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Association of Veterans Affairs Nurse Anesthetists (AVANA) COVID-19 CRNA Utilization Recommendations

AVANA is the only professional organization representing over 1100 Certified Registered Nurse Anesthetists (CRNAs) of the Veterans Health Administration (VHA). AVANA is aggregating the most up to date resources available to help VHA anesthesia leadership and providers deliver the highest level of care possible in the face of this COVID-19 national emergency. We are witnessing the outbreak disrupt care rapidly within the VHA system, therefore, organized information is essential. Every facility should optimize its healthcare workforce with the upcoming deluge of patients requiring critical care.

Keeping staff safe is paramount in order to preserve the fighting force. The AANA, ASA, APSF, and AAAA have issued a <u>Joint Statement on Use of Personal Protective Equipment During COVID-19 Pandemic</u> that helps guide facilities in maintaining safety for staff. AVANA is consolidating recommendations and evidence for anesthesia providers, which is accessible at https://vacrna.com/covid-19-resources/.

CRNAs are advanced practice nurses with highly-specialized training in respiratory, emergency, and critical care. These providers can not only provide advanced care, but can prescribe, evaluate, treat conditions, and perform history/physicals to better facilitate patient care. AVANA recommends VHA facilities utilize these providers to their fullest capabilities. CRNAs are prepared to practice autonomously and are qualified to make independent judgments based on their education, licensure, and certification. AVANA also supports that all providers be flexible in assisting with expanded non-traditional roles in order to serve our Veterans. To fully maximize the healthcare force and provide care for more Veterans, AVANA urges hospital administration to make CRNAs Licensed Independent Practitioners (LIP). Professional staffing documents, such as bylaws and clinical privileges, may need to be modified.

Over 1100 CRNAs in the VA system can significantly augment the critical care capabilities of the VHA's provider pool. AVANA calls upon facility leadership to expand APRNs traditional roles to save precious lives, as the expected workforce becomes over-extended and, in turn, strain our healthcare system. By removing practice barriers, the administration will save lives.

Examples of Potential CRNA Contributions

- Assessment of, consultation for, and preparation of patients for anesthesia and the management of homeostasis in the critically ill, injured, or otherwise seriously ill patient.
- Provision of various degrees of sedation, comfort, and insensibility to pain during surgical, non-surgical therapeutic, palliative, and diagnostic procedures
- Evaluation of respiratory function and application of respiratory therapy in all its forms (to include prescribing for others to implement)



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- Provider order writing
- Triage of patients requiring ventilator management
- Triage of cases requiring surgical intervention
- Managing respiratory failure and sepsis/shock
- Ventilator management and order writing for one (or more) patients
- Sedation management and order writing for ventilated patients
- CRNAs function as part of a critical care team
- CRNAs function as part of a hospitalist team
- The AANA does not endorse the use of CRNAs in RN roles.
- AVANA does not endorse the use of CRNAs in RN staff roles.
- The VA National Anesthesia Service does not endorse CRNAs in RN staff roles.
- CRNAs cannot separate themselves from their advanced practice background and their highest level of education and training.

Very Respectfully,

The AVANA Board of Directors