



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Anesthesia Care		
Document:	Departmental Policy and Procedure		
Title:	Department of Anesthesia Structure and Guidelines		
Applies To:	All Anesthesia Staffs		
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1. PURPOSE:

- 1.1 To provide basic operational policies and procedures for the anesthetists and technicians working within the department of anesthesia in all of its facilities.

2. DEFINITIONS:

- 2.1 **Standards, Guidelines and Statements for the Provision Anesthesia** – provide guidance to improve decision – making and promote beneficial outcomes for the practice of anesthesiology. They are not intended as unique or exclusive indicators of appropriate care.

3. POLICY:

- 3.1 The department of anesthesia should; provide comprehensive pre – operative evaluation for all the patients scheduled for general, spinal, epidural anesthesia, peripheral block, monitor anesthesia care (MAC) for elective or emergency procedures and participate with other medical physician in the pre – operative clinic for the referred high risk patients.
- 3.2 This policy is a general guideline and may be changed at the discretion of the chief of anesthesia subject to the approval of the medical administration of Maternity and Children's Hospital, Hafer Al Batin.
 - 3.2.1 Provide general anesthesia, regional anesthesia/ analgesia, peripheral nerve block and MAC for all elective and emergency procedures. This should be carried out according to the standard care of modern anesthesia practice and acceptable to Islamic teachings.
 - 3.2.2 Provide effective and safe peri – operative pain management.
 - 3.2.3 Provide proper post – operative monitoring and treatment in recovery room.
 - 3.2.4 Provide efficient and continuous medical education for all medical and paramedical staff of the department.
 - 3.2.5 The operating theatre are equipped with the state of the art equipment to provide general, regional or monitor anesthesia care (MAC) for all patients of the different ages and for various procedures except organ transplant and cardiac surgery.
 - 3.2.6 Pre – operative visit for patients undergoing surgeries are done by anesthetist. The patients with medical problems scheduled for different procedure are referred to the concerned Specialty.
 - 3.2.7 Elective surgical cases will be accommodated for in the main OR from 7:30 am to 3:30 pm Sunday to Thursday. Emergency cases will be handled on 24 hour basis 7 days a week.
 - 3.2.8 Severely ill patients after major operation are observed and treated in the intensive care unit, if needed and up to the discretion of the treating specialist and physician.
 - 3.2.9 The patients with medical problems scheduled for elective procedure are referred to the concerned medical physicians before admission for surgery.
 - 3.2.10 Emergency cover is provided by anesthesia specialist on 8 hour shifts as on duty physician and consultant anesthetist will be available as on – call.
 - 3.2.11 The hospital should be under anesthesia physician cover 24 hours a day, 7 days a week.
 - 3.2.12 Monitored anesthesia care sedation or general anesthesia may be provided for procedures in a well – equipped CT scan and MRI rooms.

- 3.2.13 Staff Assignments:
 - 3.2.13.1 The anesthesia staff will follow a detailed job description. They will also refer to the policy and procedure for guidance.
 - 3.2.13.2 The head of the department supervises and assigns to ensure the implementation of all policies and procedures. He reviews departmental procedures and is constantly vigilant about the quality of patient care provided by the department.
 - 3.2.13.3 Consultants provide continuous anesthesia care to their allocated patients during working hours. They report to the chief of anesthesia.
 - 3.2.13.4 Anesthesia specialist provides continuous anesthesia care to their allocated patients.
 - 3.2.13.5 During working hours, they report to the head of anesthesia.
 - 3.2.13.6 The paramedical staff, anesthetic technicians/nurses work in close cooperation and supervision of the medical staff according to the job description.
 - 3.2.13.7 An experienced and highly skilled anesthetist is provided for the administration of anesthesia to the risky patient.
 - 3.2.13.8 On call Rota for anesthesia personnel should be furnished a made available to the concerned departments on monthly basis and in timely manner.
- 3.2.14 Methods of Monitoring performance in Anesthesia
 - 3.2.14.1 Clinical pathways for major and common surgical procedure will be encouraged in order to standardized and optimized anesthesia management.
 - 3.2.14.2 Anesthesia staff should attend meetings symposia held in auditorium and whenever possible
 - 3.2.14.3 Anesthesia staff should attend department meetings weekly.

