

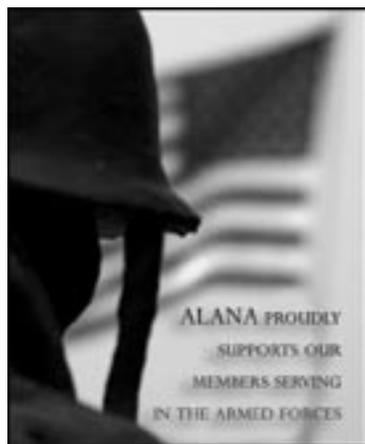


ALANA News

A Publication of the Alabama Association of Nurse Anesthetists

Bulletin

advancing quality anesthesia care, serving our members, promoting the nurse anesthesia profession



Members Elect New Board

The results of the 2006-2007 election were announced at the ALANA Annual Business Meeting in Birmingham on October 21, 2006. Thanks to the efforts of Robert Armstrong and the members of the Nominating Committee, the ALANA Board of Directors is composed of CRNAs from every geographic area of the state and from many diverse practice settings. The ALANA Board of Directors wishes to thank each of the members who ran for office this year, volunteering to do the work of the Association. The Board also wishes to thank Tom Nichols, CRNA, Chairman of the Teller's Committee, and Derrick Wilson, CRNA who received and tabulated the ballots.

Two new Student Representatives were inducted to the ALANA Board at the Fall Meeting: Andrew Morris from Samford and Angie Cox from UAB. Our thanks and best wishes to our outgoing Student Representatives, Yvette Marsden and Tara Ray, who will be graduating soon.

Volume 24, Number 4, 2006
Jim Henderson, Editor

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From the Office of the ALANA President Jim Henderson, CRNA

The 2006-2007 ALANA Board of Directors is off to a running start, thanks in part to a new venture ~ the ALANA Board of Directors Retreat. In past years, the first meeting of the ALANA Board of Directors has been held in Birmingham and usually last from four to six hours. There is much work to accomplish including orienting new board members, naming new committee chairmen, preparing and approving a new budget, and planning the programs for the new year. There was never enough time to devote to defining our mission, developing our strategic plan, and brainstorming about how our state association can be more effective. In an attempt to address this, the idea for a Board Retreat was born and was held at the new Drury Inn of Montgomery on November 4th & 5th. Additionally, Sharon Pearce, CRNA, past president of the North Carolina Association of Nurse Anesthetists was selected and invited to serve the Board as facilitator during the retreat.

With 100% of the Board of Directors in attendance, the retreat convened at 9AM on Saturday morning. The meeting opened with a welcoming address and orientation to the ALANA Board of Directors. Joe Knight, ALANA Executive Director gave a brief overview of parliamentary procedure and how it is used to conduct the business of an organization like ours. For the next hour and a half, the entire Board worked together to develop and refine the ALANA Mission Statement. Some may consider this a rather esoteric exercise, but it actually proved to be a very valuable opportunity to clearly identify what the ALANA is and what we want it to become. All of the board members had an opportunity to participate in the process and all were pleased with the process and the result.

Our Mission:
*advancing quality anesthesia care, serving our members,
promoting the nurse anesthesia profession.*

With a clear vision of our mission, we proceeded to put together a strategic plan for the future of the ALANA. This included naming new committee chairmen and working as a "committee of the whole" to plan the activities and goals for each of our committees. At 5PM we took a break and resumed our work over dinner.

We convened at 8AM for the Sunday morning session. Sharon Pearce shared her pearls of wisdom about how we can make our State Governmental Relations Committee (GRC) more effective. We then turned our attention to formulating the budget and funding the appropriations for our various committees and activities. Guided by our new mission statement, this seemed far easier than in year's past. Once the budget was in order, an official meeting of the ALANA Board of Directors was held, where we formalized our work into proper motions. The meeting was adjourned at 11:55AM, just five minutes earlier than planned!

In all, the First ALANA Board Retreat was a huge success. The members of the ALANA Board of Directors left the retreat exhausted but invigorated with a strong sense of purpose. We had an opportunity to spend time with and get to know each other. It is my belief and hope

that this investment of time and treasure will benefit the ALANA for years to come. It is also my hope that future Boards will adopt this format and build upon the success of this retreat.

Calling All Members

If you did not received an e-mail message from the ALANA NewsBlast E-mail Service on December 1, 2006, we at ALANA do not have your current e-mail address and you are missing out on an important benefit of membership in ALANA. It is simple to sign-up for this service. Simply go to the ALANA web site at www.ala-crna.org. The link to the sign-up page is on the HOME page. The purpose of this new service is to be able to contact you with time-sensitive or urgent information about your practice, your profession, or your association. For example, the ALANA leadership was notified by the Alabama Board of Nursing that a number of members had not sent copies of their recertification card to the ABON as the 2006 deadline was rapidly approaching. We did send out an e-mail message, but sadly could only deliver messages to less than half of our members. At that time, the ALANA Board of Directors started searching for a high quality company to use for professional bulk e-mail solutions. We have contracted with one and are paying for this service for you, whether you use it or not. We promise to use the service only when absolutely necessary and periodically to test the system. We further promise to never sell or loan your e-mail addresses to anyone. One of the reasons we selected our current vendor is so we could be assured that your e-mail addresses are secure.

Calling All Chiefs

In addition to the ALANA NewsBlast E-mail Service, the ALANA has also established the ALANA Key Contacts E-mail Service so that we can reach every CRNA leader in Alabama (who, in turn can share the information with each of their employees and associates). The link to sign-up for this service is accessed from the same link as above. Our privacy policies are the same ~ your e-mail address will never be sold or loaned to anyone and will only be used in the event of an emergency. We do plan to test this service on December 1, 2006. You will need to enter your AANA number to enroll for this service.

AANA Dues Increase

Since this issue of the NewsBulletin will be received after the November 30th deadline for paying your AANA Dues, it is my sincere hope that the dues increase did not cause anyone any undue hardship. A number of members at the ALANA Fall Meeting expressed concern about the dues increase. Allow me to shed some light on how the dues increase came about and what impact it will have on us in Alabama.

Early last year, I was asked by AANA President Brian Thorson to serve on an AANA Task Force to review and make recommendations regarding a dues increase that was proposed by the members at the 2005 AANA Annual Meeting. Former AANA President Tom McKibben was

chairman of the Task Force. Over a six month period of time, the task force studied the need for a dues increase, the impact of previous dues increases on member attrition, the amount of AANA dues as a percentage of average CRNA income over the past twenty years, and we conducted a survey to poll the opinions of state presidents, AANA past presidents, and others. In the end it was determined that a dues increase was needed, particularly to increase the amount of dues revenue that is returned to each State Association to keep State Associations strong. A hearing on the proposed increase in member dues was held at the 2006 Mid-Year Assembly in Washington, DC and was well received by the members in attendance.

