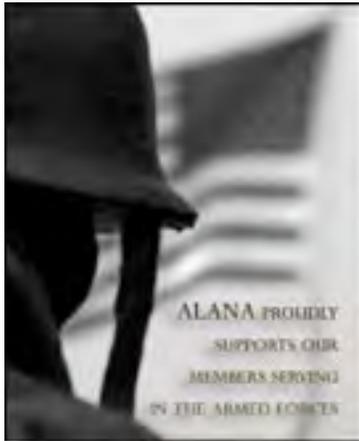




ALANA News

A Publication of the Alabama Association of Nurse Anesthetists

Bulletin



Ballot Information

Ballots for the 2005-2006 ALANA Election of Officers will be mailed shortly. In the event that you have not received a ballot by September 10, 2005, please contact Paul Harvey, CRNA, Chairman of the Teller's Committee at 256-774-1288. He has the authority to issue a duplicate ballot.

All active members of ALANA are eligible to cast a ballot. The membership list for mailing this ballot was the most recent list available from the AANA. If you recently had a change of address, please notify the AANA and the ALANA NewsBulletin Editor. In order to be considered valid, your ballot must be returned in the enclosed envelope, stamped, and postmarked no later than **September 28, 2005**. Results of the election will be announced at the business meeting at our Annual Fall Meeting at the Wynfrey and will be published in the December Issue of the ALANA NewsBulletin.

Volume 23, Number 3, 2005
Jim Henderson, Editor

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(unopposed)

V/P and Secretary

Tom Mallory, CRNA (Montgomery)
David Neal, CRNA (Birmingham)

Board of Directors North

Jeff Brown, CRNA (Gadsden)
Leigh Ann Stevens, CRNA (Albertville)

Board of Directors Central

Jason Wilson, CRNA (Birmingham)
Laura Wright, CRNA (Birmingham)

Board of Directors South

Cliff Joyner, CRNA (Dothan)
Steve McCollum, CRNA (Withdrawn)

Nominating Committee Chairman

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Patsy Randall, CRNA (Withdrawn)

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

Exit Strategy

Before joining the ALANA Board of Directors in 2001, I always thought of the President of the Association as the boss, the top dog, the big enchilada. While this may be true in some associations, it is far from the truth for ours. The role of the president in our Association is to make certain that every member has a voice in the formulation of goals, objectives, and activities. During meetings of the ALANA Board of Directors, the role of the President is essentially the same: to make sure that the voice of each member of the Board is heard. The real test of leadership comes when members of the Board of Directors or individual members disagree. When this occurs, the role of the President is to make certain that the minority is heard and the majority rules. This is consistent with our Bylaws and with Robert's Rules of Order. That said, it should be obvious that ANY accomplishments of the Association during this past year are the accomplishments of the members and the members of the ALANA Board of Directors.

With my first term as President coming to a close, it is time to reflect back on our accomplishments and recognize those whose work made these accomplishments possible. First of all, we held the first ALANA Legislative Reception in February, 2005. This event was the culmination of years of preparation. In 2003, Brent Ledford, then chairman of the government relations committee (GRC), lobbied the Board for the funding to develop and print our legislative packets that were distributed to members of the Alabama House and Senate. Tracy Hall, current chairman of the GRC, and Joe Knight coordinated all of the many activities associated with this event. Preparation is already underway to hold this reception again next year. It is my hope that this will become an ALANA annual event! Kudos to Brent, Tracy, and Joe for an outstanding job on this fine accomplishment.

The Chemical Dependency Committee, under the direction of Tom Mallory, has undergone a complete metamorphosis. With a new emphasis on prevention and other health initiatives, the committee has evolved into a true Wellness Committee. There is a proposed change in the ALANA Bylaws to make these changes a permanent part of ALANA's future. Kudos to Tom for an outstanding job on this endeavor.

Speaking of bylaws, the Bylaws Committee, under the tireless direction of Shannon Scaturro has done a superb job of proposing a set of bylaws revisions that reflect our current practices and offer a framework to guide the ALANA well into the future. Thank you Shannon.

Leigh Stevens has led the PAC Committee to reach record-high levels in our PAC treasury, just in time for the coming election cycle.

The finance committee, under the direction of ALANA treasurer Joe Williams, with David Osborne and Frank Saliba have worked almost a year on revising the ALANA Investment Portfolio. The details of this will be shared at the ALANA Business Meeting in Birmingham. Awesome job!

Ken Langley, chairman of the Public Relations Committee, led an incredibly successful PR campaign during the holiday season, by running a number of public service ads in the theaters of our metro areas.

Michelle Snow, chairman of the Archives Ad-Hoc Committee, is busy at work cataloging and digitizing the records, documents, and previous issues of the ALANA NewsBulletin. This is a thankless job, yet one of great importance as we make strides to preserve our history for the future of ALANA.

David Osborne, chairman of the Scholarship Committee is pleased to announce the name of the third recipient of the ALANA Student Scholarship, Natalie Spradlin of Samford University. Natalie will be present at the AANA Annual Meeting in Washington, DC to receive her scholarship at the Scholarship Luncheon.

Tom Mallory, chairman of the Program Committee has done an outstanding job of coordinating the ALANA Spring and Fall meetings with the Program Directors. A special thanks to Ronnie Whorton and Bruce Von Hagel who are the Program Directors for our ALANA Meetings. These are both huge meetings with countless details that must be planned and addressed. Our entire membership benefits greatly from their service to ALANA. Of course, the real VIP of every ALANA Meeting is Robbie McDonald, the meeting specialist who greets every participant, prepares every CEU Certificate, and transmits this data to AANA. Thanks Robbie.

Our list of accomplishments would not be complete without mentioning our emerging relationship with the ASSA. To date, we have held two dinner meetings and one formal meeting utilizing the ThoughtBridge mediation group. We are planning our next meeting at the time we are going to press with this issue. Much has been accomplished, but much remains to be discussed. I

would like to thank David Neal, Joe Williams, and Joe Knight from the ALANA and Ann Still, Mike Gosney, Ralph Filmore and Richard Carson from the ASSA for their support of and attendance at these meetings.

There are a number of members of ALANA who function as formal and informal advisors to the ALANA leadership and deserve a special word of thanks. John Morris, your work as FPD and special advisor to the President is most appreciated. I've never had a request of you that has gone unanswered. Thank you. Others include Frank Saliba, Ronnie Whorton, Bruce Von Hagel, Michael Fiedler, Janie Kelly, Resa Culpepper, and Larry Hornsby. Thanks to each of you for your assistance and advice throughout the year. And a special thanks to Derrick Wilson and Tom Nichols, my business partners and coworkers, who make personal sacrifices to support the work I do with ALANA.

It has been said that some things get better with age. It is certainly true with fine wines and with Joe Knight. He has been called the "face of nurse anesthesia in Alabama." He has been the executive director for the ALANA for as long as I can remember. He has worked tirelessly for our beloved association. He has been my friend for as long as I have known him. Joe, thank you for the outstanding job you have done as our Executive Director. I honestly believe this has been your finest year!

