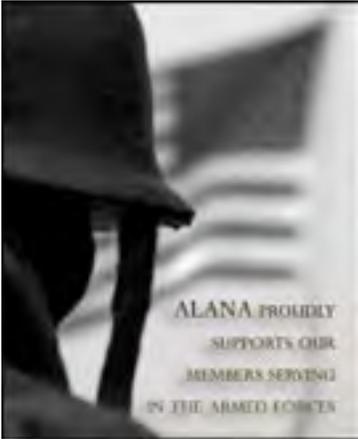




ALANA News

A Publication of the Alabama Association of Nurse Anesthetists

Bulletin



Ballot Approved at Spring Meeting

Jason Wilson, CRNA, Chairman of the Nominating Committee is pleased to announce that the ALANA membership approved the 2005 slate of candidates for the upcoming election at the Annual Business Meeting of the ALANA during the Spring Meeting in Destin.

“It was my goal to fill the slate with highly motivated CRNA leaders from across the State. I think we have candidates from every geographic area and from both rural and metropolitan areas. Diversity in location and practice setting adds strength to the effectiveness of the Board to deal with complex issues. I am very pleased to offer this year’s slate of candidates. Thanks to each of them for their willingness to serve the ALANA.”

Jason Wilson, CRNA

Volume 23, Number 2, 2005
Jim Henderson, Editor

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ALANA 2005 Candidates

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Steve McCollum, CRNA (Grand Bay)

Nominating Committee Chairman

Robert Armstrong, CRNA (Birmingham)
Patsy Randall, CRNA (Alabaster)

Publisher
Alabama Association of Nurse Anesthetists
2015 First Ave. N, Suite 200, Birmingham, AL 35203
1-877-ALA-CRNA (toll free)

Executive Staff

Executive Director
T. Joe Knight, CRNA, JD
2015 1st. Ave. N., Suite 200
Birmingham, AL 35203
Home: 205-655-4501
Work: 205-458-1100
TJoeKnight@aol.com

Editorial Staff

Editor
Jim Henderson, CRNA
106 Ember Way
LaGrange, GA 30240
706-882-5658

Board of Directors 2004-2005

President
Jim Henderson
106 Ember Way
LaGrange, GA 30240
Home: 706-882-5658
sandman3@charter.net

President-Elect
Brent Ledford
306 Broad Armstrong Drive
Brownsboro, AL 35741
Home: 256-533-0642
ledfords@comcast.net

Vice-President/Secretary
David Neal
8035 Mitchell Lane
Birmingham, AL 35216
Home: 205-982-1900
dneal1900@charter.net

Treasurer
Joe Williams
2355 Ridge Trail
Birmingham, AL 35242
Home: 205-991-6858
Williams@uab.edu

Director
Tracy Hall
5128 8th Court South
Birmingham, AL 35212
Home: 205-599-3222
UABsleeper@aol.com

Director
Ken Langley
198 Graham Drive
Boaz, AL 35956
Home: 256-593-4125
KenLangley24@charter.net

Director
Tom Mallory
3542 Edgefield Road
Montgomery, AL 36111
Home: 334-395-7025
TMAL7@charter.net

Director
David Osborne
8097 Gadsden Highway
Trussville, AL 35173
Home: 205-661-9391
davidosborne@mindspring.com

Director
Shannon Scaturro
3202 Wynnfield Court
Mobile, AL 36695
Home: 251-635-1811
sscat@comcast.net

Director
Michele Snow
215 Grand View Lane
Maylene, AL 35114
Home: 205-620-5224
msnowcrna@charter.net

Director
Leigh Ann Stevens
135 Villa Grande Drive
Albertville, AL 35950
Home: 256-894-8197
lstevenscrna@charter.net

Nominating Committee Chair
Jason Wilson
1485 Milner Crescent
Birmingham, AL 35205
Home: 205-933-6436
tbasco99@aol.com

UAB Student Representative
Debbie Shoup Hayes
3764 Chestnut Ridge Circle
Birmingham, AL 35216
Home: 205-682-1098
dshoup@uab.edu

Samford Student Representative
Chris Campanotta
816 59th Street, South
Birmingham, AL 35212
Home: 205-591-7353
cjcampa@bellsouth.net

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From the Office of the ALANA President *Jim Henderson, CRNA*

Does Your Cup Runneth Over?

I never cease to be amazed and inspired by the quality of the membership of the ALANA. In the operating rooms, labor suites, ambulatory surgery centers and private physician's offices across Alabama, each and every one of you are highly accomplished professionals who perform one miracle after another, day in and day out. Each of you touches so many lives in the course of a routine day. Patients know you will be there for them throughout a very stressful and frightening time in their lives. Family members entrust you with the lives of their loved ones. Physicians and surgeons know that as a CRNA, you will provide their patient with state-of-the-art anesthesia care and uphold a tradition of excellence that is the hallmark of our profession. Yet your circle of influence goes much further. Nurses look to you for leadership and clinical expertise, students look to you for guidance, and hospital employees look to you as a source of hope that one day maybe they could ascend to your level of success. Indeed, as a CRNA, your career provides you with enough success to fill any cup! Yet some strive for even more.

I know CRNAs whose proverbial cup runneth over. For these individuals, there is never enough time in any day to pack in all life has to offer. I know CRNAs who are scout leaders, ministers, deacons, volunteers, political activists, and entrepreneurs. I know CRNAs who perform in community theater and performing arts. I know CRNAs who are accomplished in the visual arts. I know CRNAs who serve in elected office. I know CRNAs who, like myself, are involved in the politics of our state association and serve on the ALANA Board of Directors. For all of these individuals, their career fills their cup ~ yet their accomplishments above and beyond the career add just the right amount of substance and zest to allow their cup to runneth over.

