A close-up photograph of a surgeon wearing a blue surgical cap, a white surgical mask, and blue scrubs. The surgeon is focused on a task, likely surgery, with their hands visible at the bottom of the frame. The background shows a blurred operating room environment with medical equipment.

Maximizing Patient Safety

for North Carolinians



Physician anesthesiologists are medical specialists and experts in anesthesia and perioperative medicine. As leaders in patient safety, physician anesthesiologists are responsible for ensuring the highest quality of care, including medical supervision and direction of anesthesia support staff, such as nurse anesthetists and certified anesthesiologist assistants. **Below we answer some key questions about the important role of physician anesthesiologists in our healthcare delivery system:**

- What is physician supervision?
- What does North Carolina law say about supervision?
- Why does supervision matter?
- Role of a physician anesthesiologist
- Role of a nurse anesthetist or certified anesthesiologist assistant
- Education and training
- How do North Carolinians view the issue of physician supervision?

What is Physician Supervision?

The supervising physician medically evaluates the patient before surgery to assess the patient's fitness for surgery and anesthesia, determines the likely risk to the patient, and if those risks can be mitigated. The supervising physician then directs or manages the patient's medical conditions before, during and after surgery (often referred to as the "perioperative process"). The supervising physician is responsible for leading any acute resuscitation needs, including emergency airway management.

What Does NC Law Say About Supervision?

North Carolina law requires a physician, either a physician anesthesiologist or the surgeon performing the procedure, to supervise a nurse anesthetist providing care. Alternatively, a physician anesthesiologist may also supervise a certified anesthesiologist assistant. Anesthesia care in North Carolina is most frequently provided personally by a physician anesthesiologist or by a nurse anesthetist or certified anesthesiologist assistant supervised by a physician anesthesiologist. This is known as the Anesthesia Care Team (ACT). Overall responsibility for the Anesthesia Care Team and the patient's safety rests with the physician anesthesiologist.

In a small number of cases, the nurse anesthetist is supervised by the operating surgeon. In ALL cases involving a nurse anesthetist, a physician is supervising the nurse.

NC Law on Physician Supervision

"Physician supervision of nurse anesthetists providing anesthesia care, when that care includes prescribing medical treatment regimens and make medical diagnoses, is a fundamental patient safety standard required by North Carolina law." (2005 NC Court of Appeals)

"...the anesthesia care of a patient [must] be under the supervision of a physician." (1998 NC Attorney General's Opinion)

"The provision of anesthesia to a patient constitutes the making of a diagnosis and the prescribing of a medical treatment for an ailment, specifically prescribing a controlled substance to a patient so he or she can tolerate the surgical procedure. Therefore, the provision of anesthesia services is the practice of medicine..." (2018 N.C. Medical Board)



Why does Supervision Matter?

Anesthesia Adverse Outcomes Are Significant

Anesthesia can be as minimal as mild sedation for an office-based procedure, but it can also mean keeping a patient alive as they undergo a six hour kidney transplant or a child without memory of the procedure as they have a brain tumor removed. These procedures occur in acute surgical settings where seconds count and can be the difference between life and death. As anesthesia has become safer over the last 50 years, people forget that potential adverse outcomes of anesthesia include: stroke, heart attack, blindness, brain damage and death.

Physician Supervision Protects Patient Safety

Currently every hospital in North Carolina requires physician supervision of nurse anesthetists. This is because the current standard of care is the safest care we can offer our patients.

An independent, peer-reviewed study published in 2000 found the odds of death to be 8% higher in cases where the administration of anesthesia was not directed by a physician anesthesiologist. This corresponds to 2.5 excess deaths per 1,000 patients (Silber, et. al.).

Finally, the U.S. Department of Veterans Affairs in 2017 reconfirmed the importance of physician supervision when it updated its policy handbook for advanced practice nurses. The VA concluded that nurse anesthetists should not

practice independently, but instead as valuable members of a physician-led care team.

Physician Supervision Works And Should Not Be Changed

Physician anesthesiologists practice with nurse anesthetists every day in a physician-led care team approach to anesthesia and we have the upmost respect for their profession. However, physician anesthesiologists are strongly opposed to any effort that removes a physician from directing and supervising the administration of anesthesia.

Role of a Physician Anesthesiologist

The physician anesthesiologist medically evaluates that patient before surgery to assess the patient's fitness for surgery and anesthesia, determines the likely risk to the patient and if those risks can be mitigated, directs or manages the patient's medical conditions during surgery, manages any medical complications, and supervises the post-operative care.

As the supervising physician, the physician anesthesiologist is responsible for all aspects involved in the continuum of care – before, during and after the surgery. The physician anesthesiologist is the one medical doctor responsible for providing comprehensive care to a patient at all stages of the patient's experience.



