Department of Veterans Affairs
Office of Inspector General

Healthcare Inspection

Supervision of Nurse Anesthetists in the Anesthesia Section Dayton VA Medical Center Dayton, Ohio

Report No. 12-01431-223

July 16, 2012

VA Office of Inspector General
Washington, DC 20420

To Report Suspected Wrongdoing in VA Programs and Operations:
Telephone: 1-800-488-8244
E-Mail: vaoighotline@va.gov
(Hotline Information: http://www.va.gov/oig/contacts/hotline.asp)

Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections conducted an inspection to determine the merit of an allegation regarding the Anesthesia Section at the Dayton VA Medical Center, Dayton, OH. A complainant alleged that because of poor oversight by the Anesthesia Section Chief, Certified Registered Nurse Anesthetists (CRNAs) responded to consults and performed preoperative assessments without proper review by physician anesthesiologists.

We did not substantiate the allegation that the Anesthesia Section Chief did not provide oversight to CRNAs. We found that all CRNAs were properly credentialed and privileged to perform their assigned duties within the scope of their licenses. In addition, the Anesthesia Section Chief assigned a preceptor anesthesiologist to assess each CRNA twice each month through observation and chart review of specific anesthesia procedures. We made no recommendations.

DEPARTMENT OF VETERANS AFFAIRS
Office of Inspector General
Washington, DC 20420

TO: Director, VA Healthcare System of Ohio (10N10)

SUBJECT: Healthcare Inspection—Supervision of Nurse Anesthetists in the Anesthesia Section, Dayton VA Medical Center, Dayton, Ohio

Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted an inspection to determine whether an allegation concerning oversight of Certified Registered Nurse Anesthetists (CRNAs) in the Anesthesia Section of the Dayton, OH, VA Medical Center (facility) had merit.

Background

Dayton VA Medical Center

The facility provides inpatient and outpatient care services, including acute medicine, surgery, and mental health. The facility has 500 operating beds and is affiliated with Wright State University Boonshoft School of Medicine, Ohio State University, and Wright State University School of Professional Psychology. It is one of five facilities in Veterans Integrated Service Network 10.

The facility's operative suite has seven rooms, and the Anesthesia Section employs eight CRNAs—seven full-time and one part-time. The section also employs six full-time anesthesiologists, including an Anesthesia Section Chief, and three part-time anesthesiologists.

Allegation

A complainant contacted the OIG's Hotline Division and alleged that due to poor oversight by the Anesthesia Section Chief, CRNAs responded to consultation requests and performed preoperative assessments without proper review and oversight by an anesthesiologist.

Scope and Methodology

We conducted a site visit on February 21, 2012. We interviewed the Chief of Surgery, Anesthesia Section Chief, all anesthesiologists, and all CRNAs. We also interviewed the

Director of Veterans Health Administration's National Anesthesia Service. We reviewed the records of patients seen in the operating suite from December 1–15, 2011, to determine who responded to consultation requests for preoperative assessments and who performed preoperative assessments for unscheduled, urgent, or emergency surgeries.

We reviewed credentialing and privileging (C&P) data for CRNAs, anesthesia incident reports, and relevant Veterans Health Administration (VHA) and facility policies and procedures.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General in Integrity and Efficiency.

Definitions and Qualifications

CRNAs are advanced practice registered nurses who have completed postgraduate training and been certified in the administration of anesthetics. Education and experience required to become a CRNA include:

- A Bachelor of Science in Nursing or other appropriate baccalaureate degree
- A current license as a registered nurse
- At least one year of experience as a registered nurse in an acute care setting
- Graduation with a minimum of a master's degree from an accredited nurse anesthesia educational program
- Passing the national certification examination following graduation

In order to be recertified, CRNAs must obtain a minimum of 40 hours of approved continuing education every 2 years, document substantial anesthesia practice, maintain current state licensure, and certify that they have not developed any conditions that could adversely affect their ability to practice anesthesia.[1]

Policy

VHA requires a member of the anesthesia team to provide pre-anesthesia care. VHA policy also requires that CRNAs' clinical privileges and scope of practice be determined locally, and confirmed by a facility's Professional Standards Board (PSB), which recommends to its Clinical Executive Board whether or not to grant providers privileges to treat patients at the facility.

