THE IMPACT OF ANESTHESIA ASSISTANTS ON ANESTHESIOLOGY IN CANADA: UPDATE TO THE 2010 HUMAN RESOURCES STUDY

Introduction: Nationally, there continues to be wide variability in the availability and the utilization of Anesthesia Assistants (AAs) by departments of anesthesiology. The purpose of this study was to follow-up a 2010 survey, re-assessing the current number of AAs and related professions (anesthesia technicians; ‘ATs’) their utilization, and their impact on the specialty of anesthesiology in Canada.

Methods: Ethics approval for this project was obtained at our institution. An email list for Canadian Department Heads of Anesthesiology was obtained using a collection of data available from provincial authorities and CIHI. The Canadian Anesthesiologists Society assisted with this process. An online survey was distributed in both English and French in December 2016. Frequencies and percentages were calculated. Comparisons were drawn to the most recent data on this topic, collected in December 2010 using an earlier iteration of the Human Resources in Anesthesiology survey.

Results: A total of 232 surveys were sent. A preliminary analysis is based on respondents (14%) representing departments providing care at 36 different sites. By 2016, 50% of departments routinely used AAs or ATs, compared to 44% six years ago. Preliminary data from Quebec was not available for comparison. As in 2010, all institutions that employed AAs were in an urban setting (population > 10,000). Less than half of AAs (44%) assist with technical support, compared with 100% in 2010. Only one institution (4%) had access to 24/7 AA support. No institutions report a decrease in their need for full-time anesthesiologists after introducing AAs. 73% of departments allow AAs to monitor patients under General Anesthesia. Unchanged from 2010, 70% of departments allow AAs to monitor patients under Regional Anesthesia (RA). 84% of departments allow AAs to monitor patients under Monitored Anesthetic Care, up from 57%. The majority of respondents strongly agree that AAs improve efficiency, productivity, patient safety, and job satisfaction of other team members in the workplace, and that AAs are an important part of the workplace team.

Discussion: Preliminary results indicate that AAs have become more commonly used, although still only at urban centers. Patterns of practice have remained largely unchanged; with AAs monitoring more patients under MAC. Interestingly, as AAs have become more widely adopted, their scope of practice appears to have shifted, with less than half of AAs currently employed participating in room set-up, a task they...
universally performed in 2010. Satisfaction with the service provided by AAs remains high, and further implementation has not led to any reduction in the need for Royal College-trained anesthesiologists.

NB: these conclusions are based on preliminary and incomplete data. A further revision will be available in advance of June 2017, as additional responses become available.

References: