

DEPARTMENT OF ANESTHESIOLOGY



VUMC Anesthesiology Department Policy Manual

Organization of the Department of Anesthesiology

Philosophy and Objectives

The tripartite mission of the Vanderbilt University Department of Anesthesiology is to:

1. Practice and provide excellent perioperative medicine and anesthesiology care.
2. Provide outstanding education for our students, residents, fellows, and faculty.
3. Conduct cutting-edge basic, translational and clinical research.

As an academic department and part of the Vanderbilt University School of Medicine, our vision is to be an international leader by:

1. Providing excellent evidence-based perioperative, critical care and pain medicine, and anesthesia clinical services at Vanderbilt and all of its affiliated medical practice locations,
2. Developing and applying new technologies to improve the effectiveness and safety of perioperative patient care,
3. Educating the next generation of leaders in our specialty, and
4. Making scientific discoveries.

The Department is committed to the recruitment and retention of faculty and staff who have the highest professional standards. We value a healthy, discrimination-free work environment that fosters personal and professional development and are committed to continuing medical education of faculty and staff as well as education of the public and the broader medical community concerning areas of anesthesiology interest. Our commitment to research is broad in scope. In clinical research we aim to advance knowledge and patient care in all anesthesiology subspecialties. In addition, we value basic science investigations including those without immediately obvious applications to patient care.

Organizational Leadership

The Department is led by the Chair, who is responsible for oversight of all Departmental clinical, academic, and financial matters at all Vanderbilt University Medical Center and off-campus sites, and its affiliated institutions. The Chair reports to the Dean & Vice-Chancellor for Health Affairs, and is supported by the Executive Vice Chair. Vice-Chairs may be given accountability & authority for duties assigned by the Chair in the following portfolios: Clinical Affairs, Education, Research, Faculty Affairs, and Pediatrics.

The Departmental Leadership Team consists of the Chair, the Executive Vice Chair, the Vice Chairs, the Division Chiefs of the clinical and scientific divisions, the Clinical Chief at the VA Medical Center, the Chief CRNA, and the Department Administrator. The clinical divisions are Ambulatory Anesthesiology, Anesthesiology Critical Care Medicine,

DEPARTMENT OF ANESTHESIOLOGY



Cardiothoracic Anesthesiology, Multispecialty Adult Anesthesiology (including the section of Regional Anesthesiology and Acute Pain Medicine), Obstetric Anesthesiology, Chronic Pain Medicine, Pediatric Anesthesiology, and Pediatric Cardiac Anesthesiology.

Leadership positions in the department, including the Executive Vice Chair, the Vice Chairs and the Division Chiefs, are appointed by and serve at the discretion of the Chair.

Faculty and CRNAs are each assigned to a specific Division in which they perform the majority of their clinical duties. The goal is to provide the opportunity to develop expertise in subspecialty areas and to foster the development of a strong team ethic by providing consistent interactions between Anesthesiology Faculty, CRNAs, Perioperative Nurses and Surgical Faculty.

Specific Leadership Responsibilities

The **Executive Vice Chair** is responsible for immediate support and deputation (when needed) for the Chair. The EVC serves as Executive Medical Director of the VUMC Perioperative Enterprise, and is also the interface of the department for hospital operational purposes. The EVC has responsibility for strategic communications, for strategic financial planning (including evaluation of external business opportunities), for professionalism issues, for policy and procedure coordination and for hospital liaison via the various standing and ad-hoc committees that require departmental representation. Internally the EVC meets regularly with the Vice Chairs and provides advice and support as needed for management of their portfolios. The EVC is additionally available to the Division Chiefs for support, guidance and mentorship where desired and/or appropriate. Finally, the EVC retains responsibility for oversight (and delegation where appropriate) of quality improvement and peer review, credentialing support, and ongoing liaison and coordination with the relevant Hospital and surgical Department stakeholders. The EVC will work with Vanderbilt Medical Group personnel to ensure compliance in the Department's billing and medical documentation practices; and will effectively manage and collaborate with the administrative staff within the Department.

The **Vice Chairs** are responsible for departmental activities that are applicable to all service lines and divisions ("horizontal" portfolios of responsibility). They maintain responsibility for their respective areas, and are accountable to the Chair and Executive Vice Chair. Together with these two individuals, the Department Administrator and the Associate Vice Chairs (Clinical Affairs and Education) they constitute the departmental Executive Committee. This body serves as the departmental senior cabinet and is responsible for strategy, policy and planning for all departmental activities.