Since AANA Dues are determined by you, the members of the AANA as specified in the AANA Bylaws, the recommendation to increase the member dues was written in the form of a proposed amendment to the AANA Bylaws and notice was served to all AANA Members that this proposed amendment would come before the members at the 2006 AANA Annual Meeting in Cleveland, along with nearly a dozen other amendments. As you know, this was the largest attendance of an AANA Annual Meeting in history. When this amendment was read, Tom McKibben spoke briefly in support of the dues increase as proposed. One member proposed that the amendment be changed so that the dues increase did not affect those members serving in the armed services on active duty. The Parliamentarian ruled that the motion was out of order since this change would violate the rules of scope of notice. With no further discussion, the amendment was voted upon and passed with more than 90% of the members voting in the affirmative.

What impact will this dues increase have on the ALANA? In the first year, \$30.00 of the \$50.00 increase will be returned to the ALANA in the form of dues revenue. In the second year, \$60.00 of the \$100.00 increase will be returned to the ALANA. In the third and final year of the increase, \$90.00 of the \$150.00 increase will be returned to the ALANA. Trust me, there are dozens of programs and projects that we, as your Board of Directors have not been able to fund in the past due to not having sufficient revenue. Our ability to fund and implement our strategic plan is now possible. As an ALANA Member, you can expect even more great things from your Association over the coming years, due in part to this dues increase. This is YOUR association. This dues increase Will make us stronger.

We are off to a running start this year, but always have time for you, our members. Contact information for myself and the entire board is in on the opposite page of every issue of the NewsBulletin and on the ALANA Web site. Share your suggestions, share your ideas, share your concerns, share your vision. Help us to make this Association feel more like YOUR association. After all, that's an important part of our mission!

*advancing quality anesthesia care, serving our members,
promoting the nurse anesthesia profession*



From the Office of the Executive Director

Joe Knight, CRNA, JD

WHO WAS THIS HENRY FELLA?

Henry was only 5 years old when his parents decided to leave South Carolina to move to Ohio due to their opposition to the practice of slavery. The year was 1842. Henry had a relatively uneventful childhood and went on to attend West Point. He became an engineer and traveled to many places as he advanced his career in the U.S. Army. He was a veteran of the "Pig War" in Puerto Rico and served as an officer in the Union forces during the Civil War. Henry later retired from the Army after attaining the rank of Brigadier General. His biggest accomplishment as an engineer was serving as chairman of a group of engineers who built the monstrous hurricane wall in Galveston, Texas after the great hurricane of 1901.

When Henry was in his late thirties, a dispute arose at his church. Henry was asked to preside over the assembly that had gathered in order to attempt to resolve the conflict. The meeting was a disaster because there was chaos as everyone tried to talk at one time and there was no order. Henry vowed to never undertake such an endeavor again until he educated himself as to how to proceed in such meetings. There was limited information on the subject of

parliamentary procedure; however, he assimilated everything he could find.

Henry's travels as an engineer also allowed to him to observe how meetings were conducted in other parts of the United States. He found there was no uniformity and that each region conducted their meetings differently than in other areas of the country. Henry set out to compose a set of guidelines for the purpose of bringing order to meetings and to ensure that all meetings followed the same guidelines no matter what part of the country. He was successful in doing so as there have been ten editions of his book even though Henry died in the early 1900s. Today, the Alabama Association of Nurse Anesthetists uses his guidelines to conduct board meetings and to conduct the business meetings of the association.

Who is this fella?

Henry Martyn Robert (1837-1923)

His Book...

Robert's Rules of Order

And now in the words of Paul Harvey, you know... the rest of the story.

IMPORTANT NOTICE

In addition to the amount of your dues determined by the American Association of Nurse Anesthetists, Inc. as not tax deductible due to lobbying activities on the Federal Level, the Alabama Association of Nurse Anesthetists, Inc. reasonably estimates that \$20.00 of your dues is attributable to lobbying activities on the State Level and is, therefore, not tax deductible.

In Memorium

Leon "Jabbo" Helton

Leon Gavin "Jabbo" Helton, 65, a native of Hattiesburg, MS, and resident of Daphne, AL, died Friday October 20, 2006 at his residence. He was a graduate of the University of Alabama School of Anesthesia, Birmingham, 1966. Mr. Helton enlisted in the United States Air Force in 1966 as a 1st Lieutenant. He moved to Mobile and worked as a CRNA for Anesthesia Services, PC, for 30 years covering numerous hospitals in the Mobile and Baldwin County area.



Pictured above: (L) Scott Gray, AANA Past President and (R) Leon Helton. Used with permission of the AANA.

Mr. Helton served the ALANA as ALANA President in 1976 and served on numerous ALANA committees. His dedication to the profession through his work at the state and national level was an inspiration to generations of Alabama CRNAs.

Mr. Helton was the 1992 recipient of the AANA Clinical Practitioner of the Year Award for his outstanding skills as a nurse anesthetist. "A driving force of AANA's HIV/AIDS Task Force during the past year, Mr. Helton was instrumental in implementing practices related to infection control long before such practices became

a national standard," said Scott Gray, then-president of the association, in presenting the award to Mr. Helton at the AANA Annual Meeting. "His contributions to the Infection Control Manual will result in improved patient care and better protection for the practitioner."

"Being a CRNA has allowed me to raise a family and improve myself, while at the same time providing a much needed service to my community," said Mr. Helton in accepting his award. He worked with and advocated for the American Association of Nurse Anesthetists throughout his career to further the practice of nurse anesthesia. He lectured in more than 27 States for continuing education in anesthesia. He was the founder of the L.A.C.E.S. (Lower Alabama Continuing Education Seminars) for nurse anesthetists.

Mr. Helton will be greatly missed by family, friends, and all who were fortunate enough to know or work with him. He is survived by his wife, Shawn Cahoon Helton, stepson, Johnathan A. Clarke, his parents Mr. Evans Gavin "Jabbo, Sr." Helton, Mrs. Nancy P. Helton. The mother of his children, Susan Y.H. Bream of Daphne, AL; Sons, Dr. John Gavin Helton and his wife Sara of St. Louis, Mo. and Eric Scott Helton and his wife, Jill of Birmingham, AL; daughter, Virginia (Ginny) Helton and husband, Ray of New Orleans, La.; brother, Thomas (Tom) J. Helton and his wife, Janis of Gulf Shores, AL; sister, Annette Helton Lay and her husband, Jim of Daphne, AL; in-laws, Johnny Cahoon and his wife, Loretta of Daphne, AL; grandchildren, Erin Eckhard, Ellison Helton, and Gavin Helton; numerous nieces, nephews and other loving relatives and friends.

