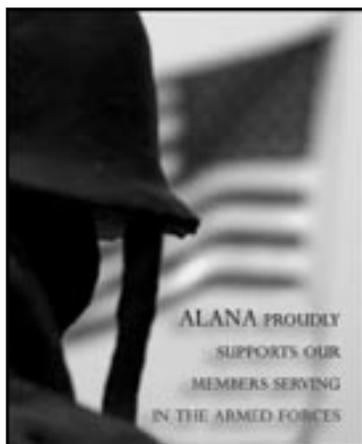




advancing quality anesthesia care, serving our members, promoting the nurse anesthesia profession



## Ballot Approved at Spring Meeting

David Fort, CRNA, Chairman of the Nominating Committee is pleased to announce that the ALANA membership approved the 2007 slate of candidates for the upcoming election at the Annual Business Meeting of the ALANA during the Spring Meeting in Destin.

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

David Fort, CRNA

Volume 25, Number 2, 2007  
Jim Henderson, Editor

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## ALANA 2007 Candidates

### President Elect

Jeff Brown  
(unopposed)

### V/P and Secretary

Cliff Joyner  
(unopposed)

### Board of Directors North

Garry Kilpatrick  
John Peeden

### Board of Directors Central

Chris Campanotta  
Heather Rankin

### Board of Directors South

David Eurgil, Brad Hooks  
Rick Naylor

### Nominating Committee Chairman

Yvette Marsden  
Kyle Vanderford

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

**Alabama Board of Nursing Requiring Official Notification:  
 Certification and Recertification**

The Alabama Board of Nursing (ABON) is now requiring "official notification" of certification and recertification directly from the Council on Certification of Nurse Anesthetists (COC) and the Council on Recertification of Nurse Anesthetists (COR). The ALANA is working with the ABON and the Councils to facilitate this change. There are numerous logistical and procedural challenges to overcome, but we are making steady progress. It is our goal to establish procedures whereby members of the ALANA do not have to do anything other than make certain that they recertify in advance of the deadline. The COR will periodically transmit a list of all members who have recertified to the ABON, who will, in turn, issue new Advanced Practice Authorization Cards to each newly recertified member. This will greatly simplify the process and will eliminate the need to send a copy of the recertification card to the Alabama Board of Nursing.

While this is our goal and our vision of how the process should proceed, it is not yet a reality and we still have a number of challenges to overcome. At present, I would recommend that each member continue to send a copy of their recertification card to the ABON to the attention of Charlene Cotton, RN, MSN. I also recommend that each member visit the ALANA Website and ABON Website for breaking news on this important matter.

Each Alabama CRNA needs to subscribe to the ListServe for CRNAs at the Alabama Board of Nursing's website:  
[www.abn.state.al.us](http://www.abn.state.al.us)

Click on the "Advanced Practice" tab.  
 Click on the "Subscribe to the Advanced Practice E-mail List"  
 Once subscribed, the Alabama Board of Nursing can send you news and timely information of importance via e-mail.

While on the topic of recertification, it is critically important that each Alabama CRNA complete and return your recertification application to the Council as soon as it is received. Current certification/recertification is a requirement and prerequisite for approval to practice as a CRNA in Alabama. It is the Alabama Board of Nursing that authorizes and approves nurse anesthesia practice in Alabama. Practicing nurse anesthesia beyond the expiration date of your recertification or without ABON authorization is a serious violation that will likely result in severe disciplinary action. In addition to disciplinary action, there are serious consequences for patients and facilities if anesthesia services continue without ABON approval. One such negative consequence is that facilities will either have to write-off anesthesia charges or refund third party payors for any anesthesia services provided by a CRNA without ABON approval. Trust me, there are others!

Sincerely,  
 Jim Henderson, CRNA



## Joe Knight Honored With ALANA Distinguished Service Award

**D**uring the ALANA Annual Spring Meeting in Destin, Florida, Joe Knight was presented with the ALANA Distinguished Service Award. This award was established by Past President Ronnie Whorton of the 2002 ALANA Board of Directors "to recognize those members who have committed a lifetime of substantial contributions to the association." Past recipients include John Morris and Resa Culpepper.

A graduate of the UAB School of Nurse Anesthesia in 1980, Joe Knight became actively involved in the ALANA shortly thereafter. He was elected to the ALANA Board of Directors for two consecutive terms. He was elected to serve as ALANA President, but resigned this position to serve as ALANA's first lobbyist. In 1999, Joe was retained as ALANA's first Executive Director. During his tenure as ALANA Executive Director, Joe Knight worked with Larry Hornsby and David Perkins to charter the ALA-CRNA PAC.