Just when I thought I had seen all of the CRNA success stories imaginable, I learned of a humble CRNA who works at Huntsville Hospital who has accomplished unimaginable things. His story is the subject of a four-page article in this issue of the ALANA NewsBulletin. I hope you are as inspired and moved as I was when I first learned of his great deeds. Truly Steve James is a CRNA whose cup runneth over.

As the president of your state associate, I raise my cup high to honor and salute each of you whose cup runneth over.

Jim Henderson, CRNA

*Far and away the best prize that life has to offer
is the chance to work hard at work worth doing.*
Theodore Roosevelt



From the Office of the Region Seven Director

Bonnie Mackin, CRNA

The ThoughtBridge Process

On May 6 and 7, 2005, the Alabama Association of Nurse Anesthetists and the Alabama State Society of Anesthesiologists became the first state associations to use the ThoughtBridge Process. As these historic meetings progress, let's take a moment to review how ThoughtBridge has helped to bring our two national associations together at the same table.

First of all, the idea behind the ThoughtBridge process is to facilitate dialogue between the AANA and the ASA so that our efforts are not to "divide the pie" but rather to find ways to "expand the pie" by working together. The focus is on how one can create more value by understanding the interests, concerns, fear, and needs of all parties involved, and then by brainstorming to identify creative solutions that address all of their identified issues and concerns.

The original goals were:

1. To develop a long-term respectful professional relationship
2. To develop lines of communication that would enhance future discussions on a regular basis
3. To collaborate on issues of mutual interest that would be beneficial to both organizations
4. To use a professional mediator to facilitate and guide the leaders through a process for accomplishing a respectful relationship.

These goals have been accomplished.

The issues currently being addressed include: the anesthesia care team statement, supervision and medical direction issues, payment and reimbursement methodology issues, as well as other regulatory and legislative issues that impact CRNAs and anesthesiologists collectively and separately.

The next meeting for the ASA/AANA Executive Committee is scheduled for this month. Some of the concerns that we will be addressing include the 10 point legislative agenda of the ASA and the pamphlet in support of the Anesthesia Care Team and Anesthesia Assistants that has been developed and is being sent to hospitals and surgeons as well as other "burning issues" for our membership.

The Procedural Guidelines for the Leadership of AANA and ASA is a document that lays out the guidelines agreed upon by both groups that are used to guide communications and relationships between the leaders of the organization. These guidelines were sent to all committee members and state leaders on May 13, 2005, they are also posted on the AANA web site in the "Members Only" section.

It is important for all AANA members, and ALANA members in particular to understand that holding meetings together through ThoughtBridge does not mean that all parties agree on everything nor does it mean that controversies will not arise. What it does mean is that all parties will have an opportunity and obligation to continue a dialogue, using a process that has been used successfully by national and international organizations and governments.

The Alabama Association of Nurse Anesthetists (ALANA) and the Alabama Society of Anesthesiologists (ASSA) have held three meetings together. The first two were "get to know you" meetings and the third, with Thoughtbridge mediators, was on May 6 and May 7, 2005. At this meeting they set up a procedural agreement in which they agreed to meet quarterly, to continue open lines of communication, and learn more about themselves and the Thoughtbridge process. Congratulations to ALANA and ASSA for this historic achievement.

Steve James, CRNA Honors His Daughter's Memory with Humanitarian Work

Steve Doyle, staff writer, Huntsville Times, edited and reprinted with permission

Steve James' T-shirt tells only part of the story. Somebody in Kenya Loves Me, it says. Actually, hundreds of people in the east African nation love James, a big-hearted CRNA at Huntsville Hospital.

They love him for opening an orphanage that has rescued 32 children from the brink of starvation. They love him for piping fresh water to arid villages that time forgot. They love him for turning a primitive hospital with spotty electricity into one of Kenya's best health-care providers. Mostly, they love James for believing the old-fashioned notion that one person really can make a difference.

It all started with a TV commercial. You've seen the ads: African kids in fly-infested huts, their bellies disfigured by hunger. For just a few pennies a day, the announcer says, you can save a child. James, 49, was skeptical. He wondered if the kids were real. And he figured the relief workers pocketed most of the money.

James' 16-year-old daughter, Brittney, was more trusting. After seeing a Christian Children's Fund commercial in 1998, Brittney and a friend from Cullman High School pledged \$24 a month to a hungry Kenyan boy named Newton. The friend eventually dropped out, but not Brittney. For three years, she worked after school at doctors' offices to keep her promise to Newton.

Before starting college in Asheville, N.C., Brittney begged her Dad, James to take her to Kenya so she could meet him. Dad's response: Africa is too dangerous. They went to Italy instead.

Barely a year later, on Sept. 14, 2001, Brittney was found dead in her off-campus apartment (James suspects foul play, but no one was ever charged). She was 19. James and his wife, Greta, figured the best way to honor Brittney would be to do something nice for Newton. They set up a college fund for him at a SouthTrust bank in Cullman and asked friends to donate money instead of sending flowers for her funeral. Within days, they had \$3,000 - a

huge sum in Kenya.

The story could have ended there, and everyone would have applauded the Jameses for making some good come out of Brittney's death. But something told Steve James the college fund wasn't enough. He had to do more. He had to go to Kenya.

"I just felt drawn there," he said. "It was out of my control."

OUT OF AFRICA

James' to-do list for that first trip to Kenya in March 2002 was short: Meet Newton. Volunteer at a hospital.



