

# CRNA Practice – Summary Points

- While surgeons commonly order nurse anesthetists to give anesthetics, surgeons have no affirmative obligation to control the substantive course of the anesthetic process. To the contrary, a surgeon may rely upon the nurse anesthetist as the anesthesia expert. A nurse anesthetist uses independent judgment in determining the appropriate kind of anesthetic to be administered, as well as types of drugs and dosages. Merely requesting that a nurse anesthetist provide an anesthetic is not in itself an act of "control" that will necessarily make a surgeon liable for a nurse anesthetist's acts.
- There are many cases which stand for the proposition that surgeons are not automatically liable for CRNA actions. In addition, surgeons do not escape liability when working with anesthesiologists. As discussed below, courts typically apply the same standard when judging whether surgeons are liable for the acts of an anesthesia provider, regardless of whether the provider is a nurse anesthetist or anesthesiologist.
- It is clear from the case law that in order for a physician to be liable for the acts of the anesthesia administrator, the physician must control the administrator's actions and not merely be supervising or directing the administrator.

# CRNA Practice – Summary Points

- Numerous cases hold that mere supervision or direction of a nurse anesthetist is insufficient to hold a physician liable for a nurse anesthetist's negligence.
- It is erroneous for anyone to state or imply that surgeons are at greater risk when they work with nurse anesthetists rather than anesthesiologists.
- No state currently requires CRNAs to be supervised by anesthesiologists.
- CRNAs provide safe and effective anesthesia care. A 2010 study titled, "No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians" (commonly referred to as the "RTI" study or the "Health Affairs" study). This national study conducted by RTI International showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians. The authors analyzed nearly 500,000 hospitalizations in 14 opt-out states (the study was undertaken prior to California's decision to opt-out) and concluded that allowing CRNAs to administer anesthesia services without physician supervision does not put patients at risk. In fact, the authors found no increase in the odds of a patient dying or experiencing complications in states that had opted out. [Dulisse, B, Cromwell, J. "No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians." *Health Affairs*. August 2010. 2010(29): 1469-1475.]

# Is a physician or surgeon more liable when working with CRNAs?

- **No.** Surgeons are *no more likely* to be held liable for the actions of nurse anesthetists than the actions of anesthesiologists. The courts have not found physicians and surgeons to be automatically liable for the actions of CRNAs, nor are physicians/surgeons immune from liability when working with anesthesiologists.
- Courts generally do not look at the status of the anesthesia provider, but at the amount of control the physician/surgeon exercises over the anesthesia provider, regardless of credential.
- CRNA must carry their own malpractice.

# North Carolina CRNA Regulations

- CRNAs are independently accountable for actions denoted as nurse anesthesia activities in the North Carolina administrative Code
- CRNAs work in collaboration with surgeons, anesthesiologists, dentists, podiatrists
- No requirement for "supervision" or any signed agreement with a particular physician.

# RECOMMENDED Model = B

## 1 Anesthesiologist/Day

### (1 per week & 2 Total FTEs)

		1 MD							
		Lin day/call		Location Count		MD Count	Total MD Ratio		
		OR s / NORA							
		# of locations to cover		Planned	Actual	MD Count	Planned	Actual	
7am - 3pm	4	0	4	3.75	1		4.00	3.75	
3pm - 5pm	2	0	2	1	1	2.00	1.00		
5 pm - 7pm	1	0	1	0.5	1	1.00	0.50		

RECOMMENDED Model = A  
 2 Anesthesiologists/Day  
 (3 per week & 4 Total FTEs)

		2 MDs						
		cled2,clec						
		OR s / NORA / ASC		Location Count		MD Count	Total MD Ratio	
		# of locations to cover		Planned	Actual		Planned	Actual
7am - 3pm	7		7	6	2	3.50	3.00	
3pm - 5pm	5	0	5	3	2	2.50	1.50	
5 pm - 7pm	2	0	2	1	1	2.00	1.00	

# RECOMMENDED Model = B

## 0 Anesthesiologists/Day

	NO MD					
	KM day	Location Count		MD Count	Total MD Ratio	
	OR s	Planned	Actual		Planned	Actual
	# of locations to cover					
7am - 3pm	2	2	1	0	0.00	0.00
3pm - 5pm	1	1	1	0	0.00	0.00

RECOMMENDED Model = B (home call)  
 2 Anesthesiologists/Day  
 (3 per week & 4 Total FTEs)

Note: MD 1 & MD 2 hours will vary depending on volume and if home call				Location Count		MD Count	Total MD Ratio	
MD 1 & 2								
	OR s 1-7	NORA	Union West					
# of locations to cover				Planned	Actual		Planned	Actual
7am - 1pm	5-6	2-4	2	9	5.5	2	4.50	2.75
3pm - 5pm	5			5	2.5	1	5.00	2.50
5pm - 7pm	3			3	1	1	3.00	1.00
7pm -11pm	2			2	1	1	2	1.00



RECOMMENDED Model = A-1  
 3 Anesthesiologists/Day  
 (5 per week & 6.4 Total FTEs)

3 MDs: Pine 1, 2, & Pine call			Location Count		MD Count	Total MD Ratio	
OR s / NORA	OH						
# of locations to cover			Planned	Actual		Planned	Actual
6am - 2pm	18	1	19	12	3	6.33	4.00
2pm - 3pm	18	1	19	8	3	6.33	2.67
3pm - 4pm	11	1	12	5	3	4.00	1.67
4p,m - 5pm	11	1	12	3	3	4.00	1.00
5pm - 6pm	9		9	2	2	4.50	1.00
6pm -11pm	1		1	1	1	1	1.00

# RECOMMENDED Model = A 3 Anesthesiologist/Day (4 per week & 5 Total FTEs)

	3 MDs			Location Count		MD Count	Total MD Ratio	
	MD 1 -2	MD 3						
	OR s 1-12	OR s 14-16, Cysto	NORA (2)	Planned	Actual	Planned	Actual	
# of locations to cover				Planned	Actual		Planned	Actual
7am - 3pm	12	4	2	18	11	3	6.00	3.67
3pm - 5pm	12			12	9	2	6.00	4.50
5pm - 7pm	8			8	4	1	8.00	4.00
7pm -11pm	3			3	1	1	3	1.00

# RECOMMENDED Model = A 14 Anesthesiologist/Day (19 per week & 23 Total FTEs)

	5 MDs	3 MDs	2 MD	1 MD	1 MD	2 MD		Location Count		MD Count	Total MD Ratio	
	MAIN ORs: Cysto, 1-12, 14-19, 21-23, 30-35, 45-46	41-44	NORA: 1-12, 14-17	NORA: 7-10 (endo)	OB	ASC	Nora:12-14					
	# of locations covered							Planned	Actual		Planned	Actual
7am - 3pm	28	4	10	4	2	13	61	41	14	4.36	2.93	
3pm - 5pm	53							53	32	8	6.63	4.00
5pm - 7pm	20							20	18	7	2.86	2.57
7pm - 11pm	3							3	3	4	0.75	0.75
11pm - 7am	0							0	0	2	0	0