[1] American Association of Nurse Anesthetists website, http://www.aana.com/ceandeducation/becomeacrna/Pages/Nurse-Anesthetists-at-a-Glance.aspx, accessed on 4/19/12.

Facility Medical By-Laws define CRNAs as mid-level practitioners. Though mid-level practitioners most often function under a scope of practice,[2] they may practice independently on defined clinical privileges. The PSB may review scope of practice and appointments of allied health and mid-level practitioners. VHA defines clinical privileges as the process by which a practitioner, licensed for independent practice, is permitted by law and the facility, to practice independently, providing specified medical or other patient care services within the scope of the individual's license. Clinical privileges are based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileges must be facility-specific and provider-specific. Local credentialing and privileging policy recognizes CRNAs as individuals who provide patient care services independently and perform in accordance with individually granted privileges rather than under a scope of practice.[3]

C&P must occur at least every 2 years, and service chiefs should continuously collect data for a re-privileging evaluation. Service chiefs should also establish privileging checklists and implement processes for monitoring and evaluating clinical performance in the context of staff clinical privileges/scope of practice.[4]

Inspection Results

We did not substantiate that the Anesthesia Section Chief provided poor oversight of CRNAs.

We found that facility CRNAs worked under the direction of the Anesthesia Section Chief, and section anesthesiologists provided daily supervision. In addition, a preceptor anesthesiologist, at the direction of the Anesthesia Section Chief, provided evaluation and supervision twice monthly via observation and chart review.

Employees told us that a nurse practitioner in the preoperative clinic performs preoperative assessments for outpatients scheduled to undergo surgery and that an anesthesiologist routinely co-signs the assessments. The nurse practitioner does not perform the assessment if the patient is an inpatient or is seen as an emergency or urgent case. In these cases, physicians can request preoperative assessments either as a consult, or in the case of urgent or emergency cases, via a telephone call to Anesthesia Section "float" personnel. Anesthesiologists and CRNAs, as a team, are expected to develop and execute the anesthesia plan for each patient.

[2] Scope of practice refers to requirements for practicing a skill or profession including types of patients or caseload and practice guidelines that determine the boundaries within which a physician or other professional practices. Criteria used to determine scope of practice include education and training, as well as what practices are allowable by federal, state, or district law and institution policy.
[3] Medical Center Policy No.11-54, *Credentialing and Privileging,* November 8, 2010.
[4] Medical Center Policy No. 11-54.

On a typical day, one CRNA and three to four anesthesiologists are designated float personnel. The float CRNA provides support to other CRNAs and anesthesiologists as needed, including scheduling cases, performing preoperative assessments of urgent or emergency cases, providing breaks to other CRNAs during procedures, and carrying the anesthesia pager to respond to and provide airway support during emergencies in other areas of the facility. The anesthesiologists designated as float personnel provide support and supervision to CRNAs.

We reviewed the C&P profiles of the CRNAs and found that all had completed the C&P process within the last 2 years. This process included the approved privileges checklist signed by the Anesthesia Section Chief. We found nurse anesthetist certifications and registered nurse and CRNA state licenses were current. The Director of the VA National Anesthesia Service confirmed that properly credentialed CRNAs are qualified to perform preoperative assessments.

A preceptor anesthesiologist monitors each CRNA twice each month through observation and chart review of a specific anesthesia procedure. The Anesthesia Section Chief varies the types of procedures evaluated. The evaluation includes review of the preoperative assessment, intraoperative documentation, pre- and post-care complications, and technical procedures. The evaluation and supervision documentation includes the provider's name, patient's name, date of procedure, procedure name, and elements of the observation and review. The preceptor anesthesiologist and the Anesthesia Section Chief sign the evaluation.