Before leaving, James, a nurse anesthetist, e-mailed several hospitals asking if they wanted his help. Only one wrote back: Ojele (pronounced ah-joe-lay) Hospital in Migori, a dusty, AIDS-wracked town in western Kenya.

Not wanting to arrive empty-handed, James asked his bosses at Cullman Regional Medical Center, where he worked at the time, if they had any surplus medical equipment. They did. Slightly used heart monitors. Surgical supplies. A cauterizing tool. Enough good will to fill a large wooden pallet. James spent \$2,000 having the stuff flown across the Atlantic.

James' wife Greta was scared. She didn't want James, a lymphoma survivor, tromping around a Third World country still plagued by typhoid, malaria and yellow fever (not to mention lions, rhinos and stampeding wildebeest). But James, a devout Christian, felt God was pointing him toward Kenya. He was convinced of it after learning the names of the Ojele Hospital administrator and his wife: Joseph and Mary.

OVERWHELMED

Kenya was much, much worse than in the TV commercials. Everyone seemed to live in smoky huts made of dried mud and cow dung. No electricity, no toilets. Children left homeless and parentless by AIDS wandered the roads or were forced to work in the fields.

Conditions weren't any better at the hospital. Because there was no running water, surgeons rinsed their bloody hands in a communal Igloo cooler. Patients slept two to a bed. Needles were dunked in Clorox and re-used. A hospital patron tried to sell James a live chicken for \$2; he needed money to get his dying daughter a blood transfusion.

James called home crying. "I was overwhelmed" by the poverty, he said. "I was just a wreck." A couple of nights later, James had a dream about Brittney. She told him she was proud that he had gone to Kenya. James saw it as another sign from above.

After meeting Newton and his mother at a hotel in Nairobi, Kenya's sprawling capital, James made up his mind. He was coming back. And he was bringing reinforcements.

NEW ORPHANAGE JUST A START FOR DAD

Steve James didn't go to Kenya, Africa, intending to become a hero. All he wanted to do was meet Newton, the little boy his daughter had helped save from starvation, then hustle back home to Alabama. But after seeing the crippling poverty in the east African nation in March 2002, James, a nurse anesthetist at Huntsville Hospital, couldn't walk away.

Kenya is one of the world's most desperate places. Adults rarely reach their 50th birthday. Some 900,000 AIDS orphans - enough to fill a city Birmingham's size - wander the streets. "It's the greatest problem, in my mind, anywhere," James said. "It's monumental. It's

biblical."

James, a 49-year-old cancer survivor, knew he couldn't fix Kenya's problems alone. So he made a slide show. He took his gripping pictures of Kenya to church, to Cullman Regional Medical Center, where he worked at the time, to Lions Club lunches, nursing homes - any place with a crowd.

Most people who saw James' presentation wanted to help. They'd give a couple of quarters, a dollar bill, a \$10 check. Before long, James had raised \$25,000 and formed a nonprofit corporation, the Brittney James Child Fund, named for his late daughter.



The charity's logo is two pairs of hands holding up the world. The white hands represent Brittney, who died in September 2001 at age 19. The black hands represent Newton.

Between her sophomore year in high school and her sophomore year in college, Brittney gave hundreds of dollars to Newton through the Christian Children's Fund, a hunger relief agency.

Staying busy kept James from grieving so much for Brittney. He organized a medical mission to Kenya in September 2002 to mark the first anniversary of her death. Seven friends volunteered to go with him, including a doctor and a nurse. James also convinced Cullman Regional and nearby Woodland Medical Center to donate 20 tons of surplus medical equip-

ment to Kenya's Ojele Hospital, which couldn't even afford baby blankets. New moms covered their infants with bubble wrap.

HOT, SOBERING

Months earlier, James spent \$2,000 flying a pallet-load of supplies to the little hospital. This time, he paid \$6,000 to have a much larger load, including bicycles for all 58 hospital workers, shipped to Kenya's seedy port city, Mombasa. Dockworkers there often loot incoming boats, but everything arrived safely.

James and his friends spent two weeks volunteering at the hospital, showing doctors how to use ultrasound machines, cauterizing tools, fiberoptic surgical headlamps. Then they drove to Newton's village, Naro Moru.

It was a hot, sad, sobering trip. Everywhere you turned, AIDS. But James felt God had led him to Kenya for a reason. Ideas somersaulted through his brain. He had to do more.

James and his wife, Greta, raided their retirement fund to help Ojele Hospital build a modern patient wing and operating room. (The first baby born there was named Steve, in James' honor). They paid to send a teenage girl - the oldest of 17 kids from a poor family - to boarding school. They bought a cow so Newton's family could have fresh milk.



They worked with their former church in Little Rock, Ark., to pipe clean river water two miles to Newton's village so farmers could irrigate their corn and beans. "As you drive in, everything is brown and dead," Greta says. "But now there's this little island of green."

Still, Steve James wasn't satisfied. He was haunted by images of a man he'd met named

Victor. Victor was in his late 20s, skinny as a walking stick, dying of AIDS. He'd asked James - begged him - to take care of his children, Victor Jr. and Stancey, when he was gone. "I'd given just about all my money away," James said. "I just told him I'd pray about it, and we'd go from there."

A GRAND IDEA

Those prayers spawned the grandest idea yet: An orphanage where Victor Jr., Stancey and



other homeless kids would never again have to worry where their next meal was coming from.

It came together quickly. During his third trip to Kenya in September 2003, James met Fred Otieno, a local pastor. He agreed an orphanage was badly needed and offered the use of two abandoned church buildings.

