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§482.52 Condition of Participation: Anesthesia Services

If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

Interpretive Guidelines §482.52

The provision of anesthesia services is an optional hospital service. However, if a hospital provides any degree of anesthesia service to its patients, the hospital must comply with all the requirements of this Condition of Participation (CoP).

The hospital's anesthesia services must be integrated into the hospital-wide QAPI program.

The anesthesia services must be under the direction of a qualified MD/DO. The hospital's medical staff establishes criteria for the qualifications for the director of the anesthesia services in accordance with State laws and acceptable standards of practice. A single anesthesia director must be responsible for the single hospital-wide anesthesia service.

The single anesthesia service is responsible for all anesthesia administered in the hospital. The anesthesia service must be organized and staffed in such a manner as to ensure the health and safety of patients.

Survey Procedures §482.52

- Request a copy of the organizational chart for anesthesia services. Determine that a doctor of medicine or osteopathy has the authority and responsibility for directing the administration of all anesthesia throughout the hospital.

- Request evidence of the director's appointment. Review the position description. Confirm that the director's responsibilities include at least the following:

  - Planning, directing, and supervising all activities of the service

  - Establishing staffing schedules, including written on-call schedule for anesthesia coverage when the department is normally closed

  - Monitoring of the quality and appropriateness of the anesthesia patient care

- Evidence of responsibility for anesthesia services delivered in all areas of the hospital where applicable:

  - Operating room suite(s), both inpatient and outpatient;
  - Obstetrical suite(s);
  - Radiology department;
  - Clinics;

- Outpatient surgery areas.

- Verify that anesthesia services is integrated into the hospital-wide QAPI program.

A-0417
§482.52(a) Standard: Organization and Staffing

The organization of anesthesia services must be appropriate to the scope of the services offered. Anesthesia must be administered only by –

(1) A qualified anesthesiologist;
(2) A doctor of medicine or osteopathy (other than an anesthesiologist);
(3) A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law;
(4) A certified registered nurse anesthetist (CRNA), as defined in §410.69(b) of this chapter, who, unless exempted in accordance with paragraph (c) of this section, is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed; or

§482.52(c) Standard: State Exemption

(1) A hospital may be exempted from the requirement of physician supervision of CRNAs as described in paragraph (a)(4) of this section, if the State in which the hospital is located submits a letter to CMS signed by the Governor, following consultation with the State's Boards of Medicine and Nursing, requesting exemption from physician supervision of CRNAs. The letter from the Governor must attest that he or she has consulted with State Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the State and has concluded that it is in the best interests of the State's citizens to opt-out of the current physician supervision requirement, and that the opt-out is consistent with State law.

(2) The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and are effective upon submission.]

(5) An anesthesiologist's assistant, as defined in Sec. 410.69(b) of this chapter, who is under the supervision of an anesthesiologist who is immediately available if needed.

Interpretive Guidelines §482.52(a)

The medical staff bylaws must include criteria for determining the privileges to be granted to an individual practitioner and a procedure for applying the criteria to individuals requesting privileges. The hospital must specify the anesthesia privileges for each practitioner that administers anesthesia, or who supervises the administration of anesthesia by another practitioner. The privileges granted must be in accordance with State law and hospital policy. The type and complexity of procedures for which the practitioner may administer anesthesia,

or supervise another practitioner supervising anesthesia, must be specified in the privileges granted to the individual practitioner. When a hospital permits operating practitioners to supervise CRNA administering anesthesia, the medical staff must specify in the statement of privileges for each category of operating practitioner, the type and complexity of procedures that category of practitioner may supervise. Individual operating practitioners do not need to be "privileged" to supervise a CRNA.

A dentist, oral surgeon, or podiatrist may administer anesthesia in accordance with State law, their scope of practice and hospital policy. The anesthesia privileges of each practitioner must be specified. Anesthesia privileges are granted in accordance with the practitioner's scope of practice, State law, the individual competencies, education and training of the practitioner and the practitioner's compliance with the hospital's credentialing criteria.

A CRNA may administer anesthesia when under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed (unless supervision is exempted in accordance with §482.52(c)). An anesthesiologist's assistant may administer anesthesia when under the supervision of an anesthesiologist who is immediately available if needed. " Immediately available" to intervene includes at a minimum, that the supervising anesthesiologist or operating practitioner, as applicable, is:

- Physically located within the operative suite or in the labor and delivery unit;
- Prepared to immediately conduct hands-on intervention if needed; and
- Not engaged in activities that could prevent the supervising practitioner from being able to immediately intervene and conduct hands-on interventions if needed. The operating practitioner is considered immediately available when he/she is conducting surgery on the patient. CMS does not require a second operating practitioner whose function is to supervise the CRNA.

Survey Procedures §482.52(a)

Review the qualifications of individuals authorized to deliver anesthesia.
Determine that there is documentation of current licensure or current certification status for all persons administering anesthesia.

