

Preserve Safe Care for Veterans Protect Physician-led Anesthesia Care in VA

Change to VA Policy for Surgical Anesthesia Puts Lives of Veterans at Risk

On April 21, 2020, Department of Veterans Affairs (VA) Executive in Charge Richard Stone, M.D., unilaterally issued a memorandum titled “CRNA Practice During the COVID-19 National Emergency” to change VA’s current surgical anesthesia patient safety standards. This policy change effectively dismantles the longstanding, team-based model of care in which physician anesthesiologists and nurse anesthetists work together to provide surgical anesthesia care to patients in VA health care facilities and instead promotes a nurse-only model of care.

This abrupt change in VA policy completely disregards a federal rulemaking process that concluded in 2017 after four years of study and consideration by VA. The process included two public comment periods with a record level of engagement by Veterans and their families, including over 200,000 comments and a Final Rule that maintained safe, high-quality team-based anesthesia care in VA surgical facilities. The Stone policy change also disregards the National Anesthesia Directive 1123, which was finally implemented in October 2019 resulting from the rulemaking process.

Through the actions stretching from 2013-2019, VA recognized the surgical setting as a unique care setting requiring physician involvement. VA patients have complex medical conditions that pose a heightened risk of complications during surgery creating a patient safety imperative to ensure the involvement of a physician anesthesiologist. Dr. Stone’s decision to implement a nurse-only model of care compromises patient safety and ignores the proven model of physician-led, team based surgical anesthesia care.

There is no shortage of anesthesia providers in VA. VA surgical staff and operating rooms, like those across the nation, were underutilized due to the postponement of elective procedures. The Stone memo has disrupted the health care teams in VA and put the health and lives of Veterans at risk.

Key Points:

- This policy change unnecessarily threatens the safe, high-quality care delivered to our Veterans, lowering the standard of care for those receiving anesthesia care in VA facilities.
- The VA memo disregards the National Anesthesia Directive 1123, a policy over 6 years in the making, which was finally implemented in October 2019 resulting from the thorough rule making process.
- VA patients have complex medical conditions that pose a heightened risk of complications during surgery creating a patient safety imperative to ensure the involvement of a physician anesthesiologist.
- While presented by VA as a “temporary” change, the memo urges actions that make permanent this new policy. For example, the memo “strongly encourage(s)” the amending of “medical facility bylaws.” Bylaws changes are considered virtually enduring. They are not usually reversed. Further, to implement the changes Dr. Stone is seeking would require facility “privileging” changes. Privileging changes are rarely withdrawn.

REQUEST:

Urge VA leadership to immediately rescind their memo and affirm VA’s patient-centered safety standard of physician anesthesiologists and nurse anesthetists working together in the team-based model of anesthesia care.