

2008 ASA Annual Meeting, Orlando

Exciting Times in the World of Enchantment

By Linda J. Mason, M.D., ASA Director for California



The ASA Annual Meeting was held in Orlando, October 17-22, 2008, with an attendance of 17,565. The CSA Delegation was actively involved in both the California and Western Caucus meetings, as well as the two sessions of the House of Delegates and the four Reference Committees.

New Anesthesia Care Team Policy Adopted

The Anesthesia Care Team report recommended that the statement on the Anesthesia Care Team contain a definition of qualified anesthesia personnel that would include anesthesiologists, anesthesiology fellows, anesthesiology residents, oral surgery residents, anesthesiologist's assistants, and nurse anesthetists. Non-physician anesthesia students were intentionally not included in this definition. NPA students include nurse anesthetist students, AA students, and dental anesthesia students. Thus-qualified anesthesia personnel should be present with NPA students throughout the conduct of all general anesthetics, regional anesthesia, and monitored anesthesia care. However, during the supervision of NPA students, it may become necessary to leave them alone in the operating or procedure rooms to accommodate departmental or personal needs of brief duration. It was felt that this practice exposes the patient to minimal additional risk. This practice must be distinguished from that of scheduling a non-physician student as the primary anesthesia provider without having a qualified anesthesia provider also assigned to the case and who is expected to be continuously present to monitor the anesthetized patient and teach the student. If more than one room is covered with an NPA student, a privileging process must precede this practice to officially privilege each such student as qualified to be supervised by a ratio of 1:2 by a qualified anesthesia provider who remains immediately available physically. This might be in the final stage of the NPA students' training, but NPA students should not be left alone in higher risk situations, with less healthy patients and those undergoing more invasive procedures. The privileging must be done under the authority of the chief of anesthesiology and in compliance with all federal, state, professional, organizational, and institutional requirements. In addition, the chief of

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anesthesiology is responsible for assuring that the patient or surrogate consent to the possibility that the patient may be in the OR or procedure room with only an NPA student.

Another qualified anesthesia provider should be assigned to be immediately available physically. When alone on call, an anesthesiologist should not be supervising more than one student without appropriate credentialed backup. It was noted that the chief of anesthesia must notify the responsible liability carriers of the practice of allowing non-physician anesthesia students to provide care without continuous direct supervision by a qualified anesthesia provider. This statement on the Anesthesia Care Team was passed by the House of Delegates.

Pediatric Anesthesia

The second issue was the Committee on Pediatric Anesthesia annual report and the request from the Society of Pediatric Anesthesia for the ASA to endorse advanced subspecialty certification in pediatric anesthesia. Although there was significant testimony suggesting a need for certification of anesthesiologists who care for the most complex pediatric cases, a new certification process was not approved by the House of Delegates.

Dues

The ASA dues will be increased from \$450 to \$600 a year beginning in 2009.

Practice Parameters/Advisories

For the Committee on Standards and Practice Parameters, there was approval of the updated practice guidelines for neuroaxial opioids associated with respiratory depression, the practice advisory on Anesthesia and Care for Magnetic Resonance Imaging, and the practice alert for Perioperative Management of Patients with Coronary Artery Stents. However, the revised practice guidelines for Perioperative Transesophageal Echocardiography were disapproved primarily due to the recommendation that TEE should be used for all cardiac or thoracic aortic surgery patients.

Miscellaneous

The CSA resolution on Environmental Sustainability and Anesthesia Practice in Facilities was referred to a committee of the President's choice. A resolution submitted by the Texas Society of Anesthesiologists on cardiac device interrogation and the development of management courses also was referred to a committee of the President's choice.

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The slate of new officers is as follows:

President	Roger A. Moore, M.D.
President-Elect	Alex Hannenberg, M.D.
Immediate Past President	Jeffrey L. Apfelbaum, M.D.
1st Vice-President	Mark A. Warner, M.D.
Vice-President for Scientific Affairs	Charles W. Otto, M.D.
Vice-President for Professional Affairs	Robert E. Johnstone, M.D.
Secretary	Gregory K. Unruh, M.D.
Treasurer	John M. Zerwas, M.D.
Assistant Secretary	Arthur M. Boudreaux, M.D.
Assistant Treasurer	James D. Grant, M.D.
Speaker of the House of Delegates	John P. Abenstein, M.D.
Vice-Speaker of the House of Delegates	Steven L. Sween, M.D.

ASA Distinguished Service Award

This year Ronald D. Miller, M.D., received the ASA Distinguished Service Award and also delivered the Rovenstine lecture. This is the first time anyone has received both honors in the same year. A reception was held in Dr. Miller's honor.

Eugene Sinclair, M.D., will receive the ASA DSA next year at the Annual Meeting. James Arens, M.D., will receive the 2008 DSA from the American Medical Association.



Miller Reception - October 18, 2008