Friday, April 5, 2018

The Honorable Claire Ayer
Chair, Senate Committee on Health and Welfare
115 State Street
Montpelier, VT 05633

Dear Senator Ayer:

I would like to thank the members of the committee for the opportunity to testify in regards to H.684 (An act relating to professions and occupations regulated by the Office of Professional Regulation). As president of the Vermont Society of Anesthesiologist, I will limit my comments to how this pertains to anesthesia delivery and the potentially serious consequences of removing the collaboration agreement for newly graduated nurse anesthetist as they transition-to-independent practice.

The Vermont Society of Anesthesiologists supports the language of a collaborative agreement as put forth by the Office of Professional Regulation (OPR) for the first two years of APRN practice. We believe that a collaboration agreement provides the bare minimum assurance to the public that an inexperienced or newly graduated nurse anesthetist receive sufficient support in their "transition-to-independent practice" by a more experienced CRNA or collaborating physician.

This is particularly important considering the acuity of the operating room. The operating room is a higher risk environment than other health care settings and the practice of anesthesiology, itself, is a complex, high-risk, dynamic patient care system. Anesthesia care actually begins well before surgery and requires that medical decisions be made on the patient's condition prior to the procedure, whether additional testing is required, whether changes in therapy are warranted or whether the surgery should be performed at all.

Let me provide two examples. Wednesday of the last week, we had a patient come to the operating room in frank respiratory distress. The patient presented to the medical center because it was the closest hospital to where she lived. This could have happened in any community hospital. It required the work of two excellent nurse anesthetists and three physician-anesthesiologists working side-by-side, as a team, to save this patients life. The patient is still in critical condition, but she is alive because there was a pre-determined team available for these types of emergencies. This is the advantage of teamwork in high-risk systems like the operating room.

The other example involved a colleague, who was called at 7 p.m. by a nurse anesthetist from a nearby community hospital, asking his opinion regarding the care of a patient about to go to the OR. He gave the nurse anesthetist what he though were proper recommendations, but he did not know the patient or the nurse's skill set. In the current litigious medical

environment, it is growingly risky to provide phone recommendations without knowing the patient, clinician, or the setting. If those recommendations are documented as a “consultation” and something goes wrong, the physician is now liable, for doing what he or she though was the “right thing to do”. A formal collaborative agreement provides a safety net of support for the inexperienced nurse so that they can perform their duties while optimizing patient safety.

In addition, I would like to reply to the comments made during the session last Friday. Some of the testimonies seemed to confuse the spirit of the bill with supervision. I would like to definitely state that this is not a bill on supervision. All we are asking is that inexperienced nurse anesthetist in a new job have a pre-established pathway for collaboration, even by another nurse anesthetist.

Some of the testimonies seemed to imply that documenting collaboration was a burdensome process. Deborah Wachtel, APRN, DNP, MPH testified and submitted documentation that demonstrates that this is only a 1-page document, clearly not onerous and by no means a limitation to employment. Furthermore, a 1-page signed document stating that a new graduate nurse has arranged for collaboration, if needed, should not interfere with patients’ access to timely care.

In summary, having a collaborative practice agreement in place is a meaningful standard for safety, because it provides the newly trained nurse anesthetist a pre-established pathway to reach out to someone who has agreed to make him- or herself available for questions and consultation.

Sincerely yours,

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