James, who by then had raised more than \$40,000 for his Kenya relief work, had never felt surer about anything. He shelled out \$6,000 to have the buildings renovated. "At that point," James said, "we were really doing something Brittney would be excited about."

Today, there are shelves for textbooks donated by the Cullman school system, and a stout barbed-wire fence to foil cow and chicken thieves, and a mural of Jesus in the classroom that doubles as a cafeteria.

When word circulated on Easter weekend of 2004 that the 10-bed orphanage was ready, more than 200 parents showed up to hand over children they couldn't afford to feed. The first two beds went to Victor Jr. and Stancey. Another went to a young boy found tied to a mango tree.

I CAN TAKE MORE

While James was thrilled about the orphanage - called Marindi Children's Home of Grace - he hated turning away so many needy kids. Orphanage staffers soon rearranged the buildings to house 32 youngsters. "It was like 'Schindler's List' on a tiny scale," James said. "I kept thinking, 'Give me more kids, I can take more.'"



Not sure where he'd get the money to keep the orphanage running long term, James went to friends in Cullman and Little Rock. He quickly found sponsors for all 32 kids at the shelter. Their \$75 a month pays for food, school uni-

forms, guards, teachers, cooks and caretakers. Keeping the orphanage open may get a bit more expensive in 2005: The village is about to get electricity.

BRITTNEYS PLACE

James isn't done. He and Greta, a stay-at-home mom, recently bought four acres next to the orphanage - enough room for two more dormitories, a computer lab and a medical clinic.

But first comes Brittney's Place, a guesthouse for visiting relief workers, who now sleep in fleabag motels or bunk with local families. The Jameses figure seeing the dream through will cost \$80,000 - a huge sum for a start-up charity. But they're determined to do it, even if it means moving to a smaller house with a smaller mortgage payment. The children of Kenya - and Brittney's memory - deserve that much, they say.

"Brittney thought you should be able to see people's faith in actions," Steve James said. "Being able to care for poor children, that gets past all the superficial things and gets down to what's really important in life."



YOU TOO CAN HELP



The Brittney James
Child Fund
1000 6th Ave SE
Cullman, AL 35055

www.kenyarelieff.org

all donations to the
Brittney James Child Fund
are tax deductible



From the Office of the Executive Director

Joe Knight, CRNA, JD

Recently, during an afternoon break at the AANA Mid-Year Assembly, I found myself sitting in a picturesque park facing the White House in our nation's capitol. The spring day was postcard perfect with brilliant sunshine and a cool breeze wafting through the fading blossoms of Washington's famous cherry trees.

Sitting there absorbing the moment, I noticed a squirrel with an unusual aberrancy. I felt sorry for the little creature because it seemed to be a freak of nature in that it had what appeared to be a large growth protruding from the left side of its face extending to its neck. The squirrel was seemingly a loner in that no other squirrels would go around it. The squirrel repeated a routine 2 or 3 times whereby it would run on the ground, then up a tree, jump from limb to limb until it reached its nest lodged in the upper portions of an old oak tree. Watching closely, I noticed that once the squirrel reached its nest, a blur of an object would come out of the nest, move a few feet and then would fall to the ground. The nested squirrel would then spring forward, down the tree, retrieve the fallen object and repeat the sequence again. I soon realized that all of this was completely normal. The blur falling to the ground turned out to be a baby squirrel. It would come out of the nest, attempt to run through the branches and then fall to the ground. The mother would then emerge from the nest, find the baby critter, pick it up in her mouth and scamper back up the tree and thus, give to the untrained eye, an appearance of an aberration of nature.

While observing all of this, it dawned on me that one of my roles with the Alabama Association of Nurse Anesthetists mirrors that of the mother squirrel. In other words, I am involved in a process whereby CRNAs and soon-to-be CRNAs learn a different aspect of their profession that has nothing to do with patients or the operating room. Mid-Year Assembly is a time when CRNAs from all over the United States gather in unison to explore the legal and political aspects of the profession and then fan out and visit their Congressmen and Congresswomen on "Capitol Hill."

As you can imagine, Washington, D.C. is an awesome place. It is intriguing, powerful and invokes a special sense of patriotism to those who visit. At the same time, D.C. can be a little intimidating and confusing to first time attendees. Like the mother squirrel, I help guide

those young CRNAs who are venturing out for the first time. I have learned how to schedule our meetings with our Congressmen in a way that is manageable for our delegation and help guide CRNAs and students through the maze of hallowed marbled halls in the famous buildings that surround our Capitol. I can't help but notice the look in the eyes of



those who are exposed to the process for the first time. When I see that look, it reminds me of a time long ago when Larry Hornsby, John Morris, Resa Culpepper, Joe Williams and I were first learning the ropes in Washington, D.C. It was exhilarating then, it is exhilarating now and I am thankful for the opportunity to be a part of it all.



The Student Representative's Report

Chris Campanotta, BSN, SRNA

Mr. Smith Goes to Washington

Well, it is 2005 and not 1939 but I must admit I felt a bit like Jimmy Stewart as we headed to Washington, D.C. for the AANA Mid-Year Assembly. Debbie Shoup Hayes and I were honored to have been asked to attend this conference and play a role, along with other ALANA members and members of your ALANA Board of Directors, in AANA's lobbying efforts. This year's assembly focused on issues related to patient safety and medical error reporting, nurse anesthesia education, Medicare payments, and medical liability reform. We attended multiple educational sessions on each of these issues and on lobbying in general to best prepare us to present to our senators and representatives. In addition to other students (over 100 present), the assembly was attended by officers from state associations and other interested CRNA colleagues.