Finally, my sincere thanks to Brent Ledford, ALANA President-elect, who has been my mentor, advisor and friend since joining the ALANA Board in 2001. Your enthusiasm and diligence are a continuous source of inspiration for me. We find ourselves in a bizarre tag-team event as President and President-elect of ALANA again. I'm not exactly sure how this happened but, effective October 8th ~ TAG.

NOTICE: Important Practice Advisory

This notice shall serve as a reminder to all members of the current Nurse Practice Act that defines CRNA practice in Alabama. The specific language is as follows:

34-21-81. Definitions

4C: Practice as a certified registered nurse anesthetist (CRNA) means the performance of or the assistance in any act involving the determination, preparation, administration, or monitoring of any drug used to render an individual insensible to pain for surgical and other therapeutic or diagnostic procedures. The nurse anesthetist is qualified in accordance with Section 27-46-3 and is licensed by the Board of Nursing and functions under the direction of a physician licensed to practice medicine, or a dentist who is immediately available.

Note that CRNAs are not permitted to receive direction from a podiatrist or other practitioner not listed in the Nurse Practice Act.

Should you ever need to access this information, it is available on the web at www.abn.state.al.us. To navigate to this exact language, use the following links:

www.abn.state.al.us

Nurse Practice Act and Administrative Code

Nurse Practice Act

Article 5: Advanced Practice Nursing

NOTICE: Proposed Changes to ALANA Bylaws

The Bylaws Committee was tasked by the current ALANA Board of Directors to propose changes to the ALANA Bylaws to reflect our current practices. Under the direction of Shannon Scaturro, the committee submitted the following proposed changes to the full ALANA Board of Directors. The Board voted to accept these proposed changes to the ALANA Bylaws, which will be presented to the ALANA Membership for a vote at the 2005 Annual Fall Business Meeting in Birmingham on October 8, 2005 at 12:00 noon. For those members who would like to see the current ALANA Bylaws in their entirety, they have been posted on the ala-crna.org website for download.

For each proposed change, a short note will explain the rationale for the proposed change. This note will be followed by the current language. This will be followed by the proposed change in bold typeface.

This proposed change will clarify the makeup of the voting districts, for the purpose of electing "regional" directors in the odd-numbered years.

Article V: Board of Directors

Section 2. Number and Term of Office

- A. The Board of Directors shall be comprised of eleven (11) members consisting of the President, President-Elect, Vice-president, Treasurer and seven (7) Directors who shall be elected by the members at large as provided in Article X, Section 3-C-3 herein.
- B. Directors shall serve for a term of two (2) years. Beginning 1998, four (4) Directors shall be elected on the even numbered years and three (3) Directors shall be elected on the odd numbered years.
- C. Beginning 1999, on odd numbered years, one candidate will be elected from each of the three voting regions provided there are two or more qualified candidates from each region. If only one qualified candidate exists from each voting region, it shall be the duty of the nominating committee to submit a qualified candidate from the state membership at-large to oppose that candidate.
- D. Northern District: Educational Districts 3,4 & 5.
Central District: Jefferson and Shelby counties.

Southern District: Educational Districts 1, 2 & 6.

D. Voting Regions

- 1. **Northern Region: Counties of Blount, Calhoun, Cherokee, Clay, Cleburne, Colbert, Cullman, DeKalb, Etowah, Fayette, Franklin, Jackson, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, St. Clair, Talledega, Tuscaloosa, Walker, and Winston**
- 2. **Central Region: Counties of Jefferson and Shelby**
- 3. **Southern Region: Counties of Autauga, Baldwin, Barbour, Bibb, Bullock, Butler, Chambers, Chilton, Choctaw, Clarke, Coffee, Conecuh, Coosa, Covington, Crenshaw, Dale, Dallas, Elmore, Escambia, Geneva, Greene, Hale, Henry, Houston, Lee, Lowndes, Macon, Marengo, Mobile, Monroe, Montgomery, Perry, Pike, Russell, Sumter, Tallapoosa, Washington, and Wilcox.**

This proposed change will lengthen the term of the VP-Secretary from one to two years. The VP-Secretary will be elected on the odd years, whereas the Treasurer is elected on the even years. This change will add continuity and depth to the Officers of the ALANA.

Article VI: Officers

SECTION 2. Term of Office

The regular term of office shall begin immediately following the announcements of ALANA Board of Directors election results at the Fall Meeting.

- B. The Vice-president shall be elected for a term of one

(1) year and may not serve for more than two (2) consecutive terms.

- B. The Vice-president shall be elected for a term of **two (2) years, beginning 2005**, and may not serve for more than two (2) consecutive terms.

This proposed change will permit members of the ALANA Board of Directors to serve on AANA Committees.

Article VI: Officers

SECTION 3. Eligibility for Office

- B. No members of the ALANA Board of Directors may concurrently hold office in the AANA. In the event a member of the ALANA Board of Directors accepts an office in the AANA, the term of office in the ALANA automatically expires.
- B. No members of the ALANA Board of Directors may

concurrently hold office in the AANA. **However, nothing shall preclude a Board of Director from concurrently serving on both AANA committees and the ALANA Board of Directors.** In the event a member of the ALANA Board of Directors accepts an office in the AANA, the term of office in the ALANA automatically expires.

This proposed change will permit the Treasurer to pay the bills of the Association without seeking approval of the President. The growth and complexity of this Association makes this practice impractical. The Treasurer submits an itemized detail of every single expenditure at each meeting of the ALANA Board of Directors. This assures that the funds of the Association are disbursed in a timely and responsible manner.

Article VI: Officers
SECTION 4. Duties of Officers
A. The President shall:

5. Approve bills before payment is made by the Treasurer.
5. **REMOVED.**

This proposed change will eliminate the Continuing Education Committee and rename the Chemical Dependency Committee to the Wellness Committee. For the past five years, the Continuing Education Committee has not been active. Our Program Committee provides at least two top-notch educational and business meetings for our members. In addition, our members have numerous other opportunities to obtain continuing education. Therefore, the proposed change will eliminate this committee. The name change from Chemical Dependency to Wellness reflects the national movement to broaden the scope and effectiveness of this committee.

Article VII: Committees
SECTION 1. Standing Committees
Bylaws
Continuing Education
Finance
Government Relations
Nominating
Programs
Publications
Welcoming
Scholarship Endowment
Chemical Dependency

Article VII: Committees
SECTION 1. Standing Committees
Bylaws
Continuing Education- **removed**
Finance
Government Relations
Nominating
Programs
Publications
Welcoming
Scholarship Endowment
Wellness (add)

Article VII: Committees
SECTION 6. Continuing Education Committee
The Continuing Education Committee shall:
A. Be composed of two (2) members of the Board of Directors, one (1) of which will serve as Chairman, and one representative from each educational district.
B. Monitor all AANA-approved continuing education programs within the state.
C. Maintain a current record of each members

- continuing education activities as they are received from AANA.
- D. Act as a resource committee to members seeking assistance in all continuing education activities.
 - E. Assist, coordinate and direct, where appropriate, continuing education programs within the state.