Mr. Helton's family would like to express their sincere thanks for all of the love, care, support, and prayers so many of you have provided them.

Highlights of the 2006 ALANA Fall Meeting

Finding a weekend in October when there is a lull in the SEC Football schedule is perhaps the biggest challenge faced by Program Directors Ronnie Whorton and Bruce Von Hagel, as they plan every detail of the ALANA Annual Fall Meeting in Birmingham at the Wynfrey Hotel. For 2006, that weekend was October 20 - 22 and, for the participants, it was a weekend to remember. Like the Spring Meeting in Destin, the ALANA Fall Meeting at the Wynfrey has seen steady growth in attendance, mostly from our members. Is this growth due to the high quality of the speakers and educational offerings? Is this growth due to the amenities offered at ALANA Meetings such as table seating, complimentary breakfast, continuous coffee and beverage service, and lunch buffet? Is this growth due to the fact that ALANA Meetings offer the lowest price per CEU of any other anesthesia meeting in the area? Or is the growth due to the realization by ALANA Members that this is YOUR meeting? Whatever the reason, the ALANA Fall Meeting continues to exceed our expectations!

The 2006 ALANA Fall Meeting started Friday morning with a Leadership Development Conference. Early last year, the Program Committee identified a need to offer educational opportunities for our members in the area of leadership development. The goal was established to offer a leadership conference that would meet the learning needs of all members, not just those in management positions. To that end, Dr. Jerry Patterson, a nationally renowned speaker, author, and humorist was invited to be the keynote speaker. Jerry shared his insight into the real challenges of management in the healthcare industry today, while using his home-spun humor to illustrate each of his points. Following lunch, Cassy Taylor, CRNA shared her research into improving relationships between CRNAs and anesthesiologists. The conference concluded with a panel discussion moderated by Kerry Gossett. Panelist included Jim Henderson, Larry Hornsby, Brent Ledford, John Morris, and Joe Williams. The program was so well received, you can be sure that another leadership development conference will be held in the future.

The Friday Night Session was devoted to the ACLS Refresher Course, a perennial favorite course led by Scott Kerr, MS, NREMT-P and his group from Bevil State. Next year Scott will offer both ACLS and PALS using the same format.

Saturday morning, the ALANA hosted the third annual Lonnie Funderburg Lectureship Series, sponsored by the alumni of the Samford University Nurse Anesthesia Program. This year's lecturer was Michael Kremer, CRNA, DNSc, FAAN. The goal of the Funderburg Lectureship is to bring nationally recognized speakers to Alabama; a goal which was certainly achieved with Dr. Kremer's lectures. Following Dr. Kremer's lectures, Jim Henderson, ALANA President-elect gave the ALANA Update. The ALANA Annual Business Meeting followed and included a luncheon buffet. Jim Walker, CRNA, MS, was introduced as the new AANA Region Seven Director and gave the AANA Update. The Saturday Session concluded with an excellent lecture on dealing with the at-risk airway by Paul Castellanos, MD.



Samford Faculty Terri Cahoon, Resa Culpepper, and Mary C. Karlet with 2006 Funderburg Lecturer Michael Kremer, CRNA, DNSc, FAAN

The Sunday Morning Educational Session started out with two excellent clinical lectures by Jim Walker, CRNA, MS. Dr. Joe Williams, Program Director of the UAB Nurse Anesthesia Program was the ALANA Wellness Lecturer and presented an outstanding lecture on General Nutrition and Fitness. Dr. Resa Culpepper, Director of Clinical Anesthesia Services at the Samford University Nurse Anesthesia Program delivered a timely lecture on the value of volunteer clinical preceptors and clinical evaluation of nurse anesthesia students.

The Sunday Session concluded with four outstanding student research presentations. From the UAB Nurse Anesthesia Program, Melissa Wollitz presented her research on the anesthetic implications of pacemakers and implantable devices and Kimberly Fields presented her research on platelet function testing. From the Samford University Nurse Anesthesia Program, Brooke Murphy presented her research on non-cardiac surgery for the post cardiac transplant patient and David Sanford presented his research on modern use of the gum elastic bougie.

Speaking of students, student participation at this meeting was unprecedented. As always, the ALANA encourages student participation by waiving the tuition and registration fees. The students were recognized throughout the meeting and each was issued a STUDENT ribbon for their name tag. A number of scientific posters prepared by the students were on display in the lobby.

On behalf of the ALANA, our thanks to Ronnie Whorton and Bruce Von Hagel for their role as Program Directors; Jeff Brown, Chairman of the ALANA Program Committee; Robbie McDonald, Registrar; and all of our exhibitors for making this meeting possible. See you next year at YOUR meeting at the Wynfrey.

this is
YOUR
meeting



Dr. Jerry Patterson, Keynote Speaker at the Leadership Conference



UAB and Samford Student Research Presentations





Student Representatives to the ALANA Board of Directors

Angie Cox & Andrew Morris



Dear Fellow SRNAs,

Take out that pre-cordial stethoscope and lend us your ear for just a minute. Greetings to all who have taken a moment from their intense studying and even to those who have not! Throughout the upcoming year, we, Andrew Morris and Angie Cox, will be representing the nurse anesthesia classes from UAB and Samford to the Alabama Association of Nurse Anesthetists (ALANA). Most importantly, we are representing you as a peer and as a future CRNA to an association and team whose core message is the betterment of our future field and career. We are both excited and honored to be in this position for the next year of service. In order to represent our classes effectively, we need your supporting suggestions and concerns that you may have regarding the future of nurse anesthesia within the healthcare field. Please make use of Andrew or Angie's e-mail link by

visiting the ALANA's website located at www.ala-crna.org. There are numerous factoids and listings of resources that may enable us to better understand the struggles and accomplishments of our peers and predecessors.

In addition, we are placing a "Call to Action" within our classes for involvement and interest with the Alabama Association of Nurse Anesthetists so that we can better serve one another as our future careers unfold. Please know that your participation is vital to bridging the gap with our frontline challenges and the support of our political action team that represents us within the legislature in the advancement of our field. So crank up your nerve stimulators and "boost" yourself into action! Join the ALANA for the opportunity to make a difference in your future!!!

Sincerely,
Andrew and Angie

ALANA Calendar of Important Events

National Nurse Anesthesia Week
Rest Easy ~ A CRNA is by Your Side
January 21 - 27, 2007

ALANA Legislative Day & Reception
Montgomery, AL
April 17, 2007 (tentative)

AANA Mid-Year Assembly
Washington, DC
April 22 - 25, 2007

ALANA Annual Spring Meeting
Sandestin, FL
April 27 - 29, 2007

AANA Annual Meeting
Denver, CO
August 4 - 8, 2007

ALANA Student Welcoming Reception
Birmingham, AL
October, 2007

Samford and UAB Nurse Anesthesia Students Honored at ALANA Student Reception

The Nurse Anesthesia Students of UAB and Samford University were invited to a Welcoming Reception at B&A Warehouse in Birmingham on October 19th, 2006, the eve of the ALANA Annual Fall Meeting. With over 150 students in attendance, the event was our biggest reception yet and was an overwhelming success. For many students, this is their first exposure to the ALANA.

