice, professional scope of practice

- practice@aana.com
- (847) 655-8870

State Government Affairs

Supervision, direction, state scope of practice

- sga@aana.com
- (847) 655-1130



Acknowledgement

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Questions?

Examples for Discussion