Article VII: Committees
SECTION 6. Continuing Education Committee- **removed**

This proposed change will permit the use of e-mail to obtain consent of a nominee prior to nomination. Additionally, new language will address how to deal with an insufficient number of nominees to fill the ballot.

Article VII: Committees
SECTION 9 Nominating Committee
C. Obtain candidates written consent prior to nomination, a curriculum vitae and photograph for publications in the ballot and the ALANA News Bulletin.
D. Report at the Annual Meeting with at least two (2) nominations for each of the following offices: President-elect, Vice President, Treasurer and Nominating Committee chairman. The minimum number of nominations for Director shall exceed the number of available positions by a minimum of one. Additionally, candidates for AANA elected positions may be nominated.

Article VII: Committees
SECTION 9 Nominating Committee
C. Obtain candidates written or **e-mailed consent prior to nomination.**
D. Report at the Annual Meeting with at least two (2) nominations for each of the following offices: President-elect, Vice President, Treasurer and Nominating Committee chairman, **unless every reasonable effort has been exhausted to fill the ballot.** The minimum number of nominations for Director shall exceed the number of available positions by a minimum of one, **unless every reasonable effort has been exhausted to fill the ballot.** Additionally, candidates for AANA elected positions may be nominated.

This proposed change addresses the increased responsibility and complexity of the Program Committee.

Article VII: Committees

SECTION 10. Program Committee

The Program Committee shall prepare, subject to the approval of the Board of Directors, a complete program for the annual meeting, and arrange for programs and places of meetings for other regular meetings during the year.

The Program Committee shall:

- A. Be composed of at least three members. One of which shall be a member of the ALANA Board of Directors.**
- B. The Chairman must be a member of the ALANA Board of Directors. As such he/she will act as financial and administrative liaison between the ALANA Board of Directors and the Program Director(s).**
- C. The Program Committee Chairman, in conjunction with the Board of Directors, will assign the Program Director(s). The Chairman**

may also serve as a program director, if desired.

- D. The Program Director(s) shall prepare, subject to approval of the Program Committee Chairman, a complete program for the ALANA annual meeting(s) and may arrange for programs and places of meeting for other educational meetings during the year.**
- E. The Chairman will be responsible for managing the ALANA Educational Account. As such, shall receive and deposit monies, pay bills and disburse funds related to ALANA educational programs.**
- F. The Program Committee Chairman shall prepare and deliver, to the ALANA Treasurer, a detailed financial summary of each ALANA meeting within 90 days after completion of said meeting. Revenue generated from ALANA meeting will be transferred to the general fund account at the direction of the ALANA Treasurer.**

This proposed change adds the responsibility for the ALANA Website to the Publications Committee.

Article VII: Committees

SECTION 11. Publications Committee

The Publications Committee shall:

- A. Have charge of the official newsletter of the ASSOCIATION.**
- B. Designate one (1) of its members to serve as editor.**
- C. Provide copies of the News Bulletin to the Vice-President for the permanent records of the ASSOCIATION.**
- D. Send a copy of the publication to the Executive Director of the AANA.**

Article VII: Committees

SECTION 11. Publications Committee

The Publications Committee shall:

- A. Have charge of the official newsletter of the ASSOCIATION.**
- B. Have charge of the official web site of the ASSOCIATION.**
- C. Designate one (1) of its members to serve as editor.**
- D. Provide copies of the News Bulletin to the Vice-President for the permanent records of the ASSOCIATION.**
- E. Send a copy of the publication to the Executive Director of the AANA.**

This proposed change expands the role of the former Chemical Dependency Committee and outlines the responsibilities of this new standing committee.

Article VII: Committees

SECTION 13.- DOES NOT EXIST

Article VII: Committees

SECTION 13. Wellness Committee

The Wellness Committee shall:

- A. Be composed of at least two (2) members of the Board of Directors, one of which will serve as the Chairman.**
- B. Be able to provide informational material to**

the membership on matters regarding CRNA wellness.

- C. Establish and maintain contact with the State Peer Assistance Advisor. Working with the Peer Assistance Advisor, be able to assist with a member in need.**
- D. Work with the Programs Committee to provide educational programs and materials on matters regarding CRNA wellness at ALANA meetings.**

This proposed change eliminates the educational districts entirely.

Article IX: Educational Districts

SECTION 1. Divisions

The state shall be divided into geographical educational districts. The number and size of the districts shall be determined by the Board of Directors.

SECTION 2. Government

The organization and management of the districts

shall be determined by the members of the respective districts.

SECTION 3. Funding

Funding shall be determined by the Board of Directors.

Article IX: Educational Districts – **removed**

This proposed change formally recognizes e-mail and the ALANA NewsBulletin as methods to satisfy the notification requirement for meetings.

Article X: Meetings, Quorums, Voting

SECTION 1. Meetings

- D. Written or printed notice stating the place, day and hour of the meeting and, in case of a special meeting, the purpose or purposes of the meeting, shall be delivered not less than ten (10) nor more than fifty (50) days before the date of the meeting, either personally or by mail, to each member of record entitled to vote at such meeting. If mailed, such notice shall be deemed to have been given when deposited in the United States mail, addressed to the member at his address as it appears on the membership records of the corporation, with postage thereon prepaid.

Article X: Meetings, Quorums, Voting

SECTION 1. Meetings

- D. Written or printed notice stating the place, day and hour of the meeting and, in case of a special meeting, the purpose or purposes of the meeting, shall be delivered not less than ten (10) nor more than fifty (50) days before the date of the meeting, either personally, **published in the ALANA NewsBulletin, e-mail**, or by mail to each member of record entitled to vote at such meeting. If mailed, such notice shall be deemed to have been given when deposited in the United States mail, addressed to the member at his address as it appears on the membership records of the corporation, with postage thereon prepaid.

This proposed change addresses the conditions for permitting a candidate to run for office unopposed. It additionally includes a mechanism to permit electronic voting, like that offered at the AANA.

Article X: Meetings, Quorums, Voting

SECTION 3. Voting

B. Nominations

2. Written consent of a candidate must be obtained before placed for nomination.

3. No candidate shall run unopposed in accordance with ArticleVII, Section 9-D.

C. Method of Voting

3. Elections shall be by mailed ballot. The ballot shall be mailed at least 30 days prior to the Fall Meeting and shall be returned to the Tellers Committee for tabulation not less than 7 days prior to the Fall Meeting. The results of the election shall be announced at the Fall Business Meeting.

Article X: Meetings, Quorums, Voting

SECTION 3. Voting

B. Nominations

2. Written or **e-mailed** consent of a candidate must be obtained before placed for nomination.

3. No candidate shall run unopposed in accordance with ArticleVII, Section 9-D, **unless every reasonable effort has been exhausted to fill the ballot.**

C. Method of Voting

3. Elections shall be by mailed ballot **or electronic voting. If by mailed ballot, the mailed** ballot shall be mailed at least 30 days prior to the Fall Meeting and shall be returned to the Tellers Committee for tabulation not less than 7 days prior to the Fall Meeting. The results of the election shall be announced at the Fall Business Meeting.

