PRACTICE NEWS

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The Revised Scope of Nurse Anesthesia Practice Embodies the Broad Continuum of Nurse Anesthesia Services

The AANA determines the scope of nurse anesthesia practice. It is important for all members to understand the scope of practice that governs their work to better practice their profession and mentorship. In January 2013, the AANA Board of Directors charged the Practice Committee to revise the Scope of Nurse Anesthesia Practice. A systematic review of literature, focus groups, and a survey were conducted. Major focus group themes were identified, and survey results were analyzed to identify relationships between variables. The literature search resulted in 8,739 abstracts. Forty-six articles were reviewed. Full scope of advanced practice registered nurse (APRN) practice was a recurrent theme across the literature. Focus group themes include: (1) elements of nurse anesthesia practice; (2) future practice opportunities; (3) interprofessional collaboration; (4) full scope of practice; (5) autonomous practice; and (6) barriers to practice and recommendations. Of the 4,200 CRNA survey respondents, 44.6% are not permitted to practice to their full scope of practice. The revised Scope of Nurse Anesthesia Practice embodies the comprehensive span of nurse anesthesia practice.

Keywords: Advanced practice registered nurse, nurse anesthesia, practice barriers, scope of practice.

The Scope of Nurse Anesthesia Practice reflects the professional role and responsibilities of the nurse anesthetist by detailing education, accountability, and leadership roles. The document broadly discusses core elements of nurse anesthesia practice and offers insight into the future of the nurse anesthesia profession for patients, facilities, legislators, regulators, accreditors, educators, payers, and other interested parties.

In January 2013, the American Association of Nurse Anesthetists (AANA) Practice Committee and Professional Practice staff began the systematic review of the literature and engagement of the members to develop the contemporary Scope of Nurse Anesthesia Practice reflecting the comprehensive span of nurse anesthesia services. In February 2013, on recommendation from the Practice Committee, the AANA Board approved the separation of the Scope and Standards for Nurse Anesthesia Practice into two documents.

Methods

Systematic Literature Review

Search strategy. The AANA evidence-based process was used to revise the Scope of Nurse Anesthesia Practice. PubMed and Google Scholar online electronic databases were accessed using these search terms and primary MeSH keywords: licensure, accreditation, certification, education, barriers to practice, and scope of practice.

Inclusion and exclusion criteria. The international literature search was limited to English language abstracts published between the years of 2005 and 2013. Studies were included for review if the literature depicted the broad roles and responsibilities of advanced practice registered nurses (APRNs) or discussed scope of practice barriers. Each abstract was reviewed by a Professional Practice staff member for inclusion. Disagreement regarding abstract inclusion was resolved by discussion. Literature was reviewed for relevancy and meaningful contributions to the document. All articles determined to be valid and pertinent based on inclusion and exclusion criteria were used to develop the document.

Scope of Nurse Anesthesia Practice Focus Groups. To gain understanding of the full scope of nurse anesthesia practice, Professional Practice staff conducted six focus sessions. Participants were randomly selected...
from certified registered nurse anesthetist (CRNA) and student registered nurse anesthetist (SRNA) attendees of the AANA Assembly of School Faculty and Mid-Year Assembly. Participants included the AANA Board, Practice Committee, clinicians, educators, and SRNAs. Staff focus sessions were conducted to obtain additional insight and to reach a point of data saturation.

Focus group members gave written consent to participate, were read a scripted introduction, and participated in a moderated session that utilized scripted questions as a foundation for dialogue. Each focus session was audio recorded or scribed. Group discussions centered on the participant’s broadest view of nurse anesthesia practice, their vision for the future of nurse anesthesia practice, and practice barriers. The AANA Practice Division conducted the focus groups and analyzed the transcriptions between February and May 2013 to identify major themes.

**Scope of Nurse Anesthesia Practice Survey.** Survey methodology was integrated into the evidence-based process. The member survey was validated by several Practice Committee members and a few focus group participants (n=8). After receiving institutional review board approval by the American Institutes for Research, the electronic survey was distributed to all recertified CRNAs. Survey data were collected in May 2013 for a period of eight days.