When the preceptor anesthesiologist identifies a problem, the section chief writes a corrective action plan to correct the identified issue. The plan(s) generally include increased chart review and supervision. The section chief tracks progress of the plan in the CRNA's C&P folder until the problem or issue is resolved.

We reviewed 79 patient medical records and found that 13 preoperative assessments conducted by CRNAs did not have a co-signature by an anesthesiologist. However, CRNAs can conduct preoperative assessments independently under the direction or supervision of a physician.[5] Local policy does not require an anesthesiologist to co-sign each preoperative assessment. Anesthesiologists and CRNAs told us that CRNAs request assistance/consultative advice from anesthesiologists when needed, for instance when assessing patients with multiple comorbidities or those at high risk for anesthesia related complications. Five records contained a consult to anesthesia service requesting preoperative assessment. CRNAs conducted all five preoperative assessment consults, and an anesthesiologist co-signed all of the consults prior to surgery.

The majority of CRNAs stated that they always had access to an anesthesiologist when needed and that anesthesiologists were very responsive to their needs and requests.

[5] Medical Center Policy No. 11-19, *Anesthesia Care,* October 7, 2011.

Anesthesiologists told us that not all CRNAs reviewed their cases with the anesthesiologists following preoperative assessments, but the anesthesiologists routinely reviewed preoperative assessments conducted by CRNAs on their cases.

Many of the anesthesiologists and CRNAs we interviewed indicated that they were pleased with the quality of anesthesia services. Some also reported that the Anesthesia Section Chief had improved anesthesia services by striving for a team approach where CRNAs and anesthesiologists work together to develop anesthesia care plans for patients.

Conclusion

We did not substantiate that the Anesthesia Section Chief provides poor oversight of CRNAs. Anesthesiologists supervise CRNAs daily on an on-going basis, and the Anesthesia Section Chief designates a preceptor anesthesiologist to monitor and evaluate each CRNA twice per month. The Anesthesia Section Chief initiates corrective action plans when indicated and tracks the progress of the plan through to completion. We made no recommendations.

Comments

The VISN and facility Directors concurred with our findings (see Appendixes A and B, pages 6–7, for the Directors' comments). We made no recommendations.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Appendix A

VISN Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 15, 2012

From: Director, VA Healthcare System of Ohio (10N10)

Subj: Healthcare Inspection—Supervision of Nurse Anesthetists in the Anesthesia Section, Dayton VA Medical Center, Dayton, Ohio

To: Director, Bedford Office of Healthcare Inspections (54BN)

1. Thank you for reviewing the Supervision of Nurse Anesthetists in the Anesthesia Section of the Dayton Veterans Medical Center, Dayton, Ohio. I appreciate the oversight and administrative review. I have reviewed this report and concur with the inspection team.

2. If you have any questions, feel free to contact Jane Johnson, Deputy Quality Management Officer at (513) 247-4631.

(original signed by:)
Jack G. Hetrick, FACHE
Network Director

Appendix B

Facility Director Comments

Department of Veterans Affairs **Memorandum**

Date: June 15, 2012

From: Director, Dayton VA Medical Center (552/00)

Subj: Healthcare Inspection—Supervision of Nurse Anesthetists in the Anesthesia Section, Dayton VA Medical Center, Dayton, Ohio

To: Director, VA Healthcare System of Ohio (10N10)

1. Thank you for reviewing the Supervision of Nurse Anesthetists in the Anesthesia Section of the Dayton Veterans Medical Center, Dayton, Ohio. We have reviewed and concur.

2. If you have any questions feel free to contact Jane Johnson, Deputy Quality Management Officer at (513) 247-4631.

(original signed by:)
Glenn A. Costie, FACHE
Medical Center Director

Appendix C

OIG Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Acknowledgments	Jeanne Martin, PharmD, Project Leader Robert K. Yang, MD

Appendix D

Report Distribution

VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel
Director, VA Healthcare System of Ohio (10N10)
Director, Dayton VA Medical Center (552/00)

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget
U.S. Senate: Sherrod Brown, Rob Portman
U.S. House of Representatives: Michael R. Turner

This report is available at http://www.va.gov/oig/publications/default.asp