The educational programs were excellent and it was an eye opening experience to learn more about our national association, as well as hear other state groups explain their goals and challenges. At the close of the meeting, we were asked to go to the Hill and meet with our individual senators and representatives. Of course, this was a highlight of the trip for many and a unique experience that I will never forget. I am sure it is the same for you, but when you believe in an issue, or a group, it is much easier to share that enthusiasm with others. I have always thought that AANA was a respected organization but to be with the hundreds of other CRNAs that attended the Mid-Year Assembly and witness the welcome reception into our lawmakers' offices cemented my knowledge of that respected reputation. This pride in our organization made our lobbying efforts much easier. I would like to think that our public servants listened to what we offered and said; I certainly hope so. However, if they did not, I am certain that I will let my voice be heard again. I encourage all of you to try and attend one of these assemblies because it will truly motivate

you to lobby on behalf of our associations.

Thank you for giving Debbie and me this opportunity. I look forward to my continued participation in this organization and sending and supporting other student representatives to such a worthwhile assembly. Thank you to the board members that attended for their guidance and direction while there.

Well, all good things must come to an end, and so we left Washington but instead of returning to rotations, Debbie and I repacked our bags and headed to the beach for the spring meeting in Destin. It is a little hard to feel sorry for us leaving Washington when we end up on the beautiful Florida beaches! The spring meeting was again a great success. Thank you to all of those that played a role in organizing this year's Spring Meeting.

Finally, let me welcome our new classes of students for UAB and Samford. I know each of us will do our part to help mentor these new students and provide them with the same guidance and assistance you have offered my class and me. As for Debbie and me, we are finally beginning to see (and believe) that there is a light at the end of the tunnel we call CRNA school. We graduate in December and take our boards thereafter. Then it is out into the real world again. We look forward to the challenges that lie ahead of us and being a part of the CRNA community. Of course, the thought of a paycheck makes us smile as well.

In closing, for me personally, thank you for allowing me to represent my classmates at Samford on this board. It has been a wonderful experience. I hope that I have done my best in representing not only the Samford students but students in general. It has been wonderful to work with the UAB representatives and strengthen the bridges between these two schools.

I look forward to seeing you in the real world. Many thanks, Chris



From the Office of the Federal Political Director

John Morris, CRNA

In early April AANA leaders testified before a House of Appropriations subcommittee to encourage that the committee reserve \$3 million in HHS Title VIII for nurse anesthesia education. Louise Hershkowitz, CRNA, MHSA at the direction of President Frank Maziarski, CRNA, MS, CLNC, testified that, “In challenging budget times, maintaining this modest level of funding is crucial to patient care. A 2003 AANA workforce study concluded that in 2002 there was a 12% vacancy rate in hospitals for CRNAs, with a slightly lower vacancy rate in ambulatory surgical centers. The supply of CRNAs has increased in recent years, as our programs have increased the number of new graduates.”

She continued, “We need to produce more nurse anesthetists. With the help of Title VIII funding, CRNA graduate programs in 2004 produced 72 percent more graduates than they had just five years ago. But the challenge is that our 94 nurse anesthesia programs – including programs in California, Connecticut, Florida, Illinois, Kentucky, Maryland, New York, Ohio, Pennsylvania, Rhode Island, Texas and Wisconsin, among others – each continue to turn away well qualified applicants in the face of increasing need. Providing Title VIII funding cost-effectively expands the number of CRNAs, so Americans will have access to safe anesthesia care in the future.”

House and Senate Seek Deal in Medicaid Budget Funding

A letter signed by 44 Republican members of Congress urging House Budget Committee Chairman Jim Nussle (R- IA) to restore \$20 billion in Medicaid funds over five years to the chamber’s budget “could give senators more leverage” in their negotiations with the House over a budget for fiscal year 2006. The reversal is important to CRNAs, especially those working in obstetrical and childbirth settings, since the Centers for Medicare & Medicaid Services (CMS) estimates a third of US childbirths are paid-for by the federal-state joint funded program. In some areas, Medicaid pays a far larger share of childbirths. In their letter to Chairman Nussle, the Republican lawmakers said the Medicaid cuts would “negatively impact people who depend on the program and the providers who deliver healthcare to them”. The letter states that the House should create a bipartisan commission, an idea already approved by the Senate, which would recommend changes to Medicaid.

Senate Halts Additional Funding to VA Facilities

The Senate on Tuesday (April 12th) voted 54-46 to defeat an amendment to a military appropriations bill that would have provided an additional \$1.98 billion for Department of Veterans Affairs (VA) hospitals. This is important to CRNAs because it would have increased funding for the VA Hospitals in which many CRNAs practice. Senator Patty Murray (D-WA) introduced the amendment as part of an \$80.6 billion emergency appropriations bill for the wars in Iraq and Afghanistan and other military operations. According to Senator Murray, VA hospitals are overcrowded and require additional funds. “There’s a train wreck coming,” she said. Senate Republicans, who opposed the amendment, denied that VA hospitals had such serious problems and said that the facilities had adequate funds to address emergencies.

CMS Makes Changes to Problematic Medicare Guidelines Following AANA Request

Following intervention by AANA, the Centers for Medicare & Medicaid Services (CMS) issued changes April 29 to Medicare Part A Hospital Conditions of Participation interpretive guidelines that had raised barriers to CRNA practice, clarifying that individual operating practitioners need not be specifically privileged to supervise CRNAs.

