



# **Assistance for the Anaesthetist**

**A Report by the Irish Standing Committee of the  
Association of Anaesthetists of Great Britain & Ireland**

## **2007**

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## Section 1-Summary

1. The availability of assistance to the anaesthetist is considered to be of fundamental importance to the safe conduct of anaesthesia, as recommended by the AAGBI.
2. The Irish Standing Committee considers the availability of trained assistance to the Irish anaesthetist to be inadequate in relation to the standards set by the AAGBI.
3. Anaesthetic assistance is most often provided by nursing staff without a dedicated anaesthetic role.
4. Anaesthetic departments currently have little role in the rostering of anaesthetic assistants. Communications between anaesthetic assistant managers and anaesthetic departments are informal and may benefit from a more structured approach
5. The absence of a nationally identifiable core competency programme for anaesthetic assistants has led to variable practices within Irish hospitals.
6. Off-site locations are particularly vulnerable to practice variances and should be paid special attention when considering anaesthetic assistance.
7. Early discussion about perceived inadequacies or potentially unsafe practices should be encouraged.
8. Managers and fund holders should understand the role of the anaesthetic department in identifying failures in the provision of adequate anaesthetic assistance. Once notified of inadequacies, anaesthetic department recommendations should be acted upon in a timely fashion. Failure to act upon these recommendations should be cause for the withdrawal of anaesthetic services from the affected area.
9. The Committee recommends the development of a national core competencies programme that will contribute to a quality improvement in anaesthesia delivery.

## **Section 2-Introduction**

The availability of assistance to the anaesthetist is considered to be of fundamental importance to the safe conduct of anaesthesia<sup>1</sup>. The presence of such assistance has been shown to reduce the incidence of adverse anaesthetic events and to improve patient outcome<sup>2</sup>. The purpose of this review by the Irish Standing Committee of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) is to place in context the current status of anaesthetic assistance in Irish hospitals and to make recommendations for the future development of this service. Our core findings are informed by the results of our national “Survey of Availability of Assistance for the Anaesthetist”, conducted during 2006-2007, and the resultant Committee discussions. In addition, recent changes to Irish legislation<sup>3</sup> mean that there is now a statutory requirement for the availability of trained anaesthetic assistance during the conduct of certain procedures, e.g. electroconvulsive therapy (ECT) in psychiatric hospitals. This is the first time that this requirement has been in place and we are unaware of any other jurisdiction in which this is the case. The issues raised for Irish anaesthetists are unclear at present but we believe that this report addresses a significant information gap and may serve as a template for future developments.

## **Section 3-Survey of Availability of Assistance for the Anaesthetist**

This survey was conducted during 2006-2007. The questionnaire was sent to all accredited training departments registered with the College of Anaesthetists RCSI. Twelve training departments responded. The key results are summarised below. (A more detailed view of the questionnaire and of the response is included in the Appendix).

### *Setting for Anaesthetic Delivery*

The respondents were from a range of hospitals that, in the opinion of the Committee, represent a cross section of settings in which anaesthesia is conducted in Ireland. A majority of departments indicated that they regularly

provide cover for off-site locations. These included interventional radiology, magnetic resonance imaging, computerised tomography scanning, cardiac catheterisation, cardioversion, endoscopy and ECT.

Responses were received from a number of sub-specialty hospitals including those that provide paediatric and obstetric services. These settings have unique assistance requirements.

### *Anaesthetic Assistance Availability*

The availability of trained assistance was generally poor. Only a minority of hospitals replied that they always have a trained assistant present during anaesthesia (25%), and most departments did not have trained assistance available in all of the areas in which they provided anaesthetic cover (62.5%). About half of the departments replied that they could identify recurrent circumstances, e.g. time or location, within their hospital that resulted in lack of adequate assistance being available. One quarter of departments could recall an instance of error or near miss that could be directly attributed to the non-availability of assistance for the anaesthetist.

