

Anesthesiologist & CRNA Welcome Letter

Approved and Amended on February 10, 2017

by Dr. Sonthalia, Regional Chief of Anesthesia; Richard Rosas, Labor Relations; and KPNAA Executive Board.

Dear Anesthesiologist and CRNA,

The Joint Association Management Committee (JAMCo) is a committee of CRNAs, anesthesiologists and managers, working in partnership on patient care, professional practice issues, scheduling, access, service, quality, and business initiatives. JAMCo welcomes you to Kaiser Permanente and the Anesthesia Care Team model (ACT). In the ACT model, CRNAs and anesthesiologists work in partnership as a collaborative team and both acknowledge and respect individual strengths and diversity of experiences. Each ACT member is a highly trained professional, legally responsible for their independent decisions and actions. The goals of the ACT model are increased patient access, safety, quality, compliance, and efficiency. The ACT model aligns its values with the values and mission statement of KP.

*KP Values Compass – Patient Centered Care-Best Quality, Best Service, Most Affordable, Best Place to Work.*

*KP Mission Statement – KP exists to provide affordable, high quality healthcare services to improve the health of our members and the communities we serve.*

KP's management model is The Labor Management Partnership and is reflected in the ACT model. Under the LMP, anesthesiologists, managers, and nurse anesthetists work together in Unit-Based Teams to solve problems collaboratively – “continually improving the quality of care, service, and affordability we offer while creating a better workplace for everyone. Unit-based teams are guided by a system of values that puts the member's needs at the center of every decision made at our organization, exploring ways to do things more efficiently, more affordably, or more innovatively. This focus and the work of the LMP help make Kaiser Permanente such an outstanding health plan and workplace.”

Although the ACT will vary from facility to facility, certain functions within the ACT will be constant throughout the SCAL region. The CRNA requires a physician order to give an anesthetic and also requires physician concurrence of the anesthetic plan. CRNA scope of practice and the responsibilities of the anesthesiologist may vary from facility to facility and you are held accountable to familiarize yourself with all anesthesia department policies and procedures at your facility (available online). State and federal regulations also hold you legally accountable to these policies.

Anesthesiologists are available in the facility 24/7 to order the CRNA to give the anesthesia when appropriate, to concur with the anesthetic plan, and to consult with the CRNA as needed. Once the CRNA has an order to give an anesthetic and concurrence with the anesthetic plan, he/she is responsible for and held accountable to all decisions made while managing the anesthetic. It is the responsibility of the CRNA to consult with supervising physicians whenever situations arise-which go beyond the scope of practice or experience of the CRNA. Examples include, but are not limited to: (1) Emergent conditions requiring prompt medical intervention after stabilizing care has been initiated. (2) Acute decompensation of patient situation. (3) Problems that are not resolving as anticipated. (4) Unexplained historical, physical, or laboratory findings. (5) Upon request of the patient.

Working together, sharing ideas, and learning from the experiences of others are all very powerful elements. The LMP and the ACT model inspire ongoing communication, innovation, safety, and high performance. Thinking, planning, decisions, and actions are better for the patient and the ACT when done cooperatively.

“None of us is as good as all of us.” – Ray Kroc