4. PROCEDURE:

- 4.1 Responsibility of Department:
 - 4.1.1 Give anesthesia for all branches posted every day in the operating room.
 - 4.1.2 Give anesthesia in CT and MRI rooms for pediatric cases Wednesday, Thursday and at the time of emergency.
 - 4.1.3 Daily morning report to discuss:
 - 4.1.3.1 Cases done on duty on the previous day.
 - 4.1.3.2 Cases posted for OR on that day.
 - 4.1.4 Fixed daily allocation for the physician in the OR room.
 - 4.1.5 Weekly scientific meetings on Monday.
 - 4.1.6 Monthly rota for physician, specialist, resident in OR.
 - 4.1.7 Anesthesia OPD every day.
 - 4.1.8 CPR team: any patient admitted in the ER and announced as a code blue, Anesthesiologist at duty is called for help.
- 4.2 Physician Responsibilities For Medical Care:
 - 4.2.1 Since the quality of care in anesthesia depends in large measure upon the role of the physician in rendering such care, the proper definition of the responsibilities of individual physicians in the provision of medical care is the starting point in the organization of an anesthesia department. Such definition should take into account the following principles.
 - 4.2.1.1 Anesthesia care is the practice of medicine. An anesthesiologist must be personally responsible to each patient for the provision of anesthesia care. An anesthesiologist exercises the same independent medical judgment on behalf of the patient as is exercised by other physicians.
 - 4.2.1.2 The anesthesiologist's responsibilities to the patient should include responsibility for pre anesthetic evaluation and care, medical management of the anesthetic procedure and of the patient during surgery, post – anesthetic evaluation. The anesthesiologist should fulfill these responsibilities to the patient in accordance with the ASA Guidelines for the Ethical Practice of Anesthesiology and Guidelines for Patient Care in Anesthesiology.

- 4.2.1.3 As a member of the hospital medical staff, an anesthesiologist is subject to and must observe, as well as be rewarded the benefits of, the medical staff bylaws, rules and regulations generally applicable to all physicians granted privileges in the hospital. Additional rights and responsibilities may arise from rules and regulation specifically applicable to physicians in the Department of Anesthesia.
- 4.2.1.4 An anesthesiologist with full staff privileges must share on a fair and suitable basis in the responsibility for assuring 24 hour a day, 7 day a week availability of anesthesia care.