Joe Knight has served the AANA in a number of roles, including the Chairman of the CRNA-PAC Committee and the Federal Political Director. He is a highly accomplished speaker, speaking at dozens of state association meetings throughout the country. He has been consulted by numerous other state associations to assist with development of their state PACs. He has been a regular contributor to the ALANA NewsBulletin.

More than any other single accomplishment, Joe Knight has been able to accomplish something that no one has accomplished to date ~ he established himself in Montgomery as the "face of nurse anesthesia." When Joe first started lobbying, few in Montgomery knew what a nurse anesthetist is, much less what our issues are. Today, everyone in the state house in Montgomery ~ from the staff to the elected officials ~ know exactly who we are, what we do, and what our issues are.

"I wish to thank the Alabama Association of Nurse Anesthetists for allowing me the opportunity to serve such a wonderful organization. The ALANA has served its membership honorably over the years and I am proud to have played a minor role in such service. I stand for CRNAs because I believe in CRNAs. I always have and always will. With this award and being cast in the same light as John Morris and Dr. Resa Culpepper, I am deeply honored and again, thank you very much."

Joe Knight, CRNA, JD



## ALANA Expands Government Relations Services: Introducing The Franklin Resources Group

The ALANA Board of Directors is pleased to announce that we have retained the services of the Franklin Resources Group to expand our presence and influence in the political arena in Montgomery. After an exhaustive search and interview process that included the best lobbyists and firms in Montgomery, the Franklin Group was selected.

The Franklin Resources Group, founded in 1996 as John Crawford and Associates, is a new generation corporate and public affairs firm offering an extensive menu of public affairs/public relations services. Specializing in legislative lobbying, strategic planning, media relations, grassroots development, public opinion research and polling, and communications, the Franklin Resources Group is a full service external relations firm with a reputation for achieving results.

Johnny Crawford, President and founder of FRG, has more than twenty-five years of experience in handling governmental relations. Mr. Crawford is a 1973 graduate of Auburn University with a BS in Business Administration. He was elected Assistant Secretary of the Alabama Senate in 1979 and was reelected in 1983 and 1987. During this time he served as Chairman of the National Conference of State Legislatures' "Legislative Organization & Management Committee." In 1985 he was elected to serve as Vice President of the American Society of Legislative Clerks and Secretaries and is still an active member of the American Institute of Parliamentarians. In 1995 Mr. Crawford was instrumental in developing the overhaul of Alabama's ethics law.

Mr. Crawford has the skills, experience, and staff to help the ALANA reach our governmental relations goals.

"Your board interviewed many very capable firms so it is both exciting and humbling for Franklin Resources Group to be selected to represent ALANA. Joe Knight and your leadership have established a solid foundation. Our goal is to help augment the spirit and momentum that already exist. In the coming months we will help ALANA with several of your priorities: expanding PAC participation, strategic planning, and providing professional and economic opportunities for you, the members." Johnny Crawford, President, Franklin Resources Group.

Pivotal to the selection of the Franklin Group was the decision by Mr. Crawford to appoint Susan Hansen of his staff to the position of ALANA Governmental Relations Specialist. Susan brings two decades of political knowledge, public relations, and management experience. Before joining FRG, Susan served a dual role in the office of the Assistant Secretary of the Senate in Alabama as administrative assistant and manager of the "subscriber system" that provides legislative information to users outside the legislative offices. As past president and member of Executive Woman International, Susan is involved in many community activities and programs in the area.

Susan joined the Alabama Delegation to the

AANA Mid-Year Assembly in Washington, DC where she had an opportunity to witness the AANA in action and meet all of the AANA Executive Staff.

“The more I learn about CRNAs the more I realize what a great group of people I’ve been given the privilege to represent. I’m excited about the opportunity to promote and educate decision makers in the political arena about the nurse anesthesia profession and your issues.”  
Susan Hansen, ALANA Government Relations Specialist.

In the few months of our association with the Franklin Resources Group, we are already seeing positive results. The weekly reports of legislative activity, the comprehensive legislative tracking services, and the weekly Legislative NewsLetter are just a few. Susan has been busy working with our

Governmental Relations Chairman Tom Mallory and Cliff Joyner in planning our Legislative Reception scheduled for May 22nd.

During the summer, the ALANA Board of Directors will meet with the Franklin Resources Group for a strategic planning session focusing on enriching our state-wide grassroots organization and increasing member participation in the ALA-CRNA PAC.