This final proposed change formalizes the use of the ALANA NewsBulletin as an approved method of meeting the notification requirement. It also permits the renumbering of the bylaws following a bylaws amendment.

Article XV: Amendments

The bylaws may be amended at a business meeting of the ASSOCIATION, provided notice of the proposed amendment has been appended to the call of meeting and mailed at least thirty (30) days prior to the date thereof. Approval shall be by two-thirds (2/3) majority of those present and voting.

Article XV: Amendments

The bylaws may be amended at a business meeting of the ASSOCIATION, provided notice of the proposed amendment has been appended to the call of meeting and **published in the ALANA NewsBulletin or** mailed to the members at least thirty (30) days prior to the date thereof. Approval shall be by two-thirds (2/3) majority of those present and voting. **No restrictions shall apply to the renumbering of the bylaws to reflect the amended form.**



From the Office of the Region Seven Director

Bonnie Mackin, CRNA

SUMMER AANA UPDATE
Bonnie J. Mackin, CRNA, MA
Region 7 Director

Hot summer days are the norm for those of us living in the South. It would seem that AANA is also experiencing the heat of summer in the form of HOT issues affecting our practice and our profession. In this update I would like to cover Center for Medicare and Medicaid Services (CMS); the Federation of State Medical Boards (FSMB) Report "Assessing Scope of Practice in the Delivery of Health Care: Critical Questions in Assuring Public Access and Safety"; the AANA staff reorganization; the American Association of Colleges of Nursing (AACN) "Position Statement on the Practice Doctorate in Nursing"; as well as a few individual state issues. Under CMS I would like to cover the conditions of participation, interpretive guidelines and reimbursement issues to include pay for performance.

CMS

Medicare Conditions of Participation

CMS has changed hospital accreditation surveys and the way these surveys are reviewed. Most hospitals are currently accredited by JACHO. Those that are accredited by state health departments are controlled by CMS. In addition to these hospitals CMS will also validate surveys of about 5% of states hospitals. CRNAs have a stake in this issue because of the "Interpretive Guidelines" issued by CMS last May. These guidelines were the result of a 2004 Government Accountability report that took issue with whether JACHO accreditation of hospitals was congruent with health care quality and optimal patient safety. They were written by members of the CMS Office of Clinical Standards and Quality Clinical Standards without input from hospitals, physician groups, or the public and published with no notice or public comment period. These guidelines affect approximately \$40 billion in hospital

payments.

Frank Purcell, the AANA Federal Political Director was asked to meet with CMS about "troubling language" in these guidelines that could foster a reopening of the "supervision battle" that brewed between ASA and AANA during the Clinton presidency. At issue were the term "immediately available", and an issue involving privileging or credentialing for those who supervise the administration of anesthesia. As a result of our meetings with CMS we have received clarification on these issues as follows:

1. The "operating practitioner" is considered immediately available when he/she is conducting surgery on the patient. CMS does not require a second "operating practitioner" whose function it to supervise the CRNA.
2. Individual operating practitioners do not need to be privileged to supervise CRNAs.
3. Emergency resuscitation outside of the operating room is not considered under anesthesia services and thus does not fall into the category for either supervision or immediately available.

CMS

Reimbursement & Pay For Performance

On January 12-13, 2005 the Medicare Payment Advisory Committee (MedPAC), an independent agency of the government that advises Congress and CMS recommended that the Congress "establish a quality incentive payment policy" for hospitals, home care facilities & doctors, but did not provide additional details. MedPAC frames health care quality in terms of four touch points: process, structure, patient experience, and outcomes. MedPAC is aggressively pursuing through recommendations to Congress and CMS that Medicare institute a pay for performance program that determines payment for Medicare Part B services

based on the quality of provider services. This comes after CMS has completed a three-year trial that tracked performance at 270 hospitals on 34 measure of care for 5 conditions. They found that the lure of higher payments caused hospitals to improve quality of care.

Because CRNAs are recognized leaders in patient safety, and because pay for performance will impact anesthesia services, and because Medicare billing is a unique thing, it is CRITICAL for CRNAs to be at the table as decisions are made about quality measures, outcomes reporting, and incentive payments. Our AANA DC office, together with an AANA Anesthesia Payment Advisory Panel made up of expert CRNAs, has been working on this issue for months.

A bill has been introduced in the Senate that puts CRNAs on a level playing field with physicians and other healthcare providers. AANA has expressed cautious support for this bill. It is important for us to be at the table as these decisions are being made, and for AANA to advise Congress on what quality measures are important.

CMS reimbursement for anesthesia services for 2005 is up 1.5% from 2004, if Congress does not act, we will see a decline of between 5 to 7 percent each year for ten years beginning in 2006. Stay tuned as this plays out in Congress this year.

FSMS

The FSMS report "Assessing Scope of Practice in the Delivery of Health Care: Critical Questions in Assessing Public Access and Safety" has many concerns for CRNAs, even though the FSMB Board of Directors has stated that the document is considered as only a guideline and not as statute. This document was adopted by the FSMB in spite of a concerted effort on the part of AANA to get harmful "scope of practice" language changed.

The AANA feel that the report will be used to further the political goals of member organizations rather than legitimately furthering the public interest. The AANA feels that it is inappropriate for the FSMB and Boards of Medicine to dictate, directly or indirectly, the scope of practice of licensed providers whose scope of practice is not regulated by Boards of Medicine but rather by statute other than the Medical Practice Acts. The AANA feels that the FSMB fails

to address one of the most significant factors that influence scope of practice debates – the desire of the health care professionals who are not physicians to be authorized to engage in a scope of practice that reflects their education, training, and experience. They also ignore the desire of some physicians to suppress competition or perceived threats to their livelihood.

The AANA Staff Reorganization

The AANA administrative branch is currently undergoing internal staff reorganization in an attempt to improve operational efficiency and effectiveness so that the staff structure can better support the achievement of the organizational goals. The changes, which started in January, are occurring gradually and will take place over the next 6-7 months based on input from the Councils and the AANA Foundation. The new divisions will be: the Federal Affairs division in Washington D.C., the Professional Practice division, the Finance and Administrative division, the Communication division, the Education and Research division, and the Executive unit. The form and function of the Education and Research division will be developed with input from the Councils and the Foundation. After their staffing needs and communication concerns have been addressed and solutions have been agreed upon, a search will be done to fill the Senior Director position and fully staff that division.

The AANA Executive Committee (Jeff Beutler, Frank Maziarski, and Brian Thorson) has met twice with the AANA Foundation and once with the leaders of the Councils. As a result of these meetings groundwork has been laid for further meetings and improvements in communication. There will be two (2) meetings per year with the Councils, an AANA Board member will be on at each Council meeting, the shared staffing arrangement will continue and the Service Agreement will be looked at. The AANA Foundation is looking at its organizational structure and will probably do some internal reorganization of its own. They would continue to receive financial support from AANA.