4.3 Medico – Administrative Organization and Responsibilities:

- 4.3.1 The department of anesthesia has the responsibility to promote and ensure patient access to quality anesthesia care and the optimal utilization of hospital facilities.
- 4.3.2 To fulfill his responsibility, it is necessary to grant staff privileges to a sufficient number of qualified physicians to assure patient access to quality anesthesia care and optimal utilization of facilities.
- 4.3.3 Additionally, the anesthesia department must develop a practicable system that will assure the constant personal availability of a member of the department.
- 4.3.4 The department must also monitor and enforce adherence to standards of care, the medical staff bylaws and the rules and regulation particularly applicable to the anesthesia staff.
- 4.3.5 The discharge of these administrative responsibilities should be guided by the following principles:
 - 4.3.5.1 The assumption and performance of medico – administrative responsibilities, though for the ultimate benefit of patients, are undertaken on behalf of, and as the agent for, the hospital. The fact that a physician has medico – administrative responsibilities should not affect that physician's or any other physician's, individual responsibilities to patients or the physician's rights under the medical staff by laws.
 - 4.3.5.2 All members of the department should share in the discharge of medico – administrative responsibilities to the extent necessary or appropriate.
 - 4.3.5.3 Administration of the anesthesia department should be directed by a qualified consultant anesthesiologist member of the medical staff.
 - 4.3.5.4 The director of the Anesthesia Department should be responsible for the following medico administrative functions in a manner similar to directors of other clinical departments, and should be a permanent voting member of the Executive Committee.
 - 4.3.5.4.1 Recommending clinical privileges for all individuals with primary anesthesia responsibilities.
 - 4.3.5.4.1.1 Privileges should be processed through established medical staff channels, be based solely on qualifications and competence, and be conditioned upon observance of the medical staff bylaws and the rules and regulations governing the Anesthesia Department.
 - 4.3.5.4.1.2 Privileges should be delineated in accordance with the ASA guidelines for Delineation of Clinical Privileges in Anesthesiology.
 - 4.3.5.4.2 Monitoring the quality of anesthesia care rendered throughout the hospital, including surgical, obstetrical, emergency, outpatient, and special procedures areas.
 - 4.3.5.4.2.1 The ASA documentation of Anesthesia Care should be followed in order to provide the factual basis for such monitoring.
 - 4.3.5.4.3 Recommending to the hospital administration and medical staff the type and amount of equipment and supplies necessary for administering anesthesia, interventional pain medicine and resuscitation.
 - 4.3.5.4.4 Adopting and/or developing regulation concerning anesthetic safety.
 - 4.3.5.4.5 Ensuring evaluation of the quality of anesthesia care throughout the hospital.

- 4.3.5.4.6 Establishing a program of continuing education for all personnel having anesthesia privileges.
 - 4.3.5.4.6.1 The educational program should include in – service training and be based in part on the results of an evaluation of anesthesia care.
 - 4.3.5.4.6.2 Such program should follow the ASA guidelines for Minimally Acceptable Continuing Medical Education in Anesthesiology.
- 4.3.5.4.7 Participating in the development of, and enforcing policies and procedures relating to, the functioning of anesthesia personnel and the administration of anesthesia throughout the hospital.
 - 4.3.5.4.7.1 This should include the development and maintenance of a written policy defining the peri – operative care of patients that may appropriately be provided in the facility, based upon consideration of age, risk categories, proposed procedure, and facility equipment and nursing capabilities.
- 4.3.5.4.8 Ensuring that qualified anesthesia personnel are available for the daily surgical schedule and providing a schedule for 24 hour, 7 days a week availability of anesthesia care.
 - 4.3.5.4.8.1 Scheduling may be coordinated by the director or may be accomplished directly by scheduling between surgeons and anesthesiologists or indirectly by surgeons through the person responsible for developing the surgical schedule.
 - 4.3.5.4.8.2 Any scheduling mechanism should accommodate patient requests for specific anesthesiologists.
- 4.3.5.4.9 A description of the details of the operation of the anesthesia department, including all policies and procedures applicable to personnel in the department, should be compiled in a single set of rules and regulations or in a procedure and policy manual.
 - 4.3.5.4.9.1 Such policies and procedures must be consistent with the medical staff bylaws, the hospital charter and administrative regulations and local law, and should be based upon the ASA Manual for Anesthesia Department Organization and Management and other ASA guidelines and suggestions, adapted to suit local conditions.
 - 4.3.5.4.9.2 In any event, the department of Anesthesia must not be operated in a manner that restricts the patient's access to quality care or inhibits the development of the specialty of Anesthesiology.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Nurses
- 6.2 Anesthesia Technician
- 6.3 Anesthesiologist
- 6.4 Head of the Anesthesia Department

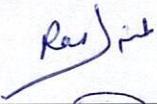
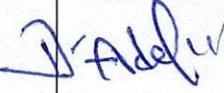
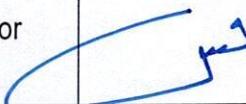
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 American Society of Anesthesiology.

9. APPROVALS:

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