



## North Carolina CRNA's: A Critical Care Solution to Meet Facilities' Needs

The North Carolina Association of Nurse Anesthetists (NCANA) recognizes that as the COVID-19 outbreak continues to put strain on hospitals and healthcare facilities around the country and in our state, all healthcare providers play a critical role in managing the delivery of care. It is essential for every North Carolina facility to optimize its healthcare workforce and utilize Certified Registered Nurse Anesthetists (CRNAs) in the capacity in which they are trained as advanced practice registered nurses (APRNs).

**Critical Care Background CRNAs** are highly educated providers with extensive experience managing critically ill patients. They are qualified to assess patients, provide complex critical care, and make judgments based on their education, training, licensure, and certification.

Elective and non-emergent surgical cases are being canceled or postponed around the country due to the COVID-19 pandemic; however, CRNAs can continue to serve a vital role as advanced practice critical care providers. CRNAs should be leveraged for their expertise in:

- airway management
- critical care patient management
- pharmacotherapy
- ventilator support
- vascular volume resuscitation
- invasive procedures
- rapid assessment of critically ill patients

In addition, operating room and PACU nurses should also be leveraged to function in the role of critical care bedside nurses.

## Ventilator Experts

North Carolina currently has 3014 ventilators in the state. Additional ventilators have been ordered.

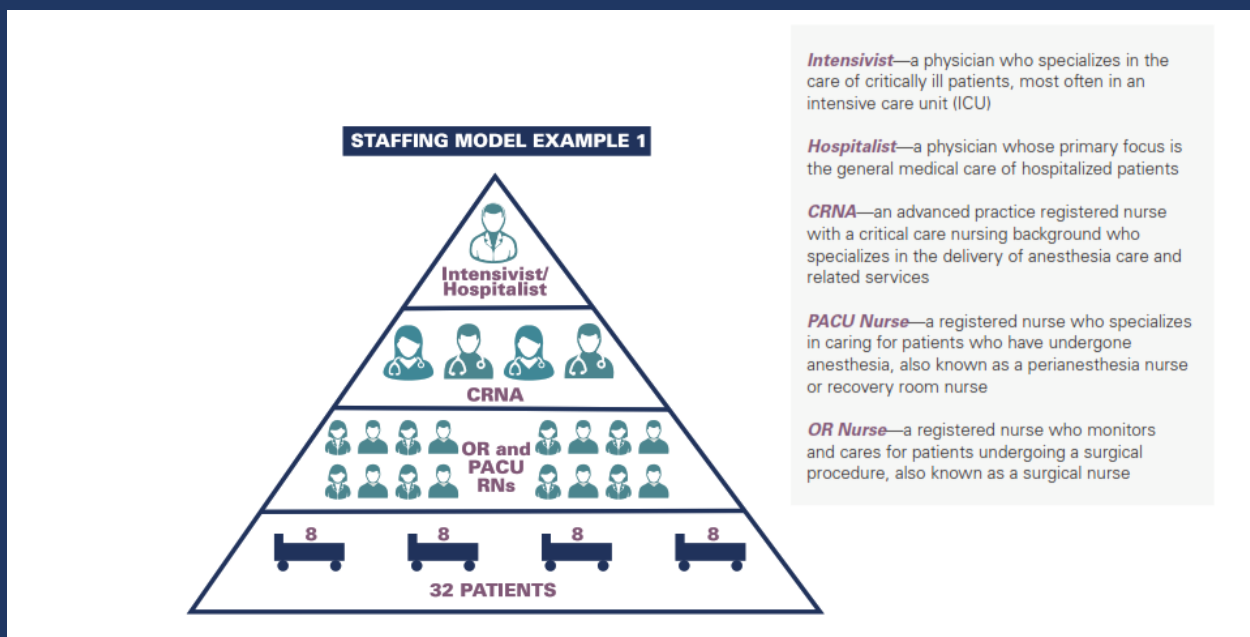
More ventilators can be accounted for with the inclusion of anesthesia machines; however, these machines require anesthesia expertise to operate. CRNAs have the experience and training to oversee the management of critical care patients undergoing long-term ventilation with anesthesia machines.

## Staffing Model

To assist healthcare facilities across North Carolina, NCANA offers an example of a staffing model that utilizes CRNAs to full advantage as managers of critically ill patients (see below). Operating room circulators and PACU registered nurses can provide bedside care to intensive care patients at a 1:1 or 1:2 staffing ratio. A CRNA can provide oversight of up to four nurses and ICU management for four to eight patients. A physician hospitalist or intensive care physician collaborates management with up to four CRNA critical care providers. One physician can now oversee the care of up to 32 patients in a tiered provider approach. This allows for maximum use of the workforce and appropriate utilization of the skills and knowledge of CRNAs.

NCANA and its 3,000 CRNA and SRNA members want to be a part of the solution to address the COVID-19 pandemic. It will require innovative thinking and creative staffing models to utilize all healthcare providers to the full extent of their education and training, and CRNAs stand ready to answer the call.

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### STAFFING MODEL EXAMPLE 2

