## The Association of VA Anesthesiologists



October 28, 2015

The Honorable Robert A. McDonald, Secretary of Veterans Affairs for Health 810 Vermont Avenue Washington, DC 20420

Dear Secretary McDonald:

On October 1, 2013, a majority of the VA Chiefs of Anesthesiology wrote then Secretary Shinseki a "Stop the Line" letter regarding our serious concerns that proposed Nursing Handbook changes, which would allow certified registered nurse anesthetists (CRNAs) to become licensed independent providers, could put Veterans at risk. While the Stop the Line program was established to encourage VA employees to speak out to the Secretary when they believe Veterans are potentially being put at risk, we were never allowed a meeting with Secretary Shinseki on this critical health safety issue.

We salute you for your leadership in encouraging VA employees and whistleblowers to speak their conscience when it comes to Veterans' safety. That is why we would respectfully request a Stop the Line meeting with you to discuss the ill-advised proposal before it is put in the Federal Register or adopted by VA.

As VA Anesthesia Service Chiefs, we strongly oppose the proposal to establish independent practice for nurse anesthetists. This policy would break up the anesthesia care teams and ultimately lower the standard of care for Veterans. We also express genuine distress that such a profound change to the way anesthesia services are rendered in the VA system would be considered without adequate input from the VA anesthesia leadership and without any clearly articulated rationale for a change.

As we stated in our previous "Stop the Line" letter, as the Anesthesia Service Chiefs, we are charged with managing anesthesia resources and ensuring patient safety. Among our hospitals there is tremendous variability in the complexity of cases, age and health status of patients as well as types of services rendered. While the training for nurse anesthetists and anesthesiologists certainly overlaps, nurses and physicians are not interchangeable, and the differences become more evident with increased case complexity. Each of us bears the responsibility to recruit specific anesthesia providers based on the individual needs of our facilities and to deploy those providers based on their training and individual capabilities. President Ann Walia, MD Anesthesiology, Pain Management & Perioperative care Tennessee Valley Healthcare System 1310 24th Ave., South Nashville, TN 37212 615-873-7003 615-873-7821 fax ann.walia@va.gov

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## The Association of VA Anesthesiologists



As directed by the collaborative Anesthesia Service Handbook, we have embraced the care team model in which nurse anesthetists work under the medical direction or supervision of anesthesiologists and have recruited accordingly. The physician led model is the model of care in academic and private practice and undoing this model would provide a lower standard of care provided to our Veterans. As Anesthesia Service Chiefs, we have grave concerns for the adoption of a Nursing Handbook that would supersede or conflict with the Anesthesia Service Handbook. As previously stated, a change to the status of nurses and the abandonment of the care team model would be extremely disruptive to our services, leaving many of us with inappropriate staffing ratios which would directly compromise patient safety and limit our ability to provide quality care to Veterans.

Most importantly, we are concerned about protecting the health and lives of our Veterans. We would also add that, as professionals who have dedicated our careers to Veterans and VA, we have serious concerns about the damage to VA's reputation if even a single Veteran died on a VA operating table in a medical emergency when an anesthesiologist is not present because of new rules put in place under your leadership. You and countless VA employees have worked tirelessly to move VA beyond the Phoenix VA issues, and it could seriously harm public confidence in our health care system if such a tragedy occurred.

We would like to respectfully request a meeting with you and VHA Under Secretary for Health David Shulkin, MD to discuss all potential consequences, intended and unintended, of this proposed policy change to anesthesia services in a surgical setting.

Thank you for your service and leadership and, most importantly, for your strong commitment to Veterans. We look forward to working with you and Dr. Shulkin directly on this important patient safety issue.

Respectfully,

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