



CMS Hospital Anesthesia Guidelines

Webinar T4068

Tuesday, September 12, 2017
9:00 a.m. – 11:00 a.m. (CDT)

Overview

Sue Dill Calloway will cover the CMS standards on pre-anesthesia evaluations, post-anesthesia evaluation and anesthesia services. Hospitals are required to have many policies including one for specific clinical situations involving anesthesia or analgesia. She addresses what anesthesia policies are required and must be documented during anesthesia. Our speaker will also review interpretive guidelines on moderate sedation and deep sedation.

Target Audience

Hospital Staff involved with CMS Surgery, Anesthesia and PACU Compliance Regulations and Guidelines, including, but not limited to: CMOs, CNOs, Anesthesiology Personnel, Physicians, Nurses, Patient Safety Officer, Risk Managers, Compliance Officers and Legal Counsel

Objectives

At the conclusion of this session, the participants will be able to:

- Discuss the CMS policies and procedures related to anesthesia services
- Identify the CMS list that must be documented in the intra-operative record, by the anesthesia provider
- Discuss the CMS requirements that must be documented in the post-anesthesia evaluation
- Discuss the requirements for the pre-anesthesia assessment and what must be done within 48 hours of the time the first drug is given to induce anesthesia
- Explain how the post-anesthesia assessment must be done within 48 hours of the time the patient is sent to recovery (for CAHs – must be done before the patient leaves the hospital)

Faculty

Sue Dill Calloway has been a nurse attorney and consultant for more than 30 years. Currently, she is president of Patient Safety and Healthcare Education and Consulting and was previously the chief learning officer for the Emergency Medicine Patient Safety Foundation. She has conducted many educational programs for nurses, physicians and other health care providers. Sue has authored over 100 books and numerous articles. She is a frequent speaker and is well known across the country in the area of health care law, risk management and patient safety.

Certificates of Attendance

Certificates of Attendance will be issued to all registrants. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for recorded sessions.

Registration

\$175 for AHA Member Hospitals

Registration includes **one** internet connection and **one** telephone connection at **one** location, although there can be an unlimited number of participants from your organization in that **one** listening room.

Two days prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received an e-mail with instructions ([via the e-mail provided on the registration form](#)) or if you are unable to download or open presentation materials, at least two business days prior to the event, please contact Anna Sroczynski at (501) 224-7878 or asroczynski@arkhospitals.org. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Fax cancellation/refund requests to the Education Department at (501) 224-0519.

REGISTRATION FORM

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Registration Fee

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Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

Name and Title of Contact Person _____

Organization _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Method of Payment

Check in the amount of \$_____ payable to the Arkansas Hospital Association is enclosed.

Credit Card # _____ Visa MasterCard *(AmEx and Discover Not Accepted)*

Cardholder's Billing Address (including zip code) _____

Expiration Date _____ CVV _____ Name on Card _____

Signature _____ Card Holder's Phone # _____

Mail form and payment to

Education Department, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205; phone: (501) 224-7878; or fax form with credit card information to (501) 224-0519.