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A Survey of Anesthesia Assistant Utilization in Canadian University Hospital

Background: The anesthesia care team concept has the potential to enhance the quality of anesthesia care and the work life of team members. Physician extenders in many clinical environments including the provision of anesthesia care can be safe and enhance the productivity of anesthesiologists. We set out to determine the scope and nature of the roles of the anesthesia assistant in the university hospitals across Canada.

Methods: Local IRB approval was obtained for this study. A standardized telephone based survey was administered to all sixteen Canadian university hospitals (four were face-to-face). Anesthesia managers or department chairs were selected for the interview by the same investigator. The data were compiled and basic statistical analysis applied.

Results: All sixteen academic hospitals completed the survey. On average each site had 34 operating rooms and 57 staff anesthesiologists. All hospitals had some form of ‘anesthesia assistance’ dedicated to the anesthesia departments. Most departments employed the term ‘Anesthesia Assistant’ (AA) when referring to the person that provided assistance. In all 98.4% (305) of the AA were from a registered respiratory therapy (RRT) background and 1.6% (5) were from a registered nurses (RN) background. 75% of the AA had some form of addition education in anesthesia. Eight of the 16 hospitals use AAs to provide room relief for the anesthesia staff during the stable portions of the case.

The number of AAs to operating rooms was found to be 1:4 in all teaching hospitals excluding Québec hospitals (1:1 in Québec). Technical tasks include line set up (94%), room change over (75%), stocking supplies (38%), and maintenance of equipment (88%). Figure 1 is a graphical representation of the major clinical responsibilities of the AA:

Discussion: This survey demonstrates that all ACUDA departments employ OR dedicated anesthesia assistants. The majority required training in addition to the basic RRT education background. Clinical duties performed by the AAs were under the direct supervision of a staff anesthesiologist. The scope of practice for AAs across the country is somewhat variable. However some consistencies are clear. For the future, questions exist with respect to standardization of education and credentialing of anesthesia assistants in Canada.