

British Columbia Society of Anesthesia Assistants

Position Statement: Anesthetic Care Teams in British Columbia

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Preamble

Anesthetic care teams have been identified as a sustainable option to help increase anesthetic capacity and mitigate the effects of increasing anesthetic staffing shortages across Canada. British Columbia has recognized the advantages that Anesthesia Assistants can bring to the perioperative environment, but the team-based model remains unformalized with inconsistent and underutilized applications.

Position

- It is the opinion of the British Columbia Society of Anesthesia Assistants that the implementation of a formal anesthetic care team model is in the best interest of British Columbians and can be achieved using principles that align with the Canadian Anesthesiologists' Society's (2022) *Guidelines to the Practice of Anesthesia* and with the goals outlined in the B.C. Ministry of Health's (2020) *A Commitment to Surgical Renewal*.
- It is the position of the British Columbia Society of Anesthesia Assistants that the adoption of a formal anesthetic care team model in British Columbia should proceed to enhance patient safety, improve operating room efficiency, and improve the accessibility of surgical services through increased anesthetic capacity.
- It is the position of the British Columbia Society of Anesthesia Assistants that to achieve an optimized anesthetic care team model; Anesthesia Assistants should be utilized to their full scope of practice as outlined in the Canadian Society of Respiratory Therapists' (2016) *National Competency Framework in Anesthesia Assistance*.
- The British Columbia Society of Anesthesia Assistants is committed to interprofessional collaboration with all stakeholders to facilitate work towards the implementation of a formal anesthetic care team model.

Background

Demand for surgical services in Canada has outpaced the traditional anesthetic care model's ability to accommodate (Beed, Brown, & Rose, 2009). This trend has created an unsustainable clinical load on practicing anesthesiologists, one that is projected to worsen in the years to come (CAS, 2019b). The Canadian Anesthesiologists' Society's (CAS, 2019a) *Position Paper on Anesthesia Assistants* states that "optimal care is no longer provided by sole practitioners, and that the model for care is now the 'patient-care' team which encompasses the whole system of professionals providing patient care" (p. 2). Furthermore, the development of an anesthetic care team model consisting of a physician anesthesiologist and an anesthesia assistant

has been endorsed by both the Canadian Anesthesiologists' Society and the British Columbia Anesthesiologists' Society (BCAS, 2021; CAS, 2019a). The B.C. Ministry of Health has also highlighted the use of an optimized anesthetic care team model as a possible means to expand anesthetic capacity and thus surgical capacity in *A Commitment to Surgical Renewal* (British Columbia, 2020).

Relevant Principles of Anesthetic Delivery in Canada

- The delivery of anesthetic care in Canada follows the Canadian Anesthesiologists' Society's *Guidelines to the Practice of Anesthesia* which specifies that “the independent practice of anesthesia is a specialized field of medicine, and as such, it should be practiced by physicians with appropriate training in anesthesia” (CAS, 2022, p. 1).
- The *Guidelines to the Practice of Anesthesia* stipulates that:

It is unacceptable for one anesthesiologist to simultaneously administer general anesthesia, major regional anesthesia (spinal, epidural, or other), or deep procedural sedation for concurrent diagnostic or therapeutic procedures on more than one patient. Nevertheless, it may be appropriate in specific circumstances for one anesthesiologist to supervise more than one patient where only minimal to moderate sedation is administered, provided an appropriately trained, qualified, and accredited individual approved by the department of anesthesiology, and the healthcare institution is in constant attendance with each patient receiving care (CAS, 2022, p. 10).
- The *Guidelines to the Practice of Anesthesia* recognize Anesthesia Assistants as the only non-physician professional that can be delegated to assume care of a patient receiving anesthesia (CAS, 2022).
- The Canadian Society of Respiratory Therapists (2016) *National Competency Framework in Anesthesia Assistance* provides the nationally accepted foundational standards for Anesthesia Assistants in Canada. This document was created through interprofessional collaboration and endorsed by the Canadian Anesthesiologists' Society, the Canadian Society of Respiratory Therapists, the Association of Canadian University Departments of Anesthesia, and the National Association of PeriAnesthesia Nurses of Canada (CSRT, 2016).

Anesthetic Care Teams in Canada

Formal anesthetic care team models have been implemented in Manitoba and Ontario with significant successes in improved efficiency, increased access to surgical services, decreased post-operative care demands, decreased hospital length of stay, and decreased procedure cancellation rates (Beed et al., 2009; Operative Anesthesia Committee, 2006; Lam, Lopez, Middleton, & McGillicuddy, 2018; Littleford, 2020). Qualitative data from Ontario has also shown that the implementation of an anesthetic care team model has resulted in increased anesthesiologist job satisfaction, an enhanced operating room safety climate, and improved patient-centred care (Beed et al., 2009; Lam et al., 2018).

References

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