In all, we are looking forward to a long term relationship with the Franklin Resources Group. We are certainly off to a great start.





# AANA Mid-Year Assembly: An Invitation to Join Us Next Year

*John Morris, CRNA*

Every CRNA understands the importance of becoming politically involved in your state and national associations ~ yet many CRNAs don't know how to get started. A well-known Chinese proverb reminds us that a journey of a thousand miles begins with a single footstep. One way to get involved is to make a phone call to one of the members of the ALANA Board of Directors to inquire about service on an ALANA committee or to run for elected office. Another way to get involved is to attend the AANA Mid-Year Assembly.

Once a year, CRNAs from every state come together in Washington, DC to stage the most important political event of the year ~ the AANA Mid-Year Assembly. During this event, the participants learn the issues and learn the skills to become an effective advocate. At the conclusion of the Mid-Year Assembly, participants meet with their legislators to discuss the issues and ask for their support. The ALANA puts together a delegation every year to attend, mostly consisting of our Student Representatives and a handfull of Board Members. Individual members are certainly welcome to attend and join the ALANA delegation throughout the Assembly. Every Alabama CRNA should consider participating in this event at least once in your career. Next year, the AANA Mid-Year Assembly is scheduled for April 13-15, 2008. Please make your plans now to attend.

To the right are photos of the ALANA Delegation meeting with members of congress from Alabama. Of particular interest is the photo taken with Representative Jo Bonner. Shortly after our meeting with him, he agreed to sign on as a co-sponsor of HR 1932, (see the text on the next page for details of this important legislation).

On the far right is a copy of the ad that ran in "Roll Call," the newspaper that is published daily for the political insiders in Washington, DC. On the next page are two "fact sheets" that are used by participants of the AANA Mid-Year Assembly and given to our legislators that outline our position on given issues.

It is just that easy to get involved. I can assure you, once you take that first step toward getting more involved, you will find that your efforts to advance the profession will provide you with a huge reward ~ the satisfaction of knowing that you are making a difference to shape the future of our profession.





Andrew Morris, David Neal, Susan Hanson, Hon. Jo Bonner, Jeff Brown, Shannon Scatarro

**Congressman Jo Bonner with ALANA Delegation**  
The Alabama Association of Nurse Anesthetists



Jeff Brown, Andrew Morris, Susan Hanson, Hon. Robert Aderholt, David Neal, Jim Henderson

**Congressman Robert Aderholt with ALANA Delegation**  
The Alabama Association of Nurse Anesthetists



David Neal, Andrew Morris, Hon. Mike Rogers, Susan Hanson, Jeff Brown, Shannon Scatarro

**Congressman Mike Rogers with ALANA Delegation**  
The Alabama Association of Nurse Anesthetists

## **Q: What is quality healthcare?**

## **A: Nurse Anesthetists at the head of the table**



**W**ith the Institute of Medicine reporting that anesthesia is 50 times safer today than in the early 1980s, America's 36,000 Certified Registered Nurse Anesthetists (CRNAs) provide 27 million anesthetics annually, with and without the assistance of anesthesiologists, in every healthcare setting. We are the sole anesthesia providers in two-thirds of all rural hospitals, and predominate in U.S. Armed Forces and Veterans hospitals. We are recognized Medicare Part B providers. And we are coming to Washington to ask Congress to:

- Reverse Medicare cuts
- Restore nurse education funding
- Reform Medicare anesthesia payment teaching rules equitably for both CRNAs and anesthesiologists



**CRNAs on the Hill**  
April 24-25



American Association of Nurse Anesthetists  
Office of Federal Government Affairs  
412 First St., SE, #12, Washington, DC 20003  
(202) 484-8400 • www.aana.com

*Advancing Patient Safety & Excellence in Anesthesia*



## Reverse Nurse Anesthesia Education Budget Cuts

The 36,000-member American Association of Nurse Anesthetists represents America's Certified Registered Nurse Anesthetists (CRNAs), who provide some 27 million anesthetics annually in the United States. With CRNAs providing the lion's share of anesthesia care to rural and medically underserved America, and to the U.S. Armed Forces at home, at sea, and abroad, the Institute of Medicine reported that anesthesia is 50 times safer today than 20 years ago.