Issues raised by CMS guidelines and recommendations for change had been brought to CMS' attention at the request and involvement of AANA President Frank Maziarski. Previous interpretive guidelines from CMS posed problems for CRNAs by calling for hospitals to specifically privilege practitioners for supervising CRNAs, and tightly defining the degree to which operating practitioners were "immediately available" to supervise CRNAs. The issues had posed particular difficulties in some states. Because the guidelines relate to hospital compliance with CMS' Part A supervision requirement the guidelines appeared to leave alone the 13 states which had opted-out of CMS' physician supervision mandate. CMS uses the guidelines to ascertain hospitals' compliance with the Conditions of Participation in the Medicare program, through random surveys conducted by state agencies and surveys of hospitals not accredited by other entities such as the Joint Commission on the Accreditation of Hospital Organizations (JCAHO).

Interim guidelines issued by CMS April 29, now in effect, include new language that states, "Individual operating practitioners do not need to be privileged to supervise a CRNA." The new language further states, "CMS does not require a second 'operating practitioner' whose function is to supervise the CRNA."

Congress Approves Budget: \$10 Billion in Medicaid Cuts

On Thursday (April 29th), Congress approved a \$10 billion reduction in Medicaid funding over five years as part of a \$2.6 trillion fiscal year 2006 budget resolution. The savings amount to about 0.7 percent of the estimated \$1.3 trillion in total federal and state Medicaid spending over the affected five-year period. Further, states, not the federal government, determine most Medicaid benefits eligibility and reimbursement.

Medicaid funding is important to CRNAs, especially those working in obstetrical and childbirth settings, since the Centers for Medicare & Medicaid Services (CMS) estimates a third of US childbirths are paid-for by the federal-state joint funded program. In some areas, Medicaid pays a far larger share of childbirths. The FY 2006 budget would cut \$35 billion in growth from entitlement programs (including Medicaid) making it the first budget since 1997 that

would reduce entitlement spending.

CMS Administrator Pushes for Medical Liability Caps

Centers for Medicare and Medicaid Services (CMS) Administrator Mark McClellan, MD, PhD, testified on Thursday (April 29th) that malpractice lawsuits affect healthcare costs through damage awards, as well as the higher number of diagnostic tests that physicians order to avoid such lawsuits. According to Dr. McClellan, a \$250,000 cap on non-economic damages in malpractice lawsuits proposed by congressional Republicans would "have a direct effect on (malpractice insurance) premiums and would also have an effect on the cost to consumers." Dr. McClellan said that such a cap would result in "5% to 9% decreases in hospital expenditures within three to five years." However, Senator Jack Reed (D-RI) questioned the relationship between damage awards in malpractice lawsuits and healthcare costs. Senator Reed stated, that based on a Congressional Budget Office (CBO) estimate, a 30% decrease in damage awards in malpractice lawsuits would result in only a 0.5% reduction in healthcare costs.

New Budget Resolution Could Cut Medicare Physician Fees

Following Congress' approval of a federal budget resolution that calls for a \$10 billion reduction in Medicaid funding over five years, Washington is turning to Medicare because of the "way the budget document is structured". The budget resolution calls for reductions to Medicaid but states that lawmakers can enact savings in any mandatory spending programs under their jurisdiction, including Medicare, to achieve their designated funding-reduction targets. Medicare reimburses CRNAs based on the physician fee schedule and has an interest to ensure that Congress acts to reverse projected 5 percent Medicare cuts before they take effect January 2006.

Both the Senate Finance Committee and the House Energy and Commerce Committee, oversee Medicare for the Senate and House and must find \$10 billion and \$15 billion in total savings, respectively. They could choose to look to Medicare physician fees as a source of savings. Some lawmakers would like to increase physician reimbursement payments, which are slated to decrease by 5% annually through 2012 after the current fee schedule expires in 2006. In addition, hospitals could be targeted for Medicare cuts, although the House Ways and Means Committee, which oversees Medicare hospital insurance, needs to find only \$1 billion in savings.

John Morris, CRNA
ALANA Federal Political Director



It is difficult to believe that the first class from the Samford Department of Nurse Anesthesia is only six months away from graduation. The Department has made great progress over the last three years with the help of the administration of Samford University and the Ida V. Moffett School of Nursing, departmental faculty, our graduate students, the AANA, affiliate hospitals, and Alabama CRNAs.

First Annual Department Bass Tournament

The First Annual Funderburg Lectureship Bass Tournament was held Saturday May 14, 2005, at Lakeside Landing in Pell City, Alabama. It took a "boatload" of folks to make it happen. Our thanks to Matt Gossett; Larry Hornsby; John, Brantley, and Donna Morris; Kim Hurst and Brian Bozeman of Baxter Healthcare for organizing and running the tournament. The Funderburg Lectureship was established in 2003 in honor of Dr. Lonnie Funderburg. Dr. Funderburg is a graduate of the former Howard College, now Samford University, and served as director of the Birmingham Baptist Anesthesia Program for over two decades. The Funderburg Lectureship was begun by alumni of the original Birmingham Baptist / Samford University nurse anesthesia program to honor Dr. Funderburg's commitment to nurse anesthesia education. The Lectureship is used annually to fund guest lectures by nationally known anesthesia experts. Watch the Department of Nurse Anesthesia web site for information on this year's Funderburg lectureship (<http://www.samford.edu/schools/nursing/dna/home.htm>).

Second Class Starts Clinical Rotations

The second class of nurse anesthesia graduate students began their clinical practicum in June. We are grateful to each of you who serve as clinical preceptors. The first class is learning much and having great experiences under your tutelage. We also appreciate your use of the electronic method of daily evaluation. Electronic daily evaluations reach our Director of Clinical Education (Dr. Resa Culpepper) quickly and are easier to appraise and process than paper evaluations.