Role of a Nurse Anesthetist or Certified Anesthesiologist Assistant

A nurse anesthetist or certified anesthesiologist assistant is an important member of the Anesthesia Care Team. Once the physician anesthesiologist has determined that a patient is ready for surgery, then the basic parameters of the anesthesia plan are prescribed by the physician. At this point, the nurse anesthetist or certified anesthesiologist assistant is trained and capable to take steps to implement the anesthesia plan, such as administering the anesthetic agents prescribed by the physician anesthesiologist and monitoring the patient's vital signs.

Nurse anesthetists and certified anesthesiologist assistants are not trained to make medical assessments of a patient's condition and respond to potential emergencies without proper physician direction.

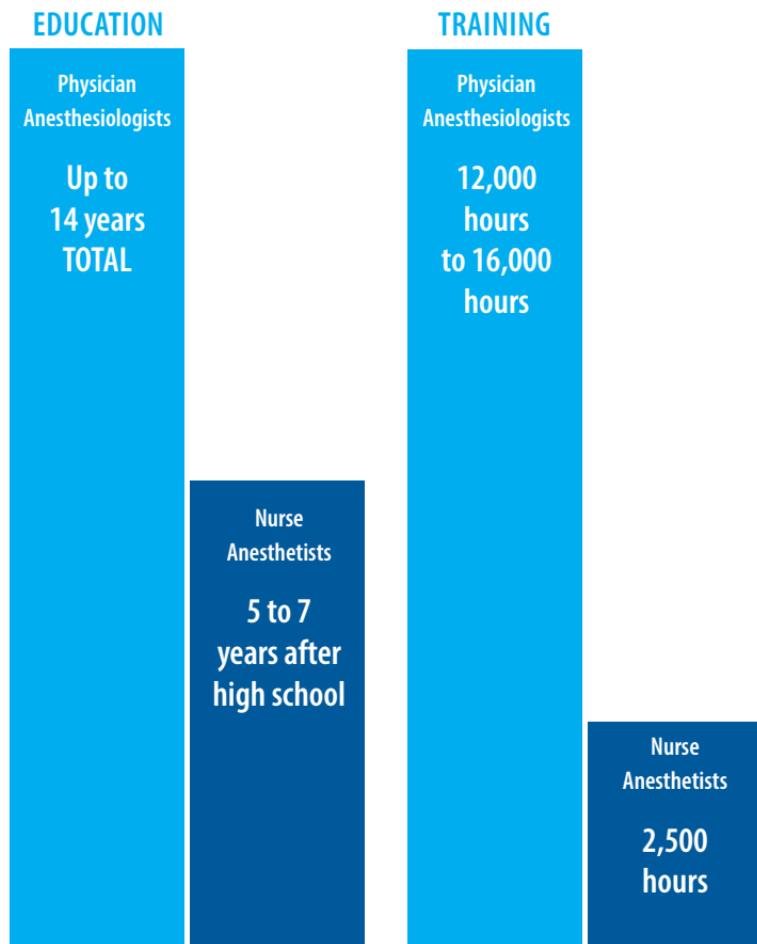
"Nurse anesthetists are not authorized under North Carolina law to make a diagnosis. Nurse anesthetists do not have prescriptive authority, nor do they have DEA privileges. When a patient undergoes surgery, the patient receives anesthesia pursuant to an order from either the operating surgeon or an anesthesiologist. If a nurse anesthetist administers anesthesia pursuant to the surgeon's or anesthesiologist's orders, then the ordering physician takes responsibility for the anesthesia care as provided by the nurse anesthetist." (NC Medical Board, 2018)

Physician and Nurse Education/Training is Different

Physician anesthesiologists complete a minimum of 12 years in medical training from premedical classes in college, four years of medical school, four more years in anesthesia residency and sometimes one additional year in a special fellowship. Between 12,000 and 16,000 hours are logged in clinical training preparing physicians to manage the human body and all of its systems and to

evaluate, diagnose, and treat the myriad of medical conditions when patients are undergoing surgery and require anesthesia.

In contrast, nurse anesthetists receive two years and a median of 2,500 hours of clinical training after receiving an undergraduate nursing degree.



How do North Carolinians view the issue of physician supervision?

N.C. voters overwhelmingly agree with long-standing North Carolina law that requires physician supervision of anesthesia care:

- 90% want a doctor to respond to a medical complication or anesthesia emergency during surgery;
- 90% believe it is important that a doctor supervise a nurse anesthetist who is administering anesthesia or responding to anesthesia emergencies during surgery;
- 76% want the state to keep the current law requiring doctor supervision of nurse anesthetists who administer anesthesia or respond to medical emergencies during surgery; and
- Physician supervision has strong bipartisan support across the state in rural and urban areas and among Republicans, Democrats, and Unaffiliated voters.

The poll of 500 registered North Carolina voters was conducted by McLaughlin & Associates between April 22-24, 2017. All interviews were conducted by professional interviewers via telephone. The accuracy of the sample is within +/-4.4% at a 95% confidence interval.



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