American Society of Anesthesiologists®

1501 M Street, N.W. • Suite 300 • Washington, D.C. 20005 • (202) 289-2222 • Fax: (202) 371-0384 • www.asahq.org

Maintain Longstanding VA Patient Safety Surgical Anesthesia Care Policies

The Veterans Health Administration (VHA) is proposing sweeping changes to health care delivery policies within the agency. The draft *VHA Nursing Handbook* would supersede current VHA policies and designate all advanced practice registered nurses (APRN), including nurse anesthetists, as licensed independent practitioners (LIPs). LIPs would be required to **"function as independent practitioners…regardless of scope of practice defined by their licensure."**[1] This proposed change conflicts with the long-standing VHA *Anesthesia Services* Handbook that supports physician-nurse, team-based, coordinated care. Current VHA policy provides that **"care needs to be approached in a team fashion taking into account the education, training, and licensure of all practitioners."** [2]

- **Anesthesia care involves risks and complications not present in other areas of medicine.** Physician anesthesiologists are best prepared to address emergency situations especially in the type of patients served by the VHA. When complications arise, comprehensive medical management of a patient is required to ensure best outcomes. To prepare for the immediate decision-making required to medically address life and death emergencies, physicians undergo nearly a decade of formal post-graduate medical education and residency training. Physician anesthesiologists have 12,000 - 16,000 hours of clinical training and are trained to respond to medical complications. The journal *Anesthesiology* reported better outcomes with the involvement of an anesthesiologist in surgical anesthesia care.[3]

- **The *VHA Nursing Handbook* changes the delivery of care in the VHA including surgical anesthesia care. Changes to local policies are mandated.** Current VHA anesthesia policies that provide for team-based care, deference to state scope of practice laws and discretion by local physician leaders would be superseded by new policies that would **require** nurses to "attain independent status [4]" and to practice without physician support, supervision or oversight. A nurse who did not wish to attain such a status "would not be able to practice as an APRN in the VHA."

- **VHA patients have poorer health status necessitating the involvement of a physician anesthesiologist.** The *Archives of Internal Medicine* reported that Veterans utilizing VHA services were 14.7 times more likely to have poor health status than the general population and 14 times more likely to have 5 or more medical conditions than the general population.[5] Similarly, a study in the *Journal of American Geriatric Society* found that elderly Veterans under VHA care have disproportionately poorer health status than Medicare managed care patients.[6] Poor health status subjects patients to increased risk of complications during a surgical procedure and creates an imperative to ensure physician involvement in surgical anesthesia care.

Action for Congress:

Maintain the longstanding VHA *Anesthesia Services* Handbook as the policy directive for physician-led, team-based surgical anesthesia care of Veterans.

[1] Department of Veterans Affairs. APRN Practice: Facts and Background Information about APRN Independent Practice. Updated February 20, 2013..

[2] Department of Veterans Affairs. VHA Anesthesia Service Handbook 1123. March 7, 2007.

[3] Silber JH, Kennedy SK, Even-Shoshan O, Chen W, Koziol LFL, Showan AM, Longnecker DE. Anesthesiologist direction and patient outcomes. Anesthesiology. 2000;93:152-63.

[4] Department of Veterans Affairs. APRN Practice: Facts and Background Information about APRN Independent Practice. Updated February 20, 2013

[5] Agha Z, Lofgren RP, et al. Are patients at Veterans Affairs medical centers sicker? A comparative analysis of health status and medical resource use. *Arch Intern Med*. 2000;160(21):3252-57..

[6] Selim AJ, Berlowitz DR, et al. The health status of elderly veteran enrollees in the Veterans Health Administration. *J Am Geriatr Soc*. 2004;52(8):1271-76.