### *Anaesthetic Assistance Rostering*

In Ireland almost all anaesthetic assistants are nurses. As such, anaesthetic assistants are rostered by a nurse manager in the theatre complex. The individual manager may be a designated senior anaesthetic nurse or may be the co-ordinating senior theatre nurse. No department surveyed has input into the rostering of anaesthetic assistance. Anaesthetic departments are generally unaware of the criteria employed by nurse managers when deciding who should be rostered to provide anaesthetic assistance. Only 25% of nurses rostered were from a dedicated pool of anaesthetic or recovery nurses. The remainder were from the theatre pool of nurses. This situation continued out-of-hours but 25% of hospitals responded that assistance was more likely to be drawn from a non-dedicated pool of nurses during this time.

## *Anaesthetic Assistance Training*

There is enormous variability in the type of training that anaesthetic assistants receive throughout Ireland. The majority of respondents were unclear as to the exact training that their assistants had received. One hospital has its own in-house training programme. Some assistants had been on an anaesthetic assistant training course. Of those departments that knew what training was provided, the majority response was that the assistants had some local “on the job” training or exposure to anaesthesia during a theatre course. Some departments indicated that they were involved in the development of local training programmes but five departments responded that they had no involvement in the training of anaesthetic assistants in their hospital.

## *The Future*

Nearly all departments responded that the current level of anaesthetic assistance available to Irish anaesthetists was inadequate (88%). Non-nursing assistance for the anaesthetist would be acceptable to the majority of departments (75%) and most felt that the College of Anaesthetists in conjunction with individual hospitals should be at the forefront of developing future training programmes. Many departments felt that lack of communication and interaction between anaesthetists and those responsible for rostering of assistants was a significant barrier to their provision. Training deficiencies were identified as another key barrier.

## **Section 4-Detailed Recommendations**

The following recommendations are the consensus opinion of the Irish Standing Committee of the AAGBI.

### *Setting for Anaesthetic Delivery*

The Committee notes that most departments provide anaesthetic cover in a wide variety of off-site locations. It is well recognised that these environments pose particular challenges for the anaesthetist and can be associated with higher rates of critical or near-miss incidents. As such, the Committee recommends that the provision of adequate assistance in these settings should be a priority for all stakeholders. Settings that fail to provide adequate assistance should be considered unsafe environments and departments of anaesthesia should be supported by hospital management to ensure that any recommendations regarding the provision of assistance in these settings are complied with.

### *Anaesthetic Assistance Availability*

There is an unacceptably high level of lack of assistance for the anaesthetist and this could result in critical incidents or near misses within Irish hospitals. The Committee is of the opinion that adequate assistance should be immediately available at any site where an anaesthetist is expected to provide anaesthetic cover.

Departments of anaesthesia should be supported in establishing reporting mechanisms that identify recurrent circumstances which result in the non-provision of adequate assistance for the anaesthetist. Inadequacies thus identified should be discussed at a departmental level and reported to hospital managers as appropriate.

Hospital managers should understand the critical importance of anaesthetic assistance and the dangers that the lack of trained and competent assistance poses to patient safety. It is the department of anaesthesia's responsibility to make hospital management aware of any significant deficiencies. Service provision should not be undertaken in circumstances in which there is a resulting identified risk to patient safety. The department of anaesthesia

should be the recognised identifier of such risks and their recommendations on these matters should be acted upon.

### *Anaesthetic Assistance Rostering*

As the majority of anaesthetic assistants are currently recruited from the nursing profession, the principle responsibility for rostering should remain with nurse managers. Communication between relevant departments of anaesthesia and nurse managers appears to be poor in many of the centres that replied to our survey. There appears to be significant potential for improvement in the communication between these key stakeholders. Early discussion about perceived inadequacies or potentially unsafe rostering practices should be encouraged.

The skill mix of those individuals rostered for anaesthetic assistance duties should be discussed and agreed between nurse managers and the department of anaesthesia. Rostering from a dedicated pool of anaesthetic assistants is preferable to alternative arrangements. This will encourage a culture of anaesthetic safety awareness and service development. It is recommended that agency staff are not rostered to provide anaesthetic assistance.

Rostering arrangements should be transparent. An agreed mechanism should be put in place to identify those areas in which anaesthetic assistance will be required on a daily basis. The anaesthetic assistant co-ordinator should meet with the anaesthetic co-ordinator on a daily basis to discuss service requirements. This meeting should identify those areas that have particular assistant requirements and it should identify those areas where no immediate assistance is rostered. Service planning can then take place in consultation with the duty anaesthetist rostered to provide anaesthesia.

### *Anaesthetic Assistance Training*

The Committee notes the efforts that have been made at a local level to introduce training programmes and the success of certain individual training courses. However, the training of anaesthetic assistants varies widely throughout Ireland. There are no national, identifiable core competencies that an individual should attain before being considered a trained anaesthetic

assistant. As such there is little guidance available on who should be considered competent to act as an anaesthetic assistant. It is the opinion of the Committee that the lack of a national standard could contribute to errors or near misses during the peri-operative period. This is most critical in off-site or isolated areas.

### *The Future*

The Committee recommends the development of a national core competencies programme consistent with the Scottish Medical and Scientific Committee published report "Core Competencies for the Anaesthetic Assistant"<sup>4</sup> as endorsed by the AAGBI. Such a development should identify a multidisciplinary group involving key stakeholders and should be funded as a Health Service Executive initiative guided by the Irish Standing Committee of the AAGBI and the College of Anaesthetists. A national training programme should be established to train a new generation of anaesthetic assistants. Consideration should be given to the entry into such a training program of individuals from non-nursing backgrounds. In the Committee's opinion, a national training programme would result in a significant improvement in the quality of anaesthesia delivery in the Republic of Ireland. This is consistent with the views expressed in the Hanly Report<sup>5</sup>, "Teamwork in Anaesthesia"<sup>1</sup> and "Response to Hanly Report"<sup>6</sup> previously published by the AAGBI.

# Appendix

## Anaesthetic Department Questionnaire

<u>Setting for Anaesthesia Cover</u>	<u>Median [range]</u>
How many beds are in your hospital?	255 [69-680]
How many ICU beds are in your hospital?	4.5 [0-26]
How many theatres do you provide cover for?	2.5 [1-10]
How many off-site locations do you provide cover for?	1 [0-4]

### Availability

Is trained assistance for the anaesthetist available in every area that anaesthesia is provided?	YES (37.5%) NO (62.5%)
Is a trained assistant always present during anaesthesia?	YES (25%) NO (75%)

In what circumstances may an assistant not be available? (text entry)

Are there any recurrent circumstances (location or time of anaesthesia) that cause your department particular difficulty?	YES ( 50%) NO (50%)
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In the past year, have there been any instances of error or near miss that could be attributed to the non-availability of assistance in your department?	YES (25%) NO (75%)
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What training does your department provide for anaesthesia assistants? (text entry)

In the past year, have there been any instances of error or near miss that could be attributed to gaps in anaesthetic assistance training in your department?      YES 12.5%  
NO 87.5%

### The Future

In your opinion:

1. Is the current level of anaesthetic assistance adequate?      YES 12.5%  
NO 87.5%
  
2. Is non-nursing assistance for the anaesthetist acceptable?      YES 75%  
NO 25%
  
3. Where is the most appropriate place to base future anaesthetic assistance training programmes?  
University 12.5%    College of Anaesthetists 62.5%  
School of Nursing 12.5%    Individual hospitals 62.5%
  
4. What, if any, are the barriers to providing adequate assistance for the anaesthetist? (text entry)

## References

1. The Anaesthesia Team, Section 5 "Assistance for the Anaesthetist" (2005) – AAGBI guideline. <http://www.aagbi.org>
2. Impact of Anaesthesia Management Characteristics on Severe Morbidity and Mortality Arbous, M Sesmu et al. *Anesthesiology* 2005; 102: 257-68.
3. Mental Health Act 2001, Section 59(2) "Rules Governing the Use of ECT"- (2006) Mental Health Commission R-S59 (2)/01/2006.
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5. The Hanly Report – June 2003.
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