The **Associate Vice Chair for Clinical Affairs** specifically assists the EVC with clinical operations and is primarily responsible for the organization and coordination of the

DEPARTMENT OF ANESTHESIOLOGY



Department's clinical mission. Specific roles of this position include, but are not limited to:

- Working with Department leadership to develop appropriate manpower staffing levels;
- Ensuring that clinical faculty are scheduled and achieve their contractual commitments;
- Ensuring that call is distributed in a fair and proportionate manner consistent with departmental policies;
- Meeting with Division Chiefs and their clinical faculty and staff as needed to ensure efficient operations and interdivisional harmony;
- Working with the Chair and Executive Vice-Chair to achieve agreed upon budget targets;
- Resolving clinical interdepartmental and intradepartmental issues in a timely manner;
- Counseling, supporting, and advocating for individual faculty in Departmental or institutional conflicts;
- Supporting the timely recruitment and retention of anesthesiologists to meet clinical service and academic program needs;
- Working with Department staff who oversee the division's credentialing process;
- Informing the Chair and Executive Vice-Chair of administrative problems as appropriate;
- Ensuring compliance in billing, charge capture, medical records and other regulatory aspects of the Department;

The **Division Chiefs** are primarily responsible for individual clinical service lines ("vertical" portfolios of responsibility), are accountable to the Executive Committee, and are essential components in the clinical, educational, academic and financial success of the Department. They are responsible for working with the Chair, EVC, Vice-Chairs and their individual faculty members to achieve key mission-related goals and objectives of both the Department and VUMC. The Division Chiefs must effectively balance the diverse missions of their Divisions and work closely with other Divisions to meet quality, resource, education, academic, and other Departmental goals. The Division Chief is an advocate not only for his or her own Division, but also for the Department as a whole. Thus, the successful Division Chief supports administrative decisions of the department's leadership and consensus decisions made at leadership team meetings while advocating for the best interests of the individual faculty. The roles of the Division Chief fall into six categories: education, clinical leadership, scholarship, faculty development, administration, and strategic planning. Division Chiefs work closely with the EVC and Vice Chairs to ensure their faculty are successful in each aspect of their professional lives. Specific clinical roles of the Division Chiefs include, but are not limited to:

- Managing the day to day clinical staffing needs of the Division;
- Working with the surgical divisions to provide high-quality care;

DEPARTMENT OF ANESTHESIOLOGY

VANDERBILT  UNIVERSITY
MEDICAL CENTER

- Acting as an initial point of contact for clinical and staff problems;
- Ensuring the coordination of the Division with the preoperative evaluation clinic and preadmission testing;
- Identifying and recommending appropriate specialist equipment to the Departmental Equipment Committee
- Ensuring that the Division provides appropriate training and supervision for clinical personnel working in the Division's clinical arena;
- Identifying new clinical opportunities and recommending these to the Chair and EVC, and working with Departmental financial staff to determine the financial impact on the department;

Expectations common to all Departmental leaders

Education. Adult learners in the Department encompass the spectrum from faculty (continuing education) through resident (curriculum and evaluation) to student and nurse education. The responsibility for implementing a comprehensive curriculum based on each constituency's needs rests with the Vice-Chair for Education (and delegates) with advice and support from the appropriate Division Chief. For fellowship programs in the Department, there will be a Fellowship Director who may share or assume many of these responsibilities, including:

- Participation in subspecialty rotation development;
- Encouraging excellence in education;
- Helping to coordinate academic and clinical training programs and coordination with resident training experiences.

Clinical. The viability of the Department in all of its missions depends on a robust clinical service. Everybody in a leadership position must demonstrate excellence in clinical practice and be responsible for scheduling their clinical, leave, and academic time in order to fulfill their clinical obligations, academic and educational commitments and the terms of their faculty contract. These same behaviors are expected of the Departmental faculty-at-large. In coordination with the EVC and Associate Vice-Chair for Clinical Affairs, the Division Chiefs should proactively plan for any clinical expansion/contraction and personnel requirements. The Departmental Executive Committee will recommend individuals to serve as Clinical Service Chiefs and Medical Directors for specific clinical areas, and will receive advice and recommendations for such positions from the Division Chiefs.