**Scope of Nurse Anesthesia Practice Call for Comments.** Following AANA Board approval of the *Scope of Nurse Anesthesia Practice* in June 2013, a brief questionnaire seeking member comment was posted on the AANA website for 10 days. Respondents were instructed to answer yes or no to the following questions:

1. Does the document represent the full scope of anesthesia practice?
2. Is the document clear and easy to understand?
3. Does the content apply to the member’s practice?

**Results**

**Literature Review**

A comprehensive literature search resulted in 8,739 unique abstracts. After applying the inclusion and exclusion criteria, a total of 46 qualitative articles were reviewed. The importance of APRNs practicing to the full extent of their education and training and barriers to APRN practice were recurring themes in the literature. The most frequently cited barriers for all APRNs were physician supervision or collaboration requirements. For CRNAs specifically, the variability of CRNA scope of practice between states was the most cited barrier.

**Scope of Nurse Anesthesia Practice Focus Groups**

Fifty-five individuals participated in the focus groups. Common themes that emerged from the focus groups include: (1) current elements of nurse anesthesia practice in education programs, rural, community and university medical centers; (2) future practice opportunities; (3) interprofessional collaboration; (4) full scope of practice; (5) autonomous practice; and (6) barriers to practice and possible solutions. Focus group themes are briefly outlined below.

**Theme 1: Current Elements of Nurse Anesthesia Practice**

**Practice Models.** CRNAs are allowed to build trust quickly. Participants explained that CRNAs often work autonomously and in close collaboration with all staff in rural settings. It was felt that this practice model allows CRNAs to contribute most directly to the quality process of the healthcare team for best patient care and outcomes. CRNAs felt that they are able to hone their skills quickly and develop a high level of trust with the physicians, staff and the communities where they practice. In contrast, participants felt that the larger university hospitals with a high ratio of anesthesiologists and anesthesia residents may restrict CRNA practice due to resident training needs.

**Theme 2: Future Practice Opportunities.**

Participants recognized that starting their own anesthesia practice could afford them the opportunity to practice to their full scope, but noted that business training was not available during their education. The Council on Accreditation of Nurse Anesthesia Educational Programs has addressed this element of the professional role in the Glossary definition of Professional Aspects in the *Standards for Accreditation of Nurse Anesthesia Programs*. Focus group participants anticipate more opportunities for CRNAs to gain business competencies through resources such as the AANA Business of Anesthesia Conference. One participant noted, “I know one of our professors is going to create a class or at least a lecture series on business, how to create a business, and how to run a business to try and empower the people in my school [to consider their contribution to the bottom line or to be self-employed].”

**Theme 3: Interprofessional Collaboration.**

Participants emphasized the significance of collaboration with the healthcare team and how it affects the ability for CRNAs to practice anesthesia to their full scope. Participants shared that in some instances anesthesiologists understood the value of working with CRNAs and would support CRNAs practicing to the full extent of their education and training.

**Theme 4: Full Scope of Practice.**

Participants recognized that protecting the ability of CRNAs to practice to their full scope is important for the future of the nurse anesthesia profession. Prescriptive authority was specifically mentioned as an element of practice currently...
utilized by a small percentage of CRNAs. Prescriptive authority is within the scope of nurse anesthesia practice. The AANA’s position, which reflects the APRN Consensus Model is that all APRNs should be eligible to obtain prescriptive authority upon licensure. Participants identified ways to accomplish this forward movement, including contributing to the facilities in which they practice and joining committees. It was also expressed that staying informed of anesthesia issues on a state and national level, and participating in CRNA advocacy efforts are important.

**Theme 3: Autonomous practice.**
Participants explained that practicing autonomously allowed them to strengthen their skills, gain experience, and provide services that the patient, surgeon, procedure physician or obstetrician requested. Participants expressed concern over current trends of larger health systems buying smaller rural facilities, which could affect patient access to care due to the more restrictive health system bylaws and policy that do not reflect rural practice.

**Theme 6: Barriers to practice.**
The most frequently identified full scope of practice barriers include medical staff, facility, or health system restrictions, and limited awareness of the robust scope and value of nurse anesthesia services.