"It really means a lot to know that our State Professional Association cares enough about the students to host this event," said Angie Cox, incoming UAB Student Representative to the ALANA Board of Directors. "This really inspires us to get involved with our Association."

Andrew Morris, the incoming Student Representative from Samford University was equally appreciative. "The Samford Students had a great time. The ALANA truly rolled out the red carpet for us ~ something we will not soon forget. The Nurse Anesthesia Profession is a First Class Profession and the ALANA is a First Class Organization. We are filled with pride to know that once we graduate we will be a part of this fine profession and organization. We sure didn't get this in Nursing School!"

The ALANA Student Reception is an annual event to welcome the students to the profession and to introduce them to the ALANA. This year's event was planned by David Neal, ALANA Vice President. Nice Job David!





From the Office of the Federal Political Director

John Morris, CRNA

CMS Proposes Medicare Anesthesia Cuts That Will Affect CRNAs

The Centers for Medicare & Medicaid Services (CMS) on August 22 issued a proposed rule, reducing Medicare payment for physicians' Part B services, including CRNAs' services, by 5.1 percent, effective January 1, 2007. This proposed cut is a result of increased spending on physicians' services, growth in utilization of services, and legislative fixes to eliminate payment reductions.

CMS Administrator Dr. Mark McClellan has asked Congress to act and reverse this proposed cut, as it has in past years including 2006. "We need to get out of the vicious circle of rapid growth in utilization and spending, and falling real payment rates," he said.

The anesthesia conversion factor ("CF") for calendar year (CY) 2007 from this proposed rule only would be \$16.81 based on the CY 2006 CF of \$17.76 (same as the 2005 conversion factor) and the negative 5.1% update. The anesthesia CF 2007, taking into account both CMS' June 29 proposed rule's additional minus-8.0% anesthesia payment cut and this proposed rule reduced the CF to \$15.43. For nurse anesthetists, the combined impact will equal a reduction in payment rates of 13.7% and for anesthesiologists, the combined impact will equal a reduction in payment rates of 12%. The grand total Medicare payment cut would place the 2007 anesthesia CF about where it was in **1991**.

The physician fee services conversion factor ("CF") for CY 2007 would be \$35.9647 based on the CY 2006 CF of \$37.8975 (same as the 2005 conversion factor) and the negative 5.1% update. For CRNAs, this CF applies to those services not under the anesthesia schedule, such as pain management services.

AANA Submits Comments to CMS Against Anesthesia Cuts

The Medicare agency must act to prevent anesthesia payments from being slashed 8% in 2007, and up to 10% in 2010, by a proposed rule (71 FR 37170, 6/29/2006) implementing five-year-review relative value changes to Part B payments, AANA President Terry Wicks CRNA MHS wrote CMS in public comments August 21.

Joining over a thousand CRNAs who called their members of Congress during the AANA Annual Meeting in Cleveland, OH, AANA President Wicks wrote, "We respect the need for fiscal responsibility in times of tight budget constraints.... However, the CMS' imposition of such a drastic, unprecedented and unjustified budget neutrality adjustor to pay for increasing the work value of some services over others ... would have wide-ranging negative impacts on patient access to healthcare services." The proposal did not mention anesthesia teaching rules.

Comments to CMS were due no later than October 10, 2006. AANA made comments to CMS, and will continue urging CRNAs to contact their members of Congress to express opposition to anesthesia payment cuts.

Medicare Hosts NPI Open Forum

On Tuesday, September 26, CMS hosted a national NPI Roundtable, open to all healthcare providers from 2:00-3:30 p.m. (ET). **Only nine months remain until all healthcare providers including CRNAs must have a National Provider Identifier (NPI) to bill Medicare for their services.** Over one million NPIs have already been issued. To participate in the roundtable you may call 1-877-203-0044, pass code 4795739. CMS will address common questions related to the NPI primarily from the Medicare perspective. However, this information may be helpful to all providers.

- Medicare providers who bill a Fiscal Intermediary should send questions to: NPIQuestionsfromFIBillers@cms.hhs.gov
- Medicare providers who bill a Carrier should send questions to: NPIQuestionsfromCarrierBillers@cms.hhs.gov
- To learn more about how to apply for a NPI through CMS go to the AANA website homepage <http://www.aana.com>.

ALL CRNAs SHOULD GET THEIR OWN NPI

AMA Survey on Medicare Cuts Shows US Residents Concerned with Access to Care

On September 7th, 2006, the American Medical Association released a survey showing that most US residents are not aware of a Bush administration proposal to cut Medicare reimbursements for physician and CRNA services 2007, but when informed, a majority say they are concerned that the cuts could restrict access. In 1997 Congress limited annual increases in Medicare reimbursements for physician services, but Congress has waived the cuts in most of the years that reductions would have been applied. **Physician rates currently are set by a sustainable growth-rate (SGR) formula.**

Record 46.6 Million Lacked Health Coverage in 2005

On Tuesday (September 5th), the US Census Current Population Survey released figures showing the number of US residents without health insurance increased by 1.3 million in 2005 to a record 46.6 million individuals, or 15.9% of the US population, compared with 45.3 million individuals, or 15.6% of the population, in 2004. Insurance coverage affects demand for surgical and CRNAs' services, among many other things.

The data show that almost one in six US residents was uninsured in 2005. The number of US residents with health insurance increased by 1.4 million to 247.3 million in 2005. In addition, the report finds that the

percentage of US residents with employer-sponsored health coverage decreased from 59.8% in 2004 to 59.5% in 2005, the lowest percentage since 1993. By comparison, in 2001, 14.6% of US residents were uninsured, and 62.6% had employer-sponsored coverage.

House Authorizes Improvements to VA Medical Facilities

On Wednesday (September 13th), the House approved by voice vote a bill (HR 5815) that would authorize \$2.4 billion in funding for the construction and renovation of several Department of Veterans Affairs, (VA) medical facilities in fiscal years 2006 and 2007. The VA system is one of the largest employers of CRNAs in the country. The House bill, sponsored by Representative Henry Brown (R-SC), would authorize the reconstruction of VA medical facilities in Biloxi, MS, and New Orleans that both were affected by Hurricane Katrina. The bill also would authorize \$406 million for a new facility in Las Vegas; \$378 million for a site in Orlando, FL; \$70 million to reconstruct a facility in Charleston, SC; and \$98 million to purchase a site in Denver. The bill also would create a position to oversee the projects. A Senate version of the bill (S 3421) would not authorize funds for the Charleston project or the Denver project. The House bill does not include a provision in the Senate bill that would authorize \$15 million in improvements for the VA hospital in San Juan, Puerto Rico.