We see the daily evaluation process as a way to discover areas of strength and weakness, rather than as a punitive process. Accurate evaluations, including constructive criticism, help Dr. Culpepper to assign graduate students to clinical rotations that will allow them the opportunity to become proficient in all aspects of our scope of practice. Ideally, we would like to have an evaluation each day but realize that this can be difficult at times. If you ever have compliments to give or insights on clinical weakness, and are not offered an opportunity to fill out an evaluation, please feel free to ask the graduate student for their PDA so that you can. You should also feel free to contact Dr. Culpepper directly with evaluative comments at (205) 726-2007 or tlculpep@samford.edu.

New Faculty Member

The Department of Nurse Anesthesia filled its fourth full time faculty position this spring and is now fully staffed. Mrs. Nina McLain has 15 years experience as a clinical CRNA and has decided to make the move into education. She is currently a PhD student at Virginia Commonwealth University in Richmond Virginia in addition to her Samford University faculty position. Professor McLain's most recent experience includes setting up an anesthesia department in a free standing day surgery center in Mississippi. She continues to provide anesthesia services there one day a week on her faculty practice day.

2005 Application Deadlines

In an effort to better serve applicants and streamline the application process there are now two application deadlines for entry into the Department of Nurse Anesthesia. The first "early application" deadline is October 3rd, 2005. The second "final application" deadline is November 7th, 2005. Those who complete their applications by the "early" deadline will be interviewed earlier and may be offered early admission.

Please accept the thanks of the Ida V. Moffett School of Nursing and the Department of Nurse Anesthesia for your efforts as clinical preceptors and your support of anesthesia education.

Alabama Association of Nurse Anesthetists

Minutes of Regular Board Meeting
October 30, 2004

Call to Order:

President Jim Henderson called the meeting to order at 09:15AM.

Roll Call:

Members present: Jim Henderson, David Neal, Joe Williams, Tom Mallory, Shannon Scaturro, Michele Snow, Jason Wilson, Joe Knight, Chris Campanotta, Debbie Hayes, Frank Saliba, Finance Committee member.

Members absent: Brent Ledford, David Osborne, Leigh Stevens, Tracy Hall, Ken Langley.

Approval of Minutes:

Copies of minutes from the October 9, 2004 Board of Directors Meeting, October 9, 2004 Fall Business Meeting and October 10, 2004 Board of Directors Meeting had previously emailed to all members. A motion to approve the minutes of these meetings was made by Joe Williams and seconded by Michele Snow and the motion was passed unanimously.

Committee Budget Requests:

Each Standing Committee Chairman had previously submitted their budgetary requests for the 2005 Budget. These requests were discussed along with the projected dues revenue from the membership for the upcoming year. At 09:45AM, the meeting was in recess for the Finance Committee to discuss the recommendations. Nominating and Government Relations Committees also broke out for separate discussions at this time. The meeting was reconvened at 10:20AM.

New Business

Finance Committee:

Joe Williams discussed the recommendations of the Finance Committee and a motion to accept the 2005 Budget was made by David Neal. There was no further discussion and the budget passed unanimously.

Program Committee:

The offering of Vouchers to recognize outstanding clinical preceptors to be used at ALANA educational meetings was discussed. It was recommended that these be divided between the two Nurse Anesthesia Programs so that each program could award five vouchers

per year to recognize outstanding preceptors. The vouchers would be worth \$100 credit per voucher towards an ALANA educational meeting. This voucher program would begin in January of 2005. Recipients of the vouchers would be recognized at the Spring ALANA meeting as well as in the ALANA Newsletter. Tom Mallory made a motion to approve these recommendations for the voucher program. There was no further discussion and the motion passed unanimously.

The issue of waiving tuition for ALANA educational meetings for Emeritus members was discussed. Tom Mallory made a motion to waive tuition for Emeritus members at ALANA educational meetings. The motion was seconded by David Neal. There was no further discussion and the motion passed unanimously.

The Program Committee also discussed possible ways to increase attendance from other states at the ALANA Spring Meeting.

Government Relations: Planning for an ALANA Legislative Day in Montgomery was discussed. The Legislative Day is tentatively scheduled to occur in mid-February.

The proposal by the Board of Medical Examiners to change the rules and regulations of how physician's assistants and AA's practice during declared states of emergency was discussed as was the ALANA's response to this proposal.

Welcoming Committee:

Early planning discussions regarding the annual reception for new students is ongoing.

Travel to AANA Meetings:

Members of the Board who will tentatively plan to attend the AANA Fall Assembly of States in Miami to represent the ALANA are Jim Henderson, David Neal, Joe Knight and Shannon Scaturro. Those members planning to attend Mid-Year Assembly in Washington, D.C. are: Shannon Scaturro, Tom Mallory, Jim Henderson, Debbie Hayes, Chris Campanotta, Joe Knight, David Neal and Joe Williams. John Morris will represent the ALANA as our Federal Political Director at the FPD workshop to be held in February, 2005 in Texas.

AANA Foundation:

David Neal will be serving as the State Advocate to the AANA Foundation.

Date for Next Board Meeting:

January 22, 2005

Nominating Committee:

Jason Wilson reported good progress towards filling next year's ballot.

New Ad Hoc Committee:

ALANA Archives Committee.

Discussion was held about the need to establish an Ad Hoc Committee to update and preserve the archives of the ALANA. A motion to establish this committee was made by Joe Williams and seconded by Shannon Scaturro. There was no further discussion and the motion passed unanimously. Jim Henderson appointed Michele Snow to chair this committee.