**Scope of Nurse Anesthesia Practice Survey**
The Scope of Nurse Anesthesia Practice Survey was disseminated to 29,018 recertified AANA members. A total of 4,200 CRNAs responded, yielding a response rate of 14.5%.

Fifty-nine percent of anesthetists who responded to the survey indicated that they practice anesthesia in an anesthesia care team setting (Figure 1). The data also revealed that over 80% of CRNA respondents work in hospital settings. The 2011 Institute of Medicine report titled, *The Future of Nursing: Leading Change, Advancing Health* identifies full scope of practice as “practicing to the full extent of [one's] education and training.” Forty-five percent responded that they are not permitted to practice to the full extent of nurse anesthesia education and training. These findings are consistent with a 2005 study, which found that many CRNAs practice in settings that limit the scope of nurse anesthesia practice. The top 3 barriers to the full scope of nurse anesthesia practice are illustrated in Figure 2.

Approximately three-quarters of the sample indicated that they are restricted from performing the following: chronic pain management (77%); transesophageal echo probe insertion (71%); and peripheral nerve catheter placement (70%). Nearly two-thirds of CRNA respondents reported that they are not performing the following: transesophageal echo monitoring (66%), peripheral nerve block (66%), pulmonary artery catheter placement (65%), and fluoroscopy (58%). Figure 3 highlights practice restrictions according to the survey responses received.

The survey asked CRNAs to offer recommendations regarding language and content for consideration during the revision of the *Scope of Nurse Anesthesia Practice*. Recommended concepts include: autonomous practice (68%), regional anesthesia (54%), ultrasound (46%), prescriptive authority (45%), and ordering (44%). View the Scope of Nurse Anesthesia Practice Survey summary on the AANA Member website at http://www.aana.com/aanasurveys.

**Scope of Nurse Anesthesia Practice Call for Comments**
Seven AANA members responded to the Call for Comments posted on the member website. Eighty-six percent (n=6) of respondents agreed to the following: the document represents the full scope of nurse anesthesia practice; the document is clear and easy to understand; and the content therein applies to the member’s practice. One respondent recommended more concise language and extensive additions.

**Discussion**
The results from the *Scope of Nurse Anesthesia Practice* survey revealed that 45% of CRNA respondents identified the existence of barriers to full scope of practice. Research has found that more restrictive APRN practice statutes and regulations do not improve patient outcomes. The state of the science demonstrates that high-quality healthcare is delivered to patients by both APRNs and...
physicians. Therefore, unnecessary barriers to practice only serve to increase the cost of healthcare to patients and limit patients’ access to healthcare. Recommendations from the focus group participants for CRNAs to overcome practice barriers include: actively engage in leadership roles; develop and nurture relationships with facility leadership at all levels and invite them to shadow a CRNA; and offer presentations and educational materials demonstrating the value of CRNA care.

The Scope of Nurse Anesthesia Practice explicitly states, “CRNAs are advanced practice registered nurses (APRNs) licensed as independent practitioners,” and more specifically refers to autonomous scope of nurse anesthesia practice. The Practice Committee and Professional Practice Division staff drafted the Scope of Nurse Anesthesia Practice to closely align with the 2008 Consensus Model for APRN Regulation, Licensure, Accreditation, Certification & Education.

Conclusion

The findings from our qualitative research were consistent with current literature and provide a strong foundation for supporting an enhanced role for APRNs that is consistent with the full scope of their education and training. The AANA Scope of Nurse Anesthesia Practice serves as a resource for not only nurse anesthetists, patients, healthcare professionals and institutions, but also for states and the federal government in setting policy. The Scope of Nurse Anesthesia Practice highlights the value of anesthesia services provided by Certified Registered Nurse Anesthetists.

The AANA encourages anesthetists and communities of interest to review and become familiar with the new Scope of Nurse Anesthesia Practice located on the Professional Practice website at www.aana.com/practicemanual. Please send practice questions or comments to practice@aana.com or call (847) 655-8870.

REFERENCES

3. Stanley JM. Impact of new regulatory standards on advanced practice registered nursing: the APRN Consensus Model and...

Figure 3. Scope of Practice Restrictions Identified by CRNA Respondents

Note: Respondents were asked to check all that apply. Figure reflects the top 10 responses.


AUTHORS

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