As you can see this is a time consuming effort and our Executive staff is trying very hard to make sure that all of the perceived problems are being addressed so that we can have a highly functional and

successful administrative office to deal with the many facets of our practice. You can get more information on this by going to the AANA "Members Only" web site.

The American Associates of Colleges of Nursing

The AACN drafted and passed a Position Statement on the Practice Doctorate in Nursing. The AACN Board has recommended that implementations of this requirement be no later than 2015. The Clinical or Practice oriented doctorate is a first professional degree. It involves skills beyond the baccalaureate degree without first obtaining an intermediary masters degree. The doctor of medicine (MD), doctor of dental science (DDS), and doctor of pharmacy (PD or DP) are examples of first professional doctoral degrees. These degrees are intended as entry to practice into a profession and often require additional training and specialization beyond the degree certification and licensure requirements.

The AANA has sponsored focus sessions on this subject at the Assembly of School Faculty and at the Mid Year Assembly and will be sponsoring focus sessions at the Annual Meeting in August as well as a two-day workshop on June 9 & 10, 2005.

Since 42 of our 90 Nurse Anesthesia Programs do not reside within Schools of Nursing, there are questions that need to be answered and problems that will need to be solved if this plan is to be implemented by 2015. Stay tuned to your AANA web site for future developments.

Miscellaneous Issues

Malpractice Insurance – CRNAs insured by the AANA subsidiary CNA will experience an increase in premiums anywhere from 6 to 34% in 2006. According to John Fetcho the 6% increase represents an increase in the cost of business and not because of bad claims. Mr. Fetcho stated that the national average for policy increases is 8%. He also pointed out that none of the opt out states have a greater than 6% increase.

New Jersey – Oral arguments for the office anesthesia case were heard by the New Jersey Supreme Court on May 3, 2005. AANA presented an Amicus brief (friend of the court) on behalf of

the NJANA. The Supreme Court has unfortunately decided in favor of the NJBME, which means that CRNAs working in the office setting will now have to do so with anesthesiologist supervision.

California – The North California Kaiser Permanente is implementing Anesthesiologist supervision requirements of CRNAS as a result of the initial CMS interpretive guidelines. AANA has supplied Kaiser Permanente with the latest versions of the interpretive guidelines. CANA is not sure who is behind the Kaiser Permanente supervision plan as not all anesthesiologist are in favor of the plan, and California does not currently require physician supervision.

North Carolina – NCANA continues to testify at their state Capital against AAs and CRNA supervision. They are being very proactive and are including students in their lobbying efforts. What a great way to get the "new" members of our association active.

Conclusion

I realize that this is a lot of information, my prayer is that everyone will read this to its completion, as there is some vital information in the update that can have an impact on how you practice anesthesia in the future. Please remember that I represent YOU on the AANA Board. Your opinions, cares, and concerns are important to me. Please feel free to contact me on any issue. I will do my very best to address the problem and hopefully get back to you with a satisfactory solution or answer to your question.

AANA Mission Statement:

Advancing patient safety and excellence in anesthesia.

AANA Vision Statement:

Recognized leaders in anesthesia care



From the Office of the Executive Director

Joe Knight, CRNA, JD

“The Politics of Dancing”

Recently, while traveling home after a blistering summer day, I heard the tail-end of an old Paul Van Dyk song performed by the band Re-Flex in the early 80's entitled “The Politics of Dancing.” It brought back memories of the end of the disco era when punk rock began to replace the days of strutting in a leisure suit. I never really knew the words to the song, however, it did have what the musicians term a pretty good hook. It was a good dance song for those of us who once used to “cut the rug” so-to-speak. The title to this song is somewhat catching and the interpretation is left to the individual listener. It can even be incorporated into an analysis used to describe the recent special session of the Alabama legislature. Let's take a look.

The Alabama legislature meets once a year for the purpose of setting a general fund budget and an education budget for the coming year. Without the allocation of these billions of dollars, the state simply could not operate. The “regular session” is the period of time designated to accomplish this task and consists of 105 calendar days. Within this 105-day window, the House and Senate can meet no more than 30 actual days. In the most recent regular session that ended in May, the House and Senate passed the educational fund budget but were unable to pass the general fund budget. The general fund controls the day-to-day operations of our state government. Thus, our state had the potential to cease operating on October 1, 2005.

As a result, Governor Riley called a “Special Session” This special session consists of 30 calendar days during which legislature has 10-12

actual days to do their business. Fortunately, our politicians were able to work out a compromise and the general fund budget was passed rather quickly. Now, the sole purpose of the special session was to pass the general budget, however, over 100 other bills were introduced during this session. Why so many when the introduced bills had very little chance of passing? A smart legislator might introduce a bill that would be beneficial to his/her constituents back in the home district. Even though the bill had little chance of passing it could demonstrate that the legislator was out there fighting on behalf of those he/she represents. It also becomes great fodder for the campaigns on the horizon. So, how do they get this message out?

Legislators must raise campaign funds in order to be able to convey to the voters in their district that they should be given an opportunity to serve another term in the legislature. They may ask for contributions any time within one year before the next election. This will be in June 2006. All 105 representatives and all 35 senators will be up for re-election and many have already begun these efforts. ALA-CRNA PAC, the political action committee of the ALANA, has been contacted on several occasions with requests for help in the upcoming campaigns. Many more will follow. Will our PAC be able to respond to all the requests? Quite simply; no. The degree to which we will be able to respond will depend on CRNAs across Alabama and their commitment to maintaining a strong voice in Montgomery. Alas, the 2006 campaign season is heating up and the politics are indeed, dancing.



From the Office of the Federal Political Director

John Morris, CRNA

CMS Announces New National Provider Identifier (NPI)

The Centers for Medicare and Medicaid Services (CMS) has announced that beginning May 23, CRNAs and other healthcare providers will be eligible to apply for a new healthcare provider identifier number for use in standard electronic healthcare transactions. The National Provider Identifier (NPI) will be the single provider identifier, replacing the different provider identifiers providers currently use for each health plan with which they do business. *According to CMS, CRNAs and other healthcare providers will have about two years to apply for and secure an NPI before government and private payors are likely to stop accepting other healthcare provider identifier numbers.*

Authorized by Congress in 1996, the NPI succeeds the current Uniform Provider Identification Number (UPIN) system, which has from time to time caused CRNAs problems, particularly those providing locum services. **For CRNAs who provide anesthesia services in more than one Medicare region, the NPI will be especially useful.** Rather than tracking multiple Medicare identifiers these CRNAs must currently use for each region or facility, the NPI as a CRNA's only Medicare identifier, will help to speed up Medicare payment for these CRNAs' services. *As the NPI was developed, AANA advocated for a system that put CRNAs on a level playing field with anesthesiologists, physicians and other healthcare providers from the standpoint of CMS-approved identification protocols.* According to CMS, "The NPI will replace healthcare provider identifiers that are in use today in standard transactions. Implementation of the NPI will eliminate the need for healthcare providers to use different identification numbers to identify themselves when conducting HIPAA standard transactions with multiple health plans."