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§482.52(b) Standard: Delivery of Services

Anesthesia services must be consistent with needs and resources. Policies on anesthesia procedures must include the delineation of pre-anesthesia and post-anesthesia responsibilities. The policies must ensure that the following are provided for each patient:

Interpretive Guidelines §482.52(b)

- Policies at a minimum address:

- The qualifications, responsibilities and supervision required of all personnel who administer anesthesia;
- Patient consent;
- Infection control measures;
- Safety practices in all anesthetizing areas;
- Protocol for supportive life functions, e.g., cardiac and respiratory emergencies;
- Reporting requirements;
- Documentation requirements;
- Equipment requirements, as well as the monitoring, inspection, testing and maintenance of anesthesia equipment in the hospital's biomedical equipment program.

Survey Procedures §482.52(b)

Review the policies developed on anesthesia procedures. Determine that the anesthesia service incorporates the minimum policies identified in interpretive guidelines.

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§482.52(b)(1) A pre-anesthesia evaluation by an individual qualified to administer anesthesia under paragraph (a) of this section performed within 48 hours prior to surgery.

Interpretive Guidelines §482.52(b)(1)

The pre-anesthesia evaluation must be performed within 48 hours of inpatient or outpatient surgery. An individual qualified to administer anesthesia in accordance with §482.52(a) must perform the pre-anesthesia evaluation. At a minimum, the pre-operative anesthetic evaluation includes:

- Notation of anesthesia risk;
- Anesthesia, drug and allergy history;
- Any potential anesthesia problems identified;
- Patient's condition prior to induction of anesthesia

Survey Procedures §482.52(b)(1)

Review records to determine that each patient has a pre-anesthesia evaluation by an individual qualified to administer anesthesia. The evaluation must be performed within 48 hours prior to surgery.

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§482.52(b)(2) An intraoperative anesthesia record.

Interpretive Guidelines §482.52(b)(2)

The intraoperative anesthesia record includes at a minimum:

- Name and hospital identification number of the patient;
- Name of practitioner who administered anesthesia, and as applicable, the name and profession of the supervising anesthesiologist or operating practitioner;
- Name, dosage, route and time of administration of drugs and anesthesia agents;
- IV fluids;
- Blood or blood products, if applicable;
- Oxygen flow rate;
- Continuous recordings of patient status noting blood pressure, heart and respiration rate; and
- Any complications or problems occurring during anesthesia, including time and description of symptoms, vital signs, treatments rendered, and patient's response to treatment.

Survey Procedures §482.52(b)(2)

Review records to determine that each patient has an intraoperative anesthesia record documenting all pertinent events taking place during anesthesia.

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§482.52(b)(3) With respect to inpatients, a post-anesthesia follow-up report by the individual who administers the anesthesia that is written within 48 hours after surgery.

Interpretive Guidelines §482.52(b)(3)

The post-anesthesia follow-up report must be written within 48 hours after the inpatient surgery. The follow-up report must be written by the individual who administered the anesthesia or in accordance with §482.12(c)(1)(i), an MD/DO may delegate the post-anesthesia assessment and writing the post-anesthesia follow-up report to practitioners qualified to administer anesthesia in accordance with State law and hospital policy. When delegation of the post-anesthesia follow-up report is permitted, the medical staff must address its delegation requirements and methods in its bylaws. At a minimum, the post-anesthesia follow-up report documents the following:

- Cardiopulmonary status;
- Level of consciousness;
- Any follow-up care and/or observations;
- Any complications occurring during post-anesthesia recovery

Survey Procedures §482.52(b)(3)
Review records to determine that a post-anesthesia follow-up report is written for each patient by the individual who administered the anesthesia, or by a delegated practitioner

who is qualified to administer anesthesia, within 48 hours after surgery. Documentation should include those items specified in interpretive guidelines.

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§482.52(b)(4) With respect to outpatients, a post-anesthesia evaluation for proper anesthesia recovery performed in accordance with policies and procedures approved by the medical staff.

Interpretive Guidelines §482.52(b)(4)

A post-anesthesia evaluation must be conducted on patients who have had outpatient surgery. The evaluation must be documented in the patient's medical record. The evaluation must be performed in accordance with policies and procedures approved by the medical staff and in accordance with State law and acceptable standards of practice.

At a minimum, the outpatient surgery post-anesthesia evaluation includes and documents:

- Cardiopulmonary status;
- Level of consciousness;
- Any complications occurring during post-anesthesia recovery; and
- Any follow-up care needed or patient instructions given.

Survey Procedures §482.52(b)(4)

Review records to determine that outpatients have a post-anesthesia evaluation for proper anesthesia recovery in accordance with hospital policies and procedures. Depending on the type of anesthesia and length of surgery, the post-operative check should include the items listed in the interpretive guidelines.