Scholarship. The Division Chiefs represent the first-line resource for faculty scholarship & research, providing encouragement, mentoring, networking, and referrals to appropriate resources. Close ties with the Vice-Chairs for Education, Research and Academic Affairs are important in providing this resource to faculty. Academic resources are allocated by the Chair in accordance with the relevant Departmental policy for allocating non clinical time and other academic resources.

All Departmental leaders are expected to:

DEPARTMENT OF ANESTHESIOLOGY



- Work with the Vice-Chair for Research to promote and encourage participation in Department research programs;
- Encourage career development and mentorship programs designed to achieve academic productivity and timely promotion of faculty. The Vice Chair for Faculty Affairs is available for this express purpose.
- Work with PCRI and other research administration personnel to ensure compliance with all applicable research policies, guidelines and regulations;
- Serve as a role model through participation in scholarly activities of the Department.

Faculty Development. This function spans the faculty “lifespan” from initial recruiting, hiring recommendation, mentoring, and promotion, to advising on possible changes in career direction. This area of the Department’s work is overseen by the Vice Chair for Faculty Affairs, but is an area in which all members of the Departmental Leadership team are expected to contribute. Retention of faculty through enrichment, CME opportunities and counseling are all aspects of this vital function. The resources of the Vice-Chair for Faculty Affairs are essential in this mentorship function.

Specifically, activities in this area include, but are not limited to:

- Identifying potential recruits to the faculty through vigorous contacts throughout the anesthesiology community;
- Selecting potential recruits whose academic and clinical interests and strengths align with those of the Department or address specific needs;
- Providing mentorship and oversight for the Department’s faculty and programs;
- Working with the Vice-Chair for Faculty Affairs to ensure that all faculty have mentors and that regular mentoring activities are taking place;
- Developing, administering, and documenting focused clinical quality education for the benefit of individual faculty members as needed;
- Development of remediation plans (as needed) for faculty performing below professional expectations. These plans should include measurable, realistic objectives and a defined time plan for implementation and attainment of objectives.

Administrative. All Departmental leaders play an essential role in monitoring and adhering to the Department’s annual budget. Discretionary funds to be applied toward faculty development, morale-building, minor capital equipment, and other needs are provided by the Chair to each Division Chief and Vice Chair. All Departmental leaders are expected to be responsible stewards of and accountable for the Department’s resources.

Strategic Planning. All members of the Departmental Leadership team are an integral part of planning the Department’s direction and the setting of long-range goals. Everybody’s input to the planning process is essential, since these same people will be the execution conduit for subsequent translation of goals to action.

DEPARTMENT OF ANESTHESIOLOGY



Specific activities include, but are not limited to:

- Originating potential new strategies for the Department;
- Regular assessment of each Division's efforts and progress against the Department's overall strategic objectives
- Participation in Departmental Leadership sessions to manage Departmental business;
- Continuous self-education in management and leadership theory and practice.

Quality. In collaboration with the QMMI Committee, the Departmental Leadership team oversees care improvement initiatives to achieve targeted quality and safety goals.

Specific activities for Departmental leaders include, but are not limited to:

- Ensuring effective quality improvement processes within each Division and in the Department as a whole;
- Coordination of disaster planning and emergency preparedness;
- Providing leadership in analyzing, designing and implementing perioperative quality and patient safety programs;
- Driving system-based practice improvement initiatives;
- Developing collegial relationships among health care providers on matters related to the daily management of QA and QI programs
- Creation of new quality initiatives and program development;

Departmental Standing Committees

From time to time the Chair and/or EVC may convene special purpose committees, work groups, and task forces as needed. All committee members and committee chairs are appointed by and serve at the discretion of the Chair of the Department. The following are the standing committees of the Department, with a link to the document describing the constitution and role of the committee.

- Executive Committee (Exec)
- Quality and Performance Improvement/Patient Safety Oversight Committee (QAPI/PS Oversight)
- Peer Review Committee (PRC)
- Quality, Morbidity & Mortality, and Improvement Committee (QMMI)
- Resident Clinical Competence Committee (CCC)
- Department of Anesthesiology Research Executive Committee (AREC)
- Vanderbilt Anesthesiology Clinical Research Advisory Committee (VACRAC)