In summary despite opposition from both the AANA and the ASA, CMS will impose cuts effective in 2007 for anesthesia services. Under the Budget Neutrality Act (BNA) a cut of 8+ percent will be imposed and under Sustainable Growth Rate (SGR) the cut will be 5+ percent, a total of 13.7%.

While there is a small chance that during this Lame Duck session of Congress could act to withdraw these proposed cuts there is little to indicate this will happen. Traditionally very little is accomplished during any Lame Duck session. In the newly elected, Democratically controlled Congress there will be many chances for CRNAs to make new and important inroads into letting new leaders know who we are and getting our message heard in Washington. I encourage each CRNA in Alabama to become politically active and let your voices be heard in our nation's capital.

The Anesthetic Implications of Williams Syndrome

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When Ryan was born, he appeared healthy in every way, but his Mom knew there was something different about him. At his 6 weeks check up he was found to have a murmur and was referred to the Pediatric Cardiology Clinic. Ryan had a few distinct facial features, hoarse cry, and a gr III/IV systolic murmur. His EKG showed slight QRS changes in V₁, V₆. Echocardiography (Echo) showed Supravalvular Aortic Stenosis (SVAS) just above the sinotubular junction with mild diffuse narrowing of the pulmonary arteries. The diagnosis of Williams Syndrome was given.

At 3 months of age, his EKG showed RVH. The Echo showed a more distinct hourglass configuration of stenosis with narrowing above the aortic valve going into the arch with mild to moderate Supravalvular Pulmonary Artery Stenosis (SVPAS). At 7 months he was having difficulty feeding but did not seem to tire. The murmur was harsh, the Echo showed no real change, but facial features: broad brow, bitemporal narrowing, periorbital fullness, epicanthal folds, elfin-upturned nose, full cheeks, full lips, wide mouth, malocclusion, micrognathia, prominent earlobes with a flat facial profile were now evident. Hypercalcemia was also noted.

At 14 months the systolic murmur was now gr IV/VI, EKG with mild ST-T wave changes, Echo showed SVA blood flow less than 1 year earlier. The SVPAS was showing resolve. At 26 mos his EKG showed nonspecific ST abnormalities, QT prolongation. The Echo showed very little RVH, but LVH was beginning to be prevalent with increasing pressures. The concern was whether the coronary ostia were becoming involved with the stenosis.

At 38 months Ryan's Mom had noted that he had complained of his chest hurting with no associated activity at bedtime. His BP R>L by 20mmHg, he had a harsh gr IV/VI murmur. The EKG showed prominent wide Q wave in V₁, narrowing S wave in V₆, ST-T wave abnormalities with depressed T wave in Lead III. The Echo showed discreet SVAS, with gradient > 90mmHg. The PA was normal but increased LVH with decreased EF since the year before. The concern that the coronary ostia and coronary arteries were involved was now a reality. The LV HTN was now great enough to warrant surgical intervention and Ryan was admitted to the hospital for an arteriogram and SVAS repair.

William Syndrome (WS) is a genetic disorder resulting from the deletion of the elastin gene. Elastin is a protein necessary in the development of connective tissues and arterial vessel walls. Abnormal calcium metabolism along with connective tissue abnormalities affects muscular and skeletal development. Vocal cords are affected as well as joint laxity in early infancy that by childhood and adolescence develops into issues with contractures and joint immobility involving the spine and lower extremities. Short stature with characteristic sloping of shoulders and curvature of the spine, with tightening of heel cords and hamstrings affecting gait stiffness relate to the lack of elastin. The arterial involvement is present in 75-80% of individuals with WS and may affect any artery especially the aorta, pulmonary, renal and carotid arteries. SVAS is the most common cardiovascular (CV) defect associated with WS. In one study of 75 children with WS and CV disease, more than 50% required invasive surgical intervention by 4 years of age. If severe CV disease is to develop, it is usually seen by age 10 years. Because of the multisystem involvement of this disorder such as cerebral artery stenosis leading to stroke, renal artery stenosis to severe HTN, and coronary artery involvement to myocardial infarction, early evaluation in preventing complications of obstructed blood flow to major organs is essential. If SVAS is untreated, hypertrophy, heart failure and death can result.

Sudden Death was once thought to be a rare occurrence with WS. One study reviewed 10 cases where such an event occurred either during or shortly after cardiac catheterization procedure. The pattern of Sudden Death in a majority of these cases resulted from the development of hypotension and bradycardia. A decline in cardiac output lead to a decrease in coronary perfusion which was compounded by the stenosed and obstructed vessels leading to myocardial ischemia, dysrhythmia, infarction and death.

The anesthetic implications involved in WS begin with a thorough preoperative assessment of the patient's history and physical exam as well as lab work and diagnostic review. Keeping in mind fasting guidelines, an adequate level of hydration to avoid hypovolemia is needed. Balancing myocardial

graduate research papers

oxygen supply and demand is imperative in choosing induction agents. Hypotension, tachycardia, and HTN need to be prevented as well as bradycardia which can enhance heart failure that may already be present. Etomidate and Thiamylal for induction have been used safely in WS. Ketamine is contraindicated for induction due to onset of HTN and tachycardia and increased myocardial oxygen consumption. Airway management issues relating to limitations in muscular and skeletal characteristics may prove to be challenging with ventilation and intubation. Maintenance of anesthesia using combination of opioid based technique, Fentanyl and Remifentanyl infusions, with inhalational agents such as Sevoflurane, Desflurane, nitrous oxide have been effective. Muscle relaxants need to look at the potential effect that myopathies may have with WS remembering that muscular involvement ranges from joint laxity to contractures and hypotonia to hyperactive reflexes. Reactions may include prolonged effect. Succinylcholine, with potential hyperkalemia with myopathies has been seen as well as incidence of increased masseter tone when used with Halothane. Muscle relaxants that have been safely used with WS are Cisatracurium, Atracurium, and Vecuronium. Pancuronium may not be a drug of choice due to the tachycardia that is often associated with it. Intraoperative monitoring for SVAS repair and WS include all standard monitors as well as left radial arterial line and central venous access. Thermodilution pulmonary artery catheter may also be needed. The use of TEE is recommended for SVAS aortoplasty as it can provide images of the SVAS and record the left ventricular outflow before and after repair. Emerging from cardiopulmonary bypass (CPB) is a time to monitor for signs of myocardial ischemia with possible EKG changes, hypokinesia of the left ventricle, and coronary artery reperfusion. Titrations of Dopamine, Epinephrine, Prostaglandin E1, and Nitroglycerin can help make the transition from CPB.

There is no doubt the anesthetic management of Williams Syndrome patients can be challenging. Having a working knowledge of the systemic involvement this syndrome presents, provides a level of preparation that is needed. Vigilance is key not only for the surgical team, but especially for anesthesia.

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Xenon

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Introduction

Xenon is the Greek word for stranger, named so because of its rarity, second only to radon. It is categorized as one of earth's noble gases, which means that the outer shell of these elements is filled with electrons. Xenon is a colorless, odorless, tasteless gas that has been assigned an atomic number of 54 on the periodic table. It is non-flammable and, unlike nitrous oxide (N₂O), it does not support combustion. Of the six existing noble gases, only xenon displays any anesthetic properties. It has been known for over 50 years that this gas possesses several unique qualities that may appeal to the field of anesthesiology. However, until recently, efforts to pursue the widespread production and use of xenon have been limited due to its rarity and expense. In atmospheric air, xenon is present in a concentration of no more than 0.086 ppm, which is roughly the equivalent to 4 ml of gas in an average living room.¹ It is manufactured by fractional distillation of air, costing around 2000 times as much as N₂O. The current price on one liter of xenon is approximately \$10.00 (US). The current world production of xenon is around 6 million liters, with 1 million liters already expended in medical uses, with half of this amount being used for anesthetic purposes.² Xenon has been used routinely as an inhalational anesthetic in Russia, Germany, the Netherlands, and Sweden. Xenon is already used for many commercial purposes, including lasers, high-intensity lamps and flash bulbs, aerospace engineering, magnetic resonance imaging, and as an agent to study blood flow and gas distribution in the lung. With the high cost and relatively limited supply of this noble gas, it will be interesting to see if there is a future in store for xenon, or whether it will remain a "stranger" among most anesthetists.

Discussion

Xenon possesses many of the properties of an ideal anesthetic. Its low blood:gas solubility (0.115) is much lower than other presently used agents, such as N₂O (0.47) and desflurane (0.42), which results in rapid onset and offset of its action. It has been shown that loss of consciousness can occur within 71 seconds with xenon as compared to 147 seconds with desflurane.³ Because xenon is less soluble and may diffuse into alveoli more slowly than N₂O, its equilibration and washout causes less potential for diffusion hypoxia.

Xenon exhibits more potent analgesic action than N₂O, the only other anesthetic gas with true analgesic efficacy.⁴ Several studies show that there is a decreased requirement for narcotic by as much as one-fifth when using 70% xenon/30% oxygen mixture compared with 70% nitrous/30% oxygen. With sufficient analgesic properties, xenon suppresses hemodynamic and catecholamine response to surgical incision, lending to its hemodynamic stability. In addition, unlike other analgesics, xenon is a potent hypnotic.⁵

Unlike some of the inhalational anesthetics currently in use, there seems to be little concern regarding the toxicity of xenon. It is an inert, nontoxic gas with virtually no metabolism. Only under certain conditions is xenon capable of forming compounds with very reactive elements. It is extremely unlikely that xenon is involved in any biochemical reactions when used as an anesthetic.⁶ As of yet, no studies on xenon have yielded any potential for toxic side effects similar to other inhalational anesthetic agents.

Four stages of xenon anesthesia have been described in observational studies. The first is a stage of paresthesia and hypoalgesia with a 'pins and needles' sensation all over the body. The second stage is euphoria, with increased psychomotor activity. Subjects had difficulty following simple commands although they had full recollection of the commands that were given. The third stage is described as analgesia and partial amnesia and this occurs by the third or fourth minute. The fourth stage is the stage of surgical anesthesia. Upon discontinuation of xenon inhalation, subjects woke up within 2 minutes and were fully conscious within 4 minutes. The quick emergence from xenon anesthesia is demonstrated regardless of the duration of the anesthetic, being consistent with its extremely low solubility.⁷

Because xenon is rare and expensive, the use of this gas as an anesthetic agent can be justified only if its waste is reduced to the absolute minimum. Xenon delivery systems have been developed and are currently in use in Europe. However, perfecting a breathing system that maximizes efficiency

continues to be a major challenge. Technological advances will soon make economical delivery systems a practical possibility and it may even become possible to recycle xenon.

Conclusions

Xenon anesthesia is an inhalational agent with many attractive properties. It fulfills almost all the criteria of an ideal anesthetic, including rapid induction and recovery of anesthesia, minimal cardiovascular effects, and potent analgesia. In addition, its environmentally friendly characteristics are appealing to anesthetists that want to help preserve the ozone layer. Unfortunately, due to the high cost and rarity of xenon, its widespread use will be limited until it becomes more cost-effective and practical. However, we should not simply discard xenon because of its cost, nor should we welcome it because of its many favorable properties. Instead, we should continue to accumulate knowledge on this noble gas so that we can analyze its cost-benefit balance. There is a certain attraction in retrieving a gas from the atmosphere for anesthesia, and then allowing it to return there, unchanged in any way. If successful, xenon will no longer be known as a 'stranger' and it can be welcomed by anesthetists in the routine delivery of anesthesia.

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The Utility of Point-of-Care Coagulation Tests to Guide Postoperative Transfusion Decisions in Cardiac Surgery Patients

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Cardiovascular surgery represents a surgical specialty that consumes greater than average amounts of blood products due to the characteristics of the patient population presenting for surgery, their medical therapies, the effects of cardiopulmonary bypass on coagulation, and the complex nature of the surgeries themselves. Microvascular bleeding postoperatively is often treated empirically rather than by using methodical algorithms to exclude the cause of the bleeding (e.g., coagulopathy from platelet dysfunction, reheparinization after protamine reversal, clotting factor deficiency, or the need for surgical re-exploration).

Hematological testing, such as through the use of thromboelastography and rapid platelet function assays, represents one means of identifying those patients who are at greater risk of bleeding from coagulation defects as opposed to other sources of postoperative bleeding. They may also be useful in the differential diagnosis of the causes of bleeding. Consequently, the use of these tests allows the more appropriate use of blood products by using transfusion decision-making algorithms to guide therapy.

The overwhelming task of managing the actively bleeding cardiac surgery patient demands a rapid and methodological approach to differential diagnosis of causes of bleeding. Point-of-care testing represents a potentially valuable tool for this purpose, especially when paired with a thorough medical history and risk stratification. These tests, if used preoperatively for screening purposes, may identify those patients at high risk of bleeding whether from congenitally inherited coagulopathies, or from therapeutic medication-induced derangements. The PFA-100®, Verify Now®, and Plateletworks® tests can fulfill this niche.

