ASA BOD-HOD 2014 Report

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New Practice Advisories

- "Practice Advisory on Anesthetic Care for Magnetic Resonance Imaging",
  - The exhaustive literature review was consistent with and supportive of all recommendations in the previous version
  - Added the current ACR guidelines as a reference (implantable cardiac devices)
- "Practice Guidelines for Perioperative Blood Management".
  - A wealth of new evidence. There were so many new concepts that it should be viewed as a complete revision.

Trauma Anesthesiology Directors for Level 1 Centers

Committee on Trauma and Emergency Preparedness (COTEP)

In Level 1 trauma centers, there should be an in-house presence of a physician anesthesiologists trained in the management of trauma care and that every Level 1 trauma center have a designated director of trauma anesthesiology with the qualification:

- Current ATLS Provider or Instructor certification
- A minimum of 12 hours of ACCME Category I CME credit in trauma-related educational activities within the past three years
- Completion of a Trauma Anesthesiology fellowship or at least two years of post-residency experience in the perioperative care of major trauma patients in the operating room or intensive care unit.

Trauma Anesthesiology Directors for Level 1 Centers

Committee on Trauma and Emergency Preparedness (COTEP)

- Several ASA delegates spoke in favor of urging the American College of Surgeons and other surgical societies to collaborate with the ASA on the development of any future guidelines affecting the delivery of trauma care.
- The Reference Committee also supported the concept that the ASA should work with surgical societies to achieve "patient-centered parity" regarding guidelines for the availability of surgeons and anesthesiologists in Level 2 trauma centers.

Committee on Ethics: Fatigue, Distraction, and the Internet 406-1 (PA)

"Because fatigue may jeopardize patient safety and physician well-being, an anesthesiologist who becomes impaired by fatigue should not provide routine clinical care until this impairment has resolved. Anesthesia departments and group practices should work within the medical staff structure to develop and implement policies to address fatigue-related provider impairment and its implications for staffing and delivery of safe patient care."

Distraction and the Internet

- The ASA's Administrative Council of officers earlier this year gave preliminary approval to a statement regarding distractions (such as the use of smartphones) during the administration of anesthesia.
- However, the Board of Directors and the HOD decided instead to refer the statement back to a committee of the President's choice for further consideration and revision.

The Committee on Electronic Media and Information Technology (EMIT)

- Security remains a serious problem, both in terms of HIPAA compliance and in terms of outside technical attacks from spyware and computer viruses.
- The Committee intends over the next year to work toward a finalized set of network access recommendations, weighing the need for ready information against security concerns.

FAER Funding:

- **426-2.1 PA Committee on Academic Anesthesiology: Annual Report:**
- **The Committee on Academic Anesthesiology recommends an increase in 2015 ASA Foundation for Anesthesia Education and Research funding of $1 million to a total of $3 million. The BOD recommended an increase to $2 million. The HOD approved the increase.**
- **More from Denham.**

427-2.1 PA Committee on Economics: Annual Report

FROM: Committee on Economics 427-2.2 (PA)
SUBJECT: Definition of "Immediately Available" (REDACTED) Page 1
DATE: August 17, 2014

DEFINITION OF "IMMEDIATELY AVAILABLE" WHEN MEDICALLY DIRECTING

Committee of Origin: Economics

(Approved by the ASA House of Delegates October 17, 2012, and amended October 15, 2014)

Definition:
An anesthesiologist who is personally performing an anesthetic is exclusively and completely dedicated to that case. A medically directing anesthesiologist is immediately available if s/he is in physical proximity that allows the anesthesiologist to ~~return to~~ re-establish direct contact with the patient to ~~meet~~ address medical needs and ~~address~~ any urgent or emergent clinical problems. These responsibilities may also be met through coordination among anesthesiologists of the same group or department.

