

## **ANESTHESIA CONSULTATION PROGRAM**

**Committee of Origin: Quality Management and Departmental Administration**

**(Approved by the ASA House of Delegates on October 15, 2003, and last amended on October 15, 2014)**

The American Society of Anesthesiologists believes that patient care in anesthesiology will be enhanced through careful, unbiased and objective evaluation of anesthesia practice and assessment of quality. The Society urges its members to take an active role in peer review at the local, regional and national level. As an aid to peer review, quality and risk management, the ASA Committee on Quality Management and Departmental Administration has developed the following procedures for responding to requests to evaluate the quality and delivery of anesthesiology services (including perioperative/periprocedural medicine, pain medicine and all subspecialties), as well as recommending improvements where indicated.

I. A request for consultation may be made by an anesthesiologist, chief of medical staff, chief executive officer or hospital governing body. In all instances, there must be an expression of agreement to such consultative services by BOTH the hospital chief executive officer and either the director of anesthesiology or the chief of the medical staff.

II. The request may be made through the ASA Headquarters Office. The request will be forwarded to the Chair of the Committee on Quality Management and Departmental Administration (or designee) who refers the request to the committee's Director of the Anesthesia Consultation Program and subsequently to an ad hoc subcommittee consisting of qualified ASA members. No member shall serve on the subcommittee when such person's service would involve a conflict of interest.

III. The consultation is based upon a site visit by an ad hoc subcommittee. Except as noted in paragraph IV below, the subcommittee will prepare a detailed written analysis of the quality of anesthesia care and the strengths and weaknesses of the department and its practices. The consultation consists of the following:

- A. Pre-visit interview of Anesthesia Department leadership
- B. Pre-review of Practice data (or comparable national benchmarks) in the National Anesthesia Clinical Outcomes Registry maintained by the Anesthesia Quality Institute.
- C. Interviews with appropriate members of the medical, nursing and administrative staffs and other hospital officials as needed;
- D. Inspection of hospital charts, anesthesia records, credentials files and any other documents (e.g., minutes of meetings, letters of concern, quality indicator reports, contracts with language involving quality requirements) that could have an effect on the quality of anesthesia care;
- E. Observation of practice and inspection of facilities and equipment;
- F. Investigation of issues and concerns related to quality of anesthesiology services as well as practice management issues to the extent they have an impact on anesthesia quality.

G. Preparation of a confidential formal report stating the results of the consultation and containing recommendations when appropriate.

IV. The confidential formal report shall be sent to the requesting parties by the Chair of the Committee on Quality Management and Departmental Administration and will normally contain the following:

- A. A description of the hospital, its anesthesiology services organization, facilities, workload and personnel qualifications.
- B. Collective, nonattributed perceptions of administration, nursing, physician and department of anesthesia personnel regarding the quality of anesthesiology services at the institution and any perceived deficiencies thereof;
- C. A summary of the observation of practice;
- D. A description of the facilities and equipment available to the department members;
- E. An overall general assessment of the quality of anesthesiology services at the institution;
- F. Specific assessments of other quality issues including, but not limited to, clinical anesthesiology services, technical proficiency of department members, quality management mechanisms and their effectiveness, departmental leadership and interpersonal interactions, and any other quality issues specified in the letter of request or subsequent requests made by the signatories that the consultants agree to address;
- G. Feasible, practical recommendations to address any deficiencies discovered during the course of the consultation.

V. Site visits may be scheduled to take place over one to three days. In exceptional circumstances when an informational, educational or diagnostic consultation regarding a specified concern of anesthesiology practice (e.g., department organization, implementation of a quality assessment program, etc.) is requested, the Chair of the Committee will appoint a qualified ASA member for a one day site visit. A verbal analysis of the specified concern will be provided to the organization at the conclusion of the site visit. (Should more than one consultant or a written analysis be desired, the consultation will proceed as in item IV.)

VI. Within six months after the site visit, the Chair of the Committee on Quality Management and Departmental Administration shall request from the original, involved parties a report of the effects of the consultation.

VII. Prior to the conduct of any consultative visit, the American Society of Anesthesiologists and the requesting parties shall enter into an agreement which provides for the protection of the subcommittee members, the Committee and ASA from legal action as a result of the consultation and sets out terms for the payment of consultation fees and expenses covering such other items that legal counsel for ASA shall deem appropriate and advisable.

VIII. The Society shall charge to the requesting parties that amount determined from time to time to represent the actual direct and indirect costs of operating the Consultation Program. The program itself, however, shall operate on a nonprofit basis to the Society.