Intraoperatively and postoperatively, routine coagulation tests done at the bedside, paired with global evaluations of clotting, through technology like thromboelastography, may facilitate rapid differential diagnosis, guiding transfusion decisions, as well as medical therapy with agents like antifibrinolytics and DDAVP. Algorithms that suggest strategies for therapy can eliminate excessive transfusions, either by merely educating those responsible for blood management (anesthesia providers in particular), or alternatively, by steering testing in a manner that most efficiently isolates the coagulation defect.

With cardiopulmonary bypass, assays that can isolate platelet dysfunction, as well as dysfibrinogenemias, become particularly useful for this purpose. Technological advancements will hopefully continue to elucidate and expand the important role of point-of-care testing in the cardiac surgery operating theater. Finally, outcomes analyses presents a direction for future research that could further provide evidence to the utility of point-of-care tests in improving patient outcomes secondary to reduced transfusion rates.

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**Alabama Association of Nurse Anesthetists
Minutes of Regular Board Meeting
April 28, 2006**

Call to Order:

President Brent Ledford called the meeting to order at 11:55.

Roll Call:

Members Present:

Brent Ledford, Jim Henderson, David Neal (late), Joe Williams, Shannon Scaturro, Joe Knight, Jeff Brown, Laura Wright, Cliff Joyner, Ken Langley, Tracy Hall, Robert Armstrong, Tara Ray, Yvette Marsden

Members Absent:

Michele Snow

Also Present:

Bonnie Mackin, Region 7 Director, Frank Saliba, Finance Committee Member

Committee Reports

Finance Committee:

Joe Williams reported on the current financial status of the ALANA.

Government Relations:

Shannon Scaturro updated the BOD on the Legislative Day in Montgomery that was held in February. Turnout for the event was great, especially from the students from both anesthesia programs. Suggestions were made for future legislative events that could boost turnout and success.

Nominating:

Robert Armstrong presented the completed ballot for this Fall's election as follows:

President-elect: Shannon Scaturro,

Treasurer: Jay Strickland and Frank Saliba,

Board of Directors: Michael Humber, Ken Langley, Tom Mallory, Carol Johnson, Michele Snow, Amy Saylor, Michael Fiedler, and Joe Williams,

Nominating Committee Chairman: David Fort and Chris Campanotta.

A motion to accept the ballot was made by Jim Henderson and after no further discussion, the ballot was accepted unanimously.

PAC:

Cliff Joyner reported to the BOD on the current PAC fundraising efforts.

Program Committee:

Jeff Brown updated the BOD on the new CE process and forms to be used at the Spring Meeting. The golf tournament fundraiser was a success. Twenty-four people participated and ten states sponsored holes for the event as well as several individual and corporate sponsors. Registration for the Spring Meeting and general housekeeping issues for the meeting was discussed.

Public Relations:

Ken Langley spoke briefly on past and possible future ideas for PR projects for the ALANA.

Scholarship:

Brief discussion was held about the feasibility for the future funding of a second ALANA scholarship. Student fundraising and money allocation for the Annual Meeting was also discussed. A motion was

made by Jim Henderson to allocate up to \$25,000 of matching funds to assist students in attending the 75th Anniversary Annual Meeting of the AANA. The motion was seconded by Brent Ledford and was passed after further discussion.

Welcoming:

The welcoming reception for students to be held in the fall was briefly discussed by David Neal, with further details to come in the future.

Executive Director's Report:

Joe Knight made the BOD aware of the Board of Nursing's Advanced Practice Advisory Council meeting in June. The agenda for the meeting was discussed.

President's Report: Brent Ledford briefly updated the Board on further information from the golf tournament. Brent then gave attention to Shannon Scaturro who discussed in detail the results of the BCBS Ad Hoc Committee meeting that took place in February. Options for future courses of action regarding BCBS were discussed in detail with the BOD.

Next BOD meeting:

Tentatively scheduled for August 26, 2006.

Adjournment:

A motion to adjourn was made by Jim Henderson, seconded by David Neal, and after no further discussion, the meeting was adjourned at 14:00.

**Alabama Association of Nurse Anesthetists
Minutes of Spring Business Meeting
April 29, 2006**

Call to Order:

David Knight and Lori Cole were appointed as tellers. After a quorum was established, President Brent Ledford called the meeting to order at 13:42. John Morris was appointed as parliamentarian. The BOD was introduced to the membership.

Finance Committee:

Joe Williams reported to the membership the current financial status of the ALANA.

GRC:

Shannon Scaturro reported to the membership that a CRNA, Mike Harper, had been appointed by the Governor to the BON. The Legislative day in Montgomery was described. Shannon also gave a brief report of the ALANA delegation that attended the AANA Mid-Year Assembly in Washington, D.C. He also encouraged more participation in PAC contributions.

Executive Director's Report:

Joe Knight reported that the ALANA is in great shape from a historical perspective. Joe emphasized the importance of CRNAs to renew their licenses in a timely manner.

Programs:

Jeff Brown reported on information regarding the current meeting as well as the new CE forms being used to assure compliance with AANA requirements for CE documentation. He reported to the membership that the proceeds from the golf tournament had been disbursed to the Presidents of the Louisiana and Mississippi Associations for Hurricane Katrina relief.

Scholarship:

Brent Ledford reported that the ALANA would be assisting SRNAs in attending the AANA Annual Meeting in Cleveland, Ohio in August.

Welcoming:

David Neal reported to the membership on the efforts to get students more involved in the ALANA and the upcoming student reception in the fall.

President's Report:

Brent Ledford updated the membership on recent activities of the BOD and Ad Hoc Committee regarding BCBS as well as future possibilities for action.

Nominating Committee:

Robert Armstrong presented the ballot for the fall election to the membership as follows:

President-elect: Shannon Scaturro, Treasurer: Jay Strickland and Frank Saliba, Board of Directors: Michael Humber, Ken Langley, Tom Mallory, Carol Johnson, Michele Snow, Amy Saylor, Michael Fiedler, and Joe Williams, Nominating Committee Chairman: David Fort and Chris Campanotta. After no nominations were made from the floor, a motion to accept the ballot as is was made and seconded. After no further discussion, the motion to accept the ballot passed.

Adjournment:

A motion was made and seconded to adjourn the meeting and with no further discussion, the meeting was adjourned at 14:30.

**Alabama Association of Nurse Anesthetists
Minutes of Regular Board Meeting
October 20, 2006**

Call to Order:

President Brent Ledford called the meeting to order at 17:41.

Roll Call:

Members Present:

Brent Ledford, Jim Henderson, David Neal, Joe Williams, Shannon Scaturro, Joe Knight, Jeff Brown, Cliff Joyner, and Michele Snow

Members Absent:

Laura Wright, Ken Langley, Tracy Hall, and Robert Armstrong

Approval of Minutes:

Minutes from the regular BOD meeting of April 28, 2006 and the 2006 Spring Business Meeting were distributed to members of the BOD present for review. A motion to approve the minutes was made by Jim Henderson and seconded by Shannon Scaturro. The motion carried unanimously and the minutes were approved.