Beginning May 23, 2005, CRNAs may begin applying for an NPI. In two years, by May 23, 2007, CMS and most other payors will insist on each provider using the NPI in claims for reimbursement.

Military Services Salute CRNAs' in Congressional Testimony

On May 10th, the Senate Appropriations Subcommittee on Defense conducted a hearing on the status of funding for current military health programs service wide. Both the Surgeon Generals and the Federal Chief Nurses for the armed services testified before the committee to discuss the importance of recruitment and retention tools for healthcare professionals to meet the military medical readiness mission.

Major General Brannon, Assistant Air Force Surgeon General Nursing Services, told the committee that due to significant active duty anesthesiologist shortages CRNAs are filling 47% of these anesthesia provider gaps for deployed surgical teams meeting all mission and patient care requirements.

I thought it would be interesting for some of our readers that our colleagues who serve this country are being discussed at the highest levels. If you're interested in reading more of the testimony by the Federal Chief Nurses and others go to aanadc.com and read HOTLINE # 2005-11.

CMS Expands Covered Procedures for ASCs

On May 2nd, the Center for Medicare and Medicaid Services (CMS) decided to expand the number of procedures covered when furnished in an ambulatory surgical center (ASC). As the number of procedures paid for in ASCs increases, so too may payment opportunities for CRNAs working in ASCs.

On November 26, 2004, CMS originally proposed to remove 100 procedural codes from the ASC coding list and add only 25 new codes to the list. Removal of a code means that Medicare would not reimburse the ASC for providing that service. According to CMS, "Based in part on the convincing arguments and clinical evidence submitted by those commenting, CMS is deleting only five procedures from the ASC list out of the original 100 procedures that CMS proposed to delete. CMS is also adding 67 new procedures to the ASC list, based on recommendations by those commenting." The public is invited to comment on the interim rule, which will become final on July 5, 2005.

According to CMS, many of the commenters stated that there were several detrimental effects that would likely result from deletion of the codes as proposed. They believed that deleting the procedures would result in beneficiaries' decreased access to the most appropriate care. AANA is reviewing the interim rule for possible comment to CMS.

Medicare Payment Bill Introduced In House

On May 12th, Representative Clay Shaw (R-FL) and Representative Ben Cardin (D-MD) introduced the *Preserving Patients Access to Physicians Act of 2005* (HR 2356). The legislation would permanently replace Medicare's flawed physician payment formula, which is used to calculate CRNA reimbursement.

The bill sets a Medicare physician payment increase for 2006 at no less than 2.7 percent, instead of the 4.3 percent cut projected by the current formula. The 2.7 percent increase is in accordance with the recommendation of the Medicare Payment Advisory Commission (MedPAC). HR 2356 also would replace the current Medicare physician payment update formula with a new formula that increases the update each year, starting in 2007, to reflect changes in the Medicare Economic Index (MEI).

Under the current formula, Medicare is projected to impose physician payment cuts of 26 percent over six years beginning in 2006, while the cost of running a practice and caring for patients increases 15 percent (says who, about practice costs?).

To view the bill, <http://thomas.loc.gov>
(Enter "HR 2356" in the bill number prompt)

HHS Secretary Mike Leavitt announced May 11th, he is forming a commission to examine how

to reduce Medicaid expenditures. The budget resolution passed by Congress late April directs congressional committees of jurisdiction to find \$10 billion in savings (out of \$1.7 trillion in federal and state expenditures) from the Medicaid program over the next five years. According to the May 12th New York Times, 15 voting and 18 nonvoting panelists will be named by Health and Human Services (HHS) Secretary Leavitt, and will be charged to recommend Medicaid savings and "longer-term recommendations on the future of the Medicaid program."

(Certainly our leaders will be attempting to sit on this commission and if not able to sit on will be monitoring work of the commission very closely).

House Labor/HHS/Education Appropriations Bill

On Friday (June 24th), the House voted 250-151 to approve (HR 3010) a \$602 billion Labor-HHS-Education fiscal year 2006 appropriations. While the amounts for advanced practice and CRNA education are the same as 2005 levels, this represents a significant victory for CRNAs since the Administration budget had recommended cutting advanced practice education by \$15 million, and tight budgets forced severe cuts in many other programs. The legislation also includes language providing a line-item of at least \$3 million for nurse anesthesia in FY 2006.

The legislation would provide \$142.5 billion in funds for discretionary spending for FY 2006, \$164 million less than for FY 2005 and \$924 million more than President Bush requested, with the remainder used to fund mandatory programs such as Medicare and Medicaid. Among other federal programs, the bill would provide funds for a number of medical research, healthcare and public health programs, as well as funds to implement the new Medicare prescription drug benefit that begins in January 2006. The legislation also would eliminate 57 programs and freeze or reduce funds for many other programs, according to the *Washington Post*. On July 12th, the Senate Appropriations Labor, HHS, Education and Related Agencies Subcommittee plans to mark up the Senate version of the bill.

Veterans Affairs Admits to \$1 Billion Deficit

The Department of Veterans Affairs (VA) has an unexpected \$1 billion shortfall in its current budget for veterans' healthcare. Many CRNAs practice in the VA setting. The shortfall came to light during an administration mid-year budget review and "was acknowledged only during lengthy questioning" of Jonathan Perlin, VA Undersecretary for Health, by House Veterans' Affairs Committee Chairman Steve Buyer (R-IN) at a hearing Thursday (June 23rd).

President-elect

Jim Henderson (unopposed)



Jim Henderson, BSN, CRNA
Valley, Alabama
President, Riverview Anesthesia
Valley, Alabama

Education

LaGrange College, ADN, 1977
Auburn University at Montgomery, BSN, 1989
Manley L. Cummins School of Nurse Anesthesia
Dothan, AL. Certificate in Anesthesia, 1991

Service

Editor, ALANA NewsBulletin, 2001 - present
ALANA Board of Directors, 2001 - 2003
ALANA President-elect 2004
ALANA President 2005

Position Statement

It has been a great source of pride and enjoyment to serve the ALANA. Since first joining the Board in 2001, I have witnessed this organization grow to the size and complexity of a medium-sized business. As our Association has grown, so has our circle of influence.

Never in our history has the ALANA been so involved in the legislative, regulatory, and reimbursement realms. Our work with the ASSA, while still in its infancy, holds unimaginable possibilities for what can be accomplished on the state level.

As our Association has grown, we have also taken pause to ensure that the Board maintains accountability for the decisions and responsibilities entrusted unto us. New policies and procedures have been implemented and new Bylaws have been proposed to formalize these changes for the future.

While we have truly accomplished much, we have so much more work to do in promoting nurse anesthesia practice in Alabama. I have worked closely with Brent Ledford, your President-elect, and look forward to a seamless transition as he begins his term in October.