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Guidelines for Developing Policy Regarding Immediate Availability:
Differences in the design and size of various facilities ~~and demands of the particular surgical procedure~~ make it impossible to define a universally applicable specific time or distance for physical proximity. The physical layout of the operating room and other anesthetizing locations are important in determining how medically directing anesthesiologists can fulfill the requirement to be immediately available.

Individual anesthesia groups and/or departments should establish objective and specific **written** policies regarding immediate availability that consider objective elements such as distance, a map or time that recognizes the specific local environment, and factors that should be taken into account so that a medically directing anesthesiologist is available to immediately conduct hands-on intervention for each patient. The demands of particular surgical and other diagnostic or therapeutic procedures and the clinical needs of patients may further restrict what constitutes immediate availability under specific circumstances.

427-2.1 PA Committee on Economics: Annual Report

The medically directing anesthesiologist may perform other services as allowed by Medicare or local Contractor instructions. The activity should be interruptible and allow the anesthesiologist to re-establish direct contact with the patient to address urgent or emergent clinical situations. An anesthesiologist maintains medical direction and is immediately available when providing a personal break of short duration to a staff member under circumstances to be described in the written policies established by the department or practice.

There are other activities that are not appropriate. Examples of such activities include, but are not limited to (1) personally performing another anesthetic, (2) performing other elective procedures on patients not undergoing a surgical procedure (such as chronic pain blocks) or (3) engaging in any other activity that would prevent a timely return to establish direct contact with the patient to meet medical needs or treat emergencies.

The Committee on Global Humanitarian Outreach (GHO)

- ❑ **Expand the Lifebox program to provide pulse oximeters to countries in need in Central and South America.**
- ❑ **Approve the Global Scholars Program, which would provide support for young leaders in the specialty of anesthesiology from low and middle-income countries to attend the 2015 ASA Annual Meeting.**
- ❑ **Support the Resident International Scholarship Program, establishing one-month resident scholarships to help CA1 and CA2 residents learn the international practice of anesthesia in a pediatric orthopedic hospital in Ethiopia.**

Academic Caucus: Enhanced Alignment with the ASA

- There are currently a total of 5 geographic Caucuses at the ASA
- This new caucus would be to serve as a body of thought leaders in academic anesthesiology that will interact with the leadership of the ASA
- This new caucus will identify issues that are of vital importance to academic anesthesiology and will convey them to the ASA leadership.

Academic Caucus

- It is important to note that the purpose of this Caucus is not to take away any of the authority that FAER, ASA committee on academics, AUA or other participant have, but to coordinate our message to the HOD and BOD.
- First meeting was held at the 2014 HOD
- Next meeting will be held at the 2015 HOD. We encourage any member of the academic anesthesiology community who is also involved in the ASA political side to come to the meeting. We will advertise this widely.

Perioperative Surgical Home Learning Collaborative

- **43 organizations organized in groups**
  - Economic Outcomes and PSH Payment
  - IT Operations and Measurement
  - Cost Analysis, and monetization
- **Next meeting is next weekend**
- **Had a great meeting last night**

American Society of Anesthesiologists (ASA®) invites health care institutions to pilot Perioperative Surgical Home model in learning collaborative

The Specialty of Anesthesiology and Perioperative Medicine

What do the hospitalists think?

flow for the hospital and provide increased consistency in trauma care. Orthopedic hospitalists differ from other hospitalists in their need for follow-up clinics to handle post-operative care for patients without an orthopedist before sending the patient back to their primary care physician. Some organizations have limited surgical hospitalists to hospital follow up visits to avoid creating

...it is no surprise that hospital medicine is the fastest growing medical specialty in history...

Orthopedic Hospitalists

Orthopedic hospitalists are among the newest (and smallest) specialty hospitalist groups with only a few practices in existence today. Given the shortage in orthopedic emergency care and the growing need for emergency coverage and trauma specialty,

The Specialty of Anesthesiology and Perioperative Medicine

What do the CRNA think?

A Healthcare Solution for Changing Times