SOCIETY FOR AMBULATORY ANESTHESIA
Outpatient • Office Based • Non-Operating Room
@samba_hq

SAMBA 2024 Annual Meeting
May 2-4, 2024

6 "P"'s of OBA: Personnel

Niraja Rajan MD FAAP FASA SAMBA-F
Professor of Anesthesiology
Penn State Milton S Hershey Medical Center
Medical Director
Hershey Outpatient Surgery Center

President Elect
Society for Ambulatory Anesthesia

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Disclosures

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- None

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Objectives

- Discuss the unique needs of the office based setting
- Establish processes for credentialing and privileging
- Strategize scheduling

3

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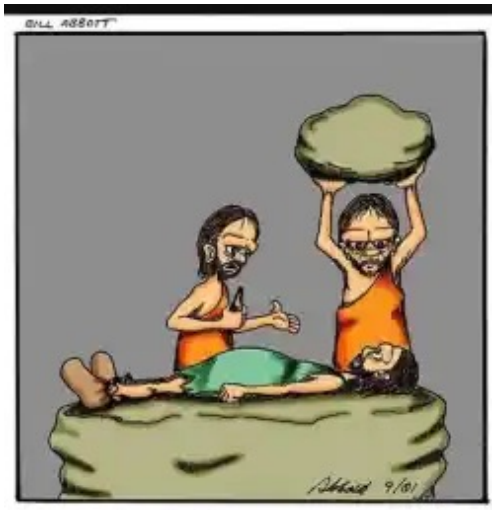

"...and this is Ralph, your anesthesiologist."

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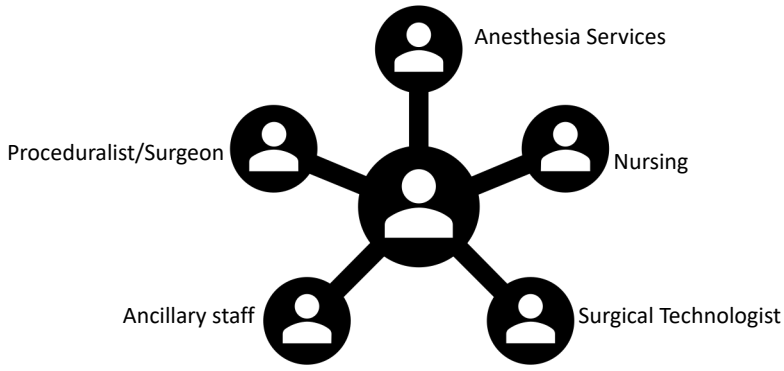

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Training and Education

- Obtain and maintain board certification by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board within five years of completing an approved residency training program.
- The procedure must fall within the scope of training and practice of the physician providing the care.

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Licensure and certification

- Each caregiver in the office setting must have valid licensure or certification to perform the tasks that will be expected in accordance with each individual's training and education.

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Competency/Peer review

- Competency must be demonstrated by maintaining core privileges at an accredited or licensed hospital or ambulatory surgical center for the procedures they perform in the office setting.
- Alternatively, the governing body of the office facility is responsible for a peer review process for privileging physicians based on nationally recognized credentialing standards.

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QI/Reporting

- Incident reporting requirements as recommended by the FSMB and accompanied by periodic peer review and a program of Continuous Quality Improvement.

10

- At least one physician, who is credentialed or currently recognized as having successfully completed a course in advanced resuscitative techniques (ATLS®, ACLS, or PALS), must be present or immediately available with age and size-appropriate resuscitative equipment until the patient has met the criteria for discharge from the facility.

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- Physicians performing office-based surgery must have admitting privileges at a nearby hospital, or a transfer agreement with another physician who has admitting privileges at a nearby hospital, or maintain an emergency transfer agreement with a nearby hospital.

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- Facilities must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Accreditation Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF), American Osteopathic Association (AOA), or by a state-recognized entity such as the Institute for Medical Quality (IMQ), or be state licensed and/or Medicare certified.

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Recovery room standards

- Phase 1
- Phase 2
- Equipment

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CEO/Medical Director

- The CEO/Medical Director provides anesthesia services, strategic management and direction, and oversight of operations. Clinical operations are jointly overseen by the CEO and medical director, in conjunction with the medical directors of the ASCs, and lead surgeons in the OBS. They cooperatively develop patient selection criteria, safety protocols, practice standards, and other critical requirements. Medical director is critically important for onboarding and maintenance, education of the staff and personnel, and the overall success of the practice.

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Oversight of operations

Onboarding and maintenance

Provide anesthesia services

Develop safety protocols

Strategic management

Develop practice standards

Develop patient selection criteria

Education of the staff and personnel

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Anesthesia Staffing considerations

- Independent contractor
- Credentialing
- Licensure
- DEA certification
- Staffing ratios and types
- Medical Direction
- Accreditation

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SAVE the Date

Society for Ambulatory Anesthesia ASC and OBA Medical Directors' Conference
Friday, October 18th, 2024
Philadelphia, PA

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Questions?

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