Finally, allow me to thank each of you for the trust you have placed in me, and I want you to know that I will do my best to serve you in a manner that will benefit our association, and cast a positive light on CRNAs across Alabama. I continue to welcome your input, and look forward to representing you again as your next president of ALANA.

Nominating Committee Chairman

Robert Armstrong & Patsy Randall (withdrawn)



Robert Armstrong, MNA, CRNA
Birmingham, Alabama
Staff Anesthetist
Anesthesiologists Associated, PC

Position Statement

It is a great honor to be a candidate for the ALANA position of Nominating Committee Chairman. As a recent graduate I feel that it is important to show my colleagues that we can become politically active early in our career to further the practice of nurse anesthesia in the state of Alabama because we are the future of the profession.

Patsy Randall, CRNA

Alabaster, Alabama
Staff CRNA
Anesthesiologists Associated, PC

Position Statement

I am honored to be a candidate for the Nominating Committee, however I must withdraw my nomination due to the illness of a family member. Hopefully I will be able to serve my Association at a later date.

Vice President - Secretary

Tom Mallory & David Neal



Thomas A. Mallory, BSN, CRNA
Montgomery, Alabama
Staff Anesthetist
Premier Anesthesia Services at Baptist
Hospital Systems, Montgomery.

Education

UAB, BSN, 1974
Anesthesia School: Southwest Missouri State
University, 1977

ALANA Positions:

Board of Directors, 2003 - 2005
Wellness Committee Chairman, 2003 - 2005
Program Committee Chairman, 2005

Position Statement

It is with great pride that I have served the CRNAs of our state as a member of the ALANA Board of Directors since 2003. I fully realize that this is a position of honor and responsibility bestowed upon me by the membership of our organization. I have found the job rewarding both personally and professionally. This position has given me the opportunity to work with the CRNA leadership to help keep the ALANA strong. As such, I have been a member of the Alabama contingent to Washington D.C. for Mid-Year Assembly in both 2004 and 2005. I feel it is important to establish and maintain a strong relationship with our state and national representatives.

As Chairman of the ALANA Program Committee I have worked with the program directors to provide quality educational programs for the membership. The annual ALANA spring meeting continues to attract CRNA's from the entire southeast and nationally. This meeting was a tremendous success for the ALANA.

As Chairman of the Wellness (Chemical Dependency) Committee I have worked to provide important information and educational materials to the membership. I have worked with the Board of Directors to amend the Bylaws to change the name and focus of this committee from Chemical Dependency to Wellness. I feel this more accurately reflects the multiple issues facing CRNAs today and that chemical dependency is often only the end-point. I look forward to continuing to work with the AANA national initiative on CRNA wellness.

Thank you for the opportunity given me to serve the ALANA for the last two years and I look forward to continuing this role as Vice President of this great organization.



David Neal, CRNA, MNA
Birmingham, Alabama
Staff Anesthetist
Children's Hospital, Birmingham

Education

Auburn University School of Nursing, BSN, 1994
UAB Nurse Anesthesia Program, 1999

ALANA Positions:

UAB Student Representative, 1998 - 1999
Nominating Committee Chairman, 2000 - 2001
Board of Directors, 2002 - 2004
Vice President - Secretary, 2005

Position Statement

Over the past several years, I have had the opportunity to serve and represent the membership of the ALANA in various positions on the Board of Directors. There have been many challenges that have come and gone that have had ramifications on our practice and our profession. Some of these challenges may never really go away. Your current and past Boards have worked tirelessly to meet these challenges as they arise. We have worked to promote our profession in the state through various public and government relations activities. Also, we continue to explore options with regard to reimbursement from Blue Cross and Blue Shield of Alabama, and have increased the dialogue between the ALANA and the Alabama State Society of Anesthesiologists. This effort is vitally important to obtain some mutual goals as well as improve our working relationship with our physician colleagues, both politically and clinically. I am grateful to have been associated with the directors, officers and members of the ALANA who have a passion for the Nurse Anesthesia profession. I am also honored to be nominated for another term as Vice-President/Secretary of the ALANA. If elected, I will continue to represent you and our profession to the best of my ability.

Board of Directors Central Jason Wilson and Laura Wright



Jason Wilson, CRNA
Birmingham, Alabama
Staff Anesthetist
University of Alabama Birmingham

Education

Clayton College and State University, BSN, 1997
UAB, MS Nurse Anesthesia, 2000

Previous ALANA Positions:

Nominating Committee Chairman - 2004-2005

Position Statement

A strong professional organization is vital to promote the advancement of nurse anesthesia and protect advancements that have already been made. We are in the midst of an ever-changing political environment, at a time when all CRNAs should feel compelled to take an active roll in supporting our state association. Fortunately, the Alabama Association of Nurse Anesthetists has a history of strong leadership and participation; however, this is a record that can be improved upon by each and every member at the personal level. Not one to simply sit back and reap the benefits of others' hard work, I feel obligated to devote some of my own time and energy to promote our great profession. I cannot ask others to do what I am not prepared to do myself. Therefore, I feel proud to be nominated for a position on the ALANA Board of Directors, and if elected, will serve in whatever capacity I am needed to the best of my ability. Whether addressing issues on the political front, speaking with legislators, promoting our profession in the public arena, or helping CRNAs in need, no issue is too small. If elected, I look forward to serving with other members of the ALANA Board.



Laura Wright, MNA, CRNA
Birmingham, Alabama
Assistant Professor
UAB Nurse Anesthesia Program
Birmingham, Alabama

Education

University of New Mexico, ADN, 1985
Regis University, BSN, 1991
UAB, MNA, 1996

Position Statement

It is an honor to be part of a dynamic, exciting, and rewarding career like nurse anesthesia and even more so to have the opportunity to serve on the Board of the Directors of the ALANA. Matters concerning CRNAs in Alabama have been significant issues in my life, first as a student, then as a practioner, and now as a professor in the Nurse Anesthesia program at UAB. CRNAs are the backbone of a vibrant profession; one that continues to develop and needs representation by someone passionate about it. It would be an honor to give back to that profession which has given me so much satisfaction and opportunity. If elected, I will represent Nurse Anesthetists locally, statewide, and nationally to the best of my ability.

Board of Directors North

Jeff Brown and Leigh A. Stevens



Jeff Brown, CRNA
Gadsden, Alabama
Staff Anesthetist
Riverview Regional Medical Center
Gasden, Alabama

Education
UAB, BSN, 1990
UAB School of Nurse Anesthesia, 1994

ALANA Positions:
ALANA Nominating Committee Chairman
ALANA Board of Directors
Vice-President-Secretary

Position Statement

It's hard to believe that I am entering into my second decade as a CRNA. I am very grateful for the opportunities that Nurse Anesthesia has provided for my family and me. I understand that the strength of our association is owed to the strong leadership that has come before. I wish to continue that tradition by serving the ALANA to the best of my ability. I pledge to work diligently for the betterment of our professional state organization and I ask for your support.



