

Congress of the United States
Washington, DC 20515

August 1, 2013

The Honorable Eric Shinseki
Secretary of Veterans Affairs
Department of Veterans Affairs
801 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Shinseki,

We are writing to express our concern regarding the draft "VHA Handbook 1180.03: VHA Nursing Handbook," a document that proposes wide ranging changes to Veterans Health Administration (VHA) health care delivery policies. We are concerned that some of the changes proposed to nursing care may significantly alter longstanding surgical anesthesia policies within the VHA.

Current and longstanding VHA policies encourage the use of physician-led, team-based anesthesia care while also assuring local flexibility. The Anesthesia Services Handbook provides that "...care needs to be approached in a team fashion taking into account the education, training and licensure of all practitioners." The current handbook also provides flexibility to local physician Chiefs of Anesthesiology to set departmental policy. The current handbook and its policies reflect a sound, time-tested approach to assuring safe, high quality anesthesia care within the VHA.

While we respect the work of the VHA to continually advance standards of care, we are concerned that the draft policy document may contain some language that is inappropriate for anesthesia care. Specifically, the draft document, VHA Handbook 1180.03: VHA Nursing Handbook, requires nurses, including nurse anesthetists, to "attain independent practice." We are concerned that nurses who do not wish to attain such status, preferring alternatively to practice as a part of the team would no longer be granted privileges at the local facility. Local entities would also be required to revise their current policies to adopt this new mandate.

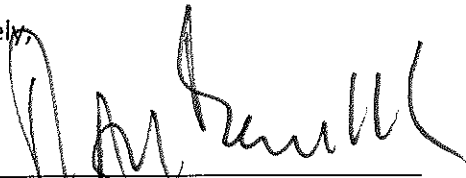
We believe that the well-being and safety of veterans should be of paramount consideration when considering any changes to policies at the VHA. Patients within the VHA have poorer health status when compared to other patient populations. These patients can suffer from a variety of medical ailments including hypertension, diabetes, and chronic lung disease at rates much higher than even the Medicare population. These conditions can complicate already complex surgical procedures involving anesthesia and increase the medical risks for veterans. The involvement of a physician in the anesthesia care of these patients is imperative.

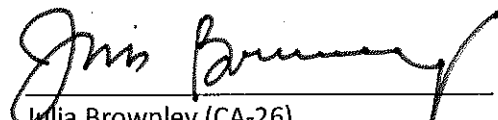
In light of the complexity and risk associated with anesthesia and the health status of the veteran population served by the VHA, we urge that revisions be made to the draft Nursing Services Handbook to ensure that current policies related to the delivery of anesthesia within the VHA remain unchanged. We urge that the longstanding and well-regarded VHA Handbook 1123: Anesthesia Service remains the policy directive guiding anesthesia care for our veterans.

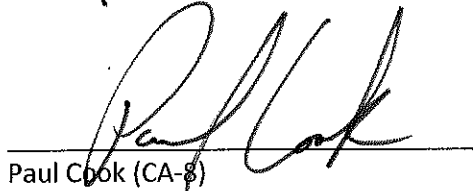
Furthermore, as we continue to examine this issue and its implications for veterans' care, we respectfully request that VHA provide any evidence it has collected to demonstrate that the standards in the new handbook will increase the quality of patient care. We would also like to review any studies or data that VHA has collected regarding possible negative effects of removing the local flexibility found in the current anesthesia handbook. We are especially interested in data specific to the often high risk and highly technical cases seen by the VHA.

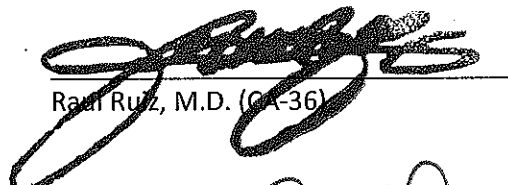
Thank you for your consideration and prompt reply. We look forward to continuing to work with you to serve our nation's veterans.


Sincerely,

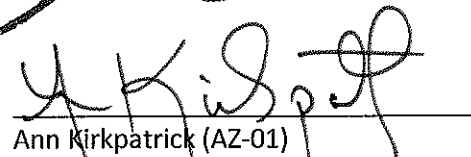


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cc: Dr. Robert A. Petzel, Under Secretary for Health, Department of Veterans Affairs