Committee Reports

Bylaws:

Brent Ledford read the bylaws report as submitted by Ken Langley. There were no new issues since the amendments to the bylaws last year.

Finance:

Joe Williams reported on the current financial status of the ALANA, including a report of assets, expenditures and revenue.

GRC:

Shannon Scaturro reports that everything has been fairly quiet on the state and regulatory issues. There are a few bills that have been passed and proposed regarding reimbursement at the national level that we will continue to follow.

Nominating:

Brent Ledford reported to the BOD the results from the ALANA elections with the winners as follows: President elect: Shannon Scaturro, Treasurer: Frank Saliba, BOD: Michael Fiedler, Tom Mallory, Carol Johnson and Amy Saylor, Nominating Committee: David Fort. There was a 25% return rate on the ballots this year.

Programs:

Jeff Brown reported on the ALANA programs from the previous year, including revenue and expenses from the meetings and charitable events. Dates for the 2007 Spring Meeting in Destin will be April 27-29, 2007.

Public Relations:

Ken Langley submitted his report for PR and possible activities for the next board regarding PR were briefly discussed.

Scholarship:

Jim Henderson announced that Cindy Hsieh, SRNA was the recipient of the ALANA Scholarship at the AANA Annual Meeting.

Welcoming:

David Neal reported on the welcoming reception that was held the previous night for the UAB and Samford programs at the B&A Warehouse in downtown Birmingham. There were about 150 in attendance.

PAC:

Cliff Joyner gave a brief report of PAC activities and donations, as well as addressing ideas for future fundraisers.

Executive Director's Report:

Joe Knight announced the changes in CEU credits. The 50-minute time block for 1 credit is increasing to 60 minutes. The date for the Legislative Day in Montgomery will be set at a future date. Joe Williams recognized the passing of Leon Helton, CRNA, who was a long-time contributor to the profession of nurse anesthesia in the state.

Archives:

Michele Snow has compiled a collection of previous newsletters for the ALANA. The collection and updating of the ALANA archives will continue.

Blue Cross Ad Hoc Committee:

Shannon Scaturro, Brent Ledford and Jim Henderson briefly discussed the latest developments with regard to Blue Cross discussions. There will be further discussion in when the new board meets in November.

Board Retreat:

Jim Henderson announced the first ALANA BOD retreat to be held November 4th and 5th. A motion was made to appropriate the required funds for this retreat by Shannon Scaturro, seconded by David Neal and was passed unanimously.

Adjournment:

A motion to adjourn was made by Jim Henderson, seconded by Shannon Scaturro and with no further

discussion; the meeting was adjourned at 18:56.

**Minutes of ALANA Annual Fall Business Meeting
October 21, 2006**

President Brent Ledford appointed Jay Strickland as Parliamentarian, and Albert Herrington and Eddie Murphree as Tellers for the business meeting.

Call To Order: After a quorum was established, President Brent Ledford called the meeting to order at 12:22.

Financial Report:

Treasurer Joe Williams gave a brief report of the financial status of the ALANA, including assets, expenses and revenues for the year-to-date.

By laws:

No report since last year's revision.

Wellness Committee:

Brent Ledford commented on the activities of the Wellness Committee and the emphasis on the wellness initiative by the AANA.

Public Relations:

The Board will continue to seek advice and ideas for PR initiatives in the upcoming year.

GRC:

Shannon Scaturro reported that everything is relatively quiet at this time at the state level. Medicare reimbursement cuts will continue to be an issue at the federal level. Shannon recognized Elaine Klein for her service to the ALANA and Board of Nursing.

Programs:

Jeff Brown recognized Ronnie Whorton, Bruce Von Hagel and Robbie McDonald for their work with organizing the Fall Meeting. Jeff briefly discussed the success of the 2006 Spring Meeting and announced the dates for the 2007 Spring Meeting as April 27th-29th, at the Sandestin Hilton.

Welcoming:

David Neal reported on the welcoming reception held the previous Thursday night for UAB and Samford nurse anesthesia students. The reception was very successful with about 150 in attendance.

Scholarship:

Brent Ledford recognized Cindy Hsieh, SRNA as the recipient of the ALANA scholarship that was awarded at the AANA Annual Meeting.

Nominating Committee:

Brent Ledford announced the results of the 2006 ALANA elections as follows:

President elect: Shannon Scaturro, Treasurer: Frank Saliba, BOD: Michael Fiedler, Tom Mallory, Carol Johnson and Amy Sayler, Nominating Committee: David Fort. There was a 25% return rate on the ballots this year. A motion was taken from the floor and seconded to destroy the ballots. There was no further discussion and the motion passed unanimously.

President's Report:

Brent Ledford reported briefly on issues being addressed by the ALANA. He recognized Jim Henderson for his work in establishing the ALANA email database.

Executive Directors Report:

Joe Knight recognized the passing of Leon Helton,

CRNA. He also reported on the state of the ALANA PAC and it's current funding and future goals.

Brent Ledford, in closing welcomed Jim Henderson as the new President of the ALANA. Jim presented Brent with a plaque to recognize his work with the BOD and ALANA for the previous year.

Adjournment:

A motion was taken from the floor to adjourn. The motion was seconded and with no further discussion the meeting was adjourned at 13:07.

**Alabama Association of Nurse Anesthetists
Minutes of Regular Board Meeting
October 21, 2006**

Call to Order:

President Jim Henderson called the meeting to order at 1501.

Roll Call:

Members Present:

Jim Henderson, Shannon Scaturro, David Neal, Frank Saliba, Cliff Joyner, Mike Fiedler, Carol Johnson, Amy Sayler, Andrew Morris, SRNA (Samford), Angie Cox, SRNA (UAB)

Members Absent:

Jeff Brown, Laura Wright, Tom Mallory, David Fort, Joe Knight

Welcome:

Jim Henderson congratulated the new board on being elected and the board was introduced. Information regarding the BOD retreat on Nov. 4th and 5th was discussed. The meeting will convene at 0900 on Nov. 4th. The agenda for the meeting will be posted on the e-project site. Sharon Pearce, CRNA, will facilitate the meeting.

Upon the recommendation of an ALANA member, a motion was made to create a task force to study the scope of practice of CRNAs in Alabama regarding the supervision of Anesthesiologist Assistants in their education process. The motion was seconded and passed after further discussion.

Adjournment:

A motion to adjourn was made by David Neal, seconded by Shannon Scaturro and without further discussion the meeting was adjourned at 15:27.

ALANA Spring Meeting Sandestin Hilton

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APRIL 27 - 29, 2007

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