

May 14, 2024

To: Chairman Susan R. Donovan – House Health and Welfare Committee

Re: SUPPORT H 8237 (Senate companion S 3035 Sub A)

Subject: Letter submitted to the RI DOH Board of Nursing

Dear Rhode Island Board of Nursing.

I am writing to you as a concerned Rhode Island (RI) resident and Certified Registered Nurse Anesthetist (CRNA) at Lifespan Physician Group (LPG) Anesthesia. While I am reluctant to share this information with you, I feel as though the elephant in the room needs to be addressed at least from the perspective of a staff CRNA at LPG Anesthesia. After the hearing of Senate Bill S3035 on Tuesday May 7, 2024, it seems as though some clarification is needed as to how this situation came to be. While the need to support this bill is centered around patient safety, this situation we find ourselves in is derived from the mismanagement of the LPG Anesthesia Department and that of Lifespan as a whole. Over the past two years, roughly 19 Certified Registered Nurse Anesthetists (CRNAs) have left the department. These professionals left for various reasons, but the common theme was lack of support for staff and better working conditions elsewhere. These CRNAs have left employment at LPG and now work in surrounding states or at other facilities. In a department that currently only has 31 CRNAs, this number of people leaving should have been a major cause for concern. Lifespan failed to conduct exit interviews in a timely manner and did not intervene to try to stop more people from leaving. In addition to these 19 CRNAs who left to work elsewhere, four more CRNAs retired. Only two CRNAs have been hired in the past year; certainly not enough to make up for the loss. Lifespan is in a staffing crisis not because there is a shortage of CRNAs, but because they are unable to retain their staff. Their solution to this problem is to diversify the department with non-anesthesia providers. They would be letting NPs provide a depth of sedation consistent with anesthesia without them having completed formal anesthesia training by an accredited program. In November 2023, a task force was created at LPG Anesthesia in order to come up with creative solutions to fix the staffing shortage. The outcome of this meeting was to present the chief of the department with two options- one solution was sedation Nurse Practitioners (NP) who would staff the gastroenterology (GI) suites and the second solution was CRNA advancement which would allow CRNAs to work more autonomously. CRNAs are allowed to work independently in the state of RI, but unfortunately this is not a practice that Lifespan currently supports. Instead, the department chose cost savings over patient safety and hired NPs that they planned to competency train themselves, in house, to fill the anesthesia staffing void. While healthcare expenditure is always an important consideration, patient safety must be paramount. Additionally, it seems important to note that it is no coincidence that there were no testimonies at the recent senate hearing from CRNAs currently employed by LPG Anesthesia. The culture at Lifespan is such that people are afraid to speak up out of fear of retaliation. In fact, many of the proceduralists who will be most affected by sedation NPs in the GI suites have vocalized that they too are afraid to come

forward with concerns because they worry they will be denied anesthesia services for their sickest patients. This retaliatory culture further speaks to the desire for CRNAs to leave the RI workforce and seek employment elsewhere. I urge you to consider all the factors that led to this situation. It must be recognized that NPs should not be administering propofol in a GI suite where the depth of sedation is most often consistent with that of general anesthesia; as demonstrated by multiple studies using Bispectral Index (BIS)/brainwave technology. Patients who receive care in the GI suites in a hospital setting, compared to an outpatient setting, tend to be sicker, have more comorbidities and should have anesthesia administered by trained anesthesia professionals. NPs providing such a deep level of sedation, whether it's the intended level of sedation or not, would be practicing beyond the standards set forth by the American Association of Nurse Anesthesiology (AANA) and the American Association of Anesthesiologists (ASA). This is not a CRNA versus NP matter, as it seemed to be portrayed at the Senate hearing on May 7, 2024. This is a patient safety concern that has stemmed from a mismanaged department and resulting staffing shortage. Furthermore, after a robust search, it has yet to be determined anywhere else in the nation where NPs administer propofol in GI suites. Please do not let Rhode Island be the pioneers in this unsafe practice. Thank you for your consideration.

Â Respectfully,

Jessica Ferreira, RN, BSN, MSN, CRNA