Leigh A. Stevens, MS, CRNA
Albertville, Alabama
Staff Anesthetist
Marshall Medical Center South
Boaz, Alabama

Education
Jacksonville State University, BSN, 1997
Central Connecticut State University/Memorial Hospital
of Rhode Island School of Nurse Anesthesia, 2001

ALANA Positions:
ALANA Board of Directors, 2003-2005
Chairman, PAC Committee

Position Statement

It has been an honor to serve my colleagues and association on the ALANA as a Board of Director these past two years. My experience on the board has given me the insight to many complex issues our profession continues to face today. If re-elected to the Board of Directors, I will continue to work diligently to resolve current and future issues at hand, while maintaining our profession's autonomy and integrity. Thank you for your vote and support!

Board of Directors South

Clifford Wesley Joyner and Steve McCollum (withdrawn)



Clifford Wesley Joyner, MSN, CRNA
Dothan, Alabama
Staff Anesthetist
Southeast Alabama Medical Center
Dothan, Alabama

Education
Wallace State Community College, ADN, 1991
Troy State University, BSN, 1994
UAB School of Nurse Anesthesia, 1997

Position Statement

I strongly support the continuation of the ThoughtBridge process between nurse anesthetists and anesthesiologists. Since its inception at the national level, the ALANA has been actively pursuing

this innovative and unique opportunity for professional growth. A strong relationship between the ASSA and the AANA can only lead to a brighter future. Unity and cooperation should benefit all our patients. I also support the ongoing process with insurance companies' for direct reimbursement for anesthesia services for both independent and hospital based CRNA's.

ALANA FALL MEETING

The Wynfrey * Birmingham * October 7 - 9, 2005

INFORMATION

You are cordially invited to attend this Annual Fall Meeting of the Alabama Association of Nurse Anesthetists, held each year in Birmingham at the luxurious Wynfrey Hotel. The Wynfrey has proven to be the perfect venue, offering comfortable accommodations, excellent meeting rooms, great dining, and convenient shopping within and around the Riverchase Gallerina.

Back by popular demand is our ACLS Refresher Course in a Special Friday afternoon session. This special session has sold out every year and is limited to 50 participants, so early registration is highly recommended.

Our regular meeting will begin on Friday at 6:00PM

with Dr. James Boyce, Professor of Anesthesia and Chairman of the Department of Anesthesiology at UAB. Dr. Boyce has prepared an excellent program on Alternative Approaches to Management of the Difficult Airway. The classroom segments are followed by two hands-on workshops, where participants have an opportunity to practice and master their new skills.

Other distinguished speakers for this meeting include members of the UAB and Samford University faculty and Bonnie Mackin, our AANA Region Seven Director.

Don't miss this exciting opportunity to earn 21 CEUs in one meeting, with over 3 hours of pharmacology credit. See you at the Wynfrey!

FACULTY

James Boyce, MD
Professor of Anesthesiology
Chairman, Dept of Anesthesiology
University Hospital
Birmingham, Alabama

Terri Cahoon, CRNA, MSN
Assistant Professor
Ida V. Moffett School of Nursing
Samford University
Department of Nurse Anesthesia
Birmingham, Alabama

David Fort, BSN, RN
Ida V. Moffett School of Nursing
Samford University
Department of Nurse Anesthesia
Birmingham, Alabama

Debra Hayes, BSN, RN
Nurse Anesthesia Program
UAB
Birmingham, Alabama

Jim Henderson, CRNA, BSN
ALANA President (2004-2005)
President, Riverview Anesthesia
Valley, Alabama

Dawn Holsombeck, CRNA, MNA
Staff CRNA
UAB
Birmingham, Alabama

Michael Humber, CRNA, MNA
Assistant Professor
Nurse Anesthesia Program
UAB
Birmingham, Alabama

Steve James, CRNA
Huntsville Hospital
Huntsville, Alabama

Scott Karr, MS, NREMT-P
Paramedic Program Director
Bevil State Community College
Sumiton, Alabama

Bonnie J. Mackin, CRNA, MA
AANA Region Seven Director
Independent Practitioner
Pearland, Texas

Tom Mallory, CRNA
Director ALANA
Chairman, Wellness Committee
Chairman, Program Committee
Montgomery, Alabama

Marvin Martin, BSN, RN
Nurse Anesthesia Program
UAB
Birmingham, Alabama

Colleen Mellon, BSN, RN
Nurse Anesthesia Program
UAB
Birmingham, Alabama

Blair Perkins, BSN, RN
Ida V. Moffett School of Nursing
Samford University
Department of Nurse Anesthesia
Birmingham, Alabama

David Sanford, BSN, RN
Ida V. Moffett School of Nursing
Samford University
Department of Nurse Anesthesia
Birmingham, Alabama

Deidra Sheridan, BSN, RN
Nurse Anesthesia Program
UAB
Birmingham, Alabama

ALANA FALL MEETING

The Wynfrey * Birmingham * October 7 - 9, 2005

REGISTRATION

Reservations should be made directly with the Wynfrey Hotel to insure you get the group rate. Rooms blocked for the ALANA are at a discounted group rate of \$136.00 per day. Cut-off date for hotel reservations is September 10, 2005. **Please identify yourself as a member of the ALANA when making reservations at the Wynfrey Hotel.**

1-800-WYNFREY

Name: _____

Address _____

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Home Phone _____

E-mail address _____

Place of Employment _____

AANA Number _____

Do you plan to stay at the Wynfrey? _____

Method of Payment:

- Checks payable to: ALANA
 Credit Card: MasterCard Visa

Card Number: _____ Expiration: _____

Signature: _____

This year the ALANA will be providing ACLS in a Special Session on Friday. This session will be limited to the first 50 registrants. Last year ACLS was filled to capacity. It is likely that this special session will be full and may not be available for on-site registration. (Sorry but no refunds for ACLS unless the slot can be filled).

A limited supply of ACLS/PALS books will be available for sale at the Registration Desk for \$15.00 each:
The Handbook of Emergency Cardiovascular Care for Healthcare Providers.

Pre-Registration Fees (please check)			On-Site
All Sessions	<input type="checkbox"/>	\$350.	\$400.
All Sessions except ACLS	<input type="checkbox"/>	\$275.	\$325.
ACLS Only	<input type="checkbox"/>	\$75.	\$100.
Friday Evening Session Only	<input type="checkbox"/>	\$75.	\$100.
Friday Evening and ACLS	<input type="checkbox"/>	\$150.	\$175.
Saturday Only	<input type="checkbox"/>	\$125.	\$150.
Sunday Only	<input type="checkbox"/>	\$125.	\$150.
Total			

Refund Policy: Refunds on tuition will be honored upon receipt of a written request prior to September 15, 2005, subject to a \$50.00 cancellation fee.

Send completed registration form and payment to:

Bruce Von Hagel
613 Trace Crossings Trail
Hoover, Alabama 35244

ALANA

THE WYNFREY
BIRMINGHAM
OCTOBER 7-9

FALL MEETING



Alabama Association of Nurse Anesthetists, Inc.
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Suite 200
Birmingham, Alabama 35255

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