By-laws Committee:

Discussion was held regarding the need for revising and cleaning up the current by-laws. Shannon Scaturro is tasked for initiating this revision.

Blue Cross-Blue Shield:

Shannon Scaturro updated the Board and offered recommendations for future action.

Executive Director's Contract:

Joe Knight presented the Board with his proposal for his contract. The Board privately discussed the contract and a motion to approve the contract was made by Shannon Scaturro and seconded by Michele Snow. There was no further discussion and the contract was unanimously accepted.

Adjournment:

A motion to adjourn was made by Shannon Scaturro and seconded by David Neal. The motion was passed unanimously and the meeting was adjourned at 12:05PM.

Alabama Association of Nurse Anesthetists

Minutes of Regular Board Meeting
January 22, 2005

Call to order:

President Jim Henderson called the meeting to order at 0905.

Roll Call:

Members Present: Jim Henderson, Brent Ledford, David Neal, Joe Williams, Tom Mallory, David Osborne, Leigh Stevens, Tracy Hall, Ken Langley, Shannon Scaturro, Michele Snow. Joe Knight, Frank Saliba, Finance Committee, Chris Campanotta, SRNA and Debie Hayes, SRNA. **Members Absent:** Jason Wilson

Approval of Minutes: Copies of the minutes from the October 30, 2004 Board of Directors Meeting were previously emailed to all members. A motion to approve the minutes was made by David Neal and seconded by Leigh Stevens, and the motion was passed unanimously.

President's Report: Jim Henderson updated all Board members on the activities of ALANA to date with regard to the December meeting of the officers of the ALANA and the ASSA. As a result of that meeting it was discussed that both respective state organizations would contact their respective national organization to express interest in participating in the Thought Bridge process at the state level. Jim explained that both national organizations agreed this to be a positive idea and should be pursued.

The ALANA also met with the Alabama Hospital Association. Jim Henderson was recognized and addressed the members regarding the reimbursement of CRNA's in the state of Alabama. The Board was also updated regarding the progress of the ongoing PAC telethon fundraiser.

Executive Director's Report: Joe Knight updated the Board on proposed rule changes from the Alabama Board of Nursing. The Board was also updated on the rule changes by the Board of Medical Examiners. Joe mentioned the need to recommend nominees for the advanced practice position on the Board of Nursing that will be coming available. The ALANA and the ASSA recently joined together to combine resources to help a family in need after they lost their house to a flood. This was a direct result of the current relationship building that is ongoing between both organizations. The possibility of this becoming an annual joint project was discussed. Details for the legislative reception on February 22, 2005 were briefly discussed.

Committee Reports:

Chemical Dependency Committee: Tom Mallory discussed possible media presentations that could be used at the Spring Meeting in Destin.

Finance Committee: Joe Williams updated the Board on the current financial status of the ALANA. The possibility of transferring funds from the general fund to long term investments was discussed. A motion was made by Brent Ledford to task the Finance Committee with moving twenty-five (25) thousand dollars from the general fund to long term investments in a manner deemed most fiscally responsible by the committee. The motion was seconded by David Osborne and after further discussion the motion was passed unanimously. The current status of the travel budget was also discussed with regard to members of the Board who would be traveling to Washington, D.C. for Mid-Year Assembly.

PAC: Leigh Stevens updated the Board on the PAC campaign and possibilities of incentives for new contributors. Joe Knight updated the Board on current PAC funds.

Government Relations Committee: Final plans and details for the legislative reception were discussed.

Program Meeting: Tom Mallory updated the Board on preparation for the Spring meeting in Destin. Discussion was held with regard to how credits are awarded at out meetings and changes that will take place beginning with the 2005 ALANA Spring Meeting in Destin, FL.

Public Relations Committee: Ken Langley reported on the slide that was seen in movie theaters throughout the state promoting nurse anesthetists in Alabama. A letter celebrating Nurse Anesthesia Week was also published in all newspapers in Alabama.

Scholarship Committee: Discussion was held on the status of the funded scholarship through the AANA Foundation and the direction of future funding to a second ALANA sponsored scholarship.

Blue Cross-Blue Shield Ad Hoc Committee: Shannon Scaturro reported on the current status of discussions with BCBS and the Alabama Hospital Association. Discussion was held by

the Board as to the next steps and direction of future meetings with BCBS.

New Business:

Thought Bridge: The Board discussed the extent of involvement in the process the ALANA should pursue and agreed to proceed with direction and support from the AANA. Possible benefits and pitfalls of the process were discussed. It is hoped by the Board this will help foster future relationships with the ASSA.

Nomination of Ronnie Whorton: AANA Nominating Committee for Region 7:

A motion was made by Jim Henderson to nominate Ronnie Whorton for the AANA Nominating Committee from Region 7. The motion was seconded by Michele Snow. With no discussion, the motion passed unanimously.

Bylaws Committee: Proposed Bylaw amendments were discussed by the Board as presented by Shannon Scaturro. Further discussion as needed will be by electronic message board as directed by Jim Henderson. The proposed amendments will then be further discussed at the next Board meeting at the ALANA Spring Meeting.

Time for Next Board Meeting: Saturday May 30, 2005 in Destin, FL.

Adjournment: A motion to adjourn was made by Michele Snow and seconded by David Osborne. There was no discussion and the motion passed unanimously. The meeting was adjourned at 1247 pm.

ALANA

THE WYNFREY
BIRMINGHAM
OCTOBER 7-9

FALL MEETING

THE WYNFREY HOTEL



Alabama Association of Nurse Anesthetists, Inc.
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Birmingham, Alabama 35255

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