### Strengthening the Nurse Anesthesia and Nursing Workforce

AANA's priorities in the FY 2008 appropriations process include:

- **Increasing nurse anesthesia educational appropriations to \$4 million**, up from \$3 million in FY 2006. Funded from Labor-HHS-Education Appropriations Title 8 Nursing Workforce Development, this increase would help fund two to three additional competitively awarded nurse anesthesia educational program development and expansion grants. According to a survey of nurse anesthesia educational program directors, many schools that received such grants have used the funding to double enrollments, and were more likely to place graduates in practices serving rural and medically underserved America. Demand for nurse anesthesia services is anticipated to continue growing as the U.S. population ages and technological advancements improve surgical procedures.
- **Reverse proposed elimination of Advanced Education Nursing.** The Administration's 2008 budget proposes to eliminate this \$57 million account, which would diminish the supply of nursing faculty, primary care providers, nurse anesthetists and other advanced practice nursing services just as the growing population of seniors needs them most. The AANA recommends funding be increase to \$75 million, up from \$57 million in FY2007. Only a limited number of new programs and traineeships can be funded each year at the current funding levels.
- **Strengthening total funding for Title VIII nursing workforce development programs** to \$200 million, up from \$151 million in FY 2007. In a report released February 11, 2004, the U.S. Bureau of Labor Statistics (BLS) announced that nursing would have the greatest job growth of all U.S. professions in the years 2002-2012. This marked the first time nursing has topped the list of growth occupations.

**Action for Congress:** As part of funding requests for FY 2008 Labor-HHS-Education Appropriations, legislators should request \$4 million for nurse anesthesia education and \$76 million for advanced education nursing, as part of a total funding request for nursing education of \$200 million.

**American Association of Nurse Anesthetists--Office of Federal Government Affairs**

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03/07



## **Fix Medicare Anesthesia Payment Teaching Rules For CRNAs and Anesthesiologists Equally**

*(HR 1932, 110<sup>th</sup> Congress)*

**The Medicare Academic Anesthesiology and CRNA Payment Improvement Act (HR 1932)**, introduced by Rep. Bart Stupak (D-MI) with Reps. Earl Pomeroy (D-ND), Phil English (R-PA) and Michael Burgess (R-TX), would ensure full funding of anesthesia services provided to beneficiaries of the Medicare program – services that are frequently reduced by 50 percent under current Medicare rules. This legislation is important to ensure the financial stability of nurse anesthesia and anesthesiology educational programs so student nurse anesthetists and medical residents can pursue the specialty of anesthesia, enabling patients to have access to quality healthcare.

**The Medicare Academic Anesthesiology and CRNA Payment Improvement Act equitably addresses significant Medicare anesthesia payment problems afflicting Certified Registered Nurse Anesthetists (CRNAs) and anesthesiologists.**

- **Reverses Medicare payment reductions in anesthesia education.** Currently, Medicare cuts its anesthesia fee by 50 percent in certain educational settings involving nurse anesthetists and anesthesiologists, if one case involving a teacher's student overlaps for even a minute with a second case involving another student of the same teacher. Medicare anesthesia payment teaching rules generally treat teaching CRNAs and teaching anesthesiologists in educational settings in similar ways, reducing the reimbursement of both types of anesthesia professionals when education is involved.
- **Promotes equitable treatment of teaching anesthesiologists and teaching nurse anesthetists, and of anesthesiology residents and student nurse anesthetists.** Unlike proposals that address anesthesia education payment issues for one type of provider only, this legislation reverses the Medicare anesthesia payment reductions affecting both anesthesiologists and nurse anesthetists in educational settings.
- **Does not advantage one type of anesthesia professional over another.** With many CRNA educational programs having clinical practice sites co-located with anesthesiology medical residency programs, it is vital that the Medicare anesthesia payment rules treat both CRNAs and anesthesiologists the same. In the United States, there are 105 accredited nurse anesthesia educational programs, most located in major universities, with their clinical practice education components taking place in over 1,500 clinical sites. In fact, one in every five U.S. hospitals hosts a nurse anesthesia educational program clinical practice site potentially hurt by the current Medicare payment rules, and likely to be helped by this legislation.
- **Helps the educational system meet growing demand for anesthesia professionals.** Medicare payment reductions discourage education. Equitably reversing the reductions would help encourage education of CRNAs and anesthesiologists.

**Message to Congress: In the House, contact Rep. Bart Stupak (D-MI) to cosponsor HR 1932, the Medicare Academic Anesthesiology and CRNA Payment Improvement Act. In the Senate, support introduction of a companion measure to HR 1932.**

**American Association of Nurse Anesthetists--Office of Federal Government Affairs**

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04/07



# Student Representatives to the ALANA Board of Directors

*Angie Cox & Andrew Morris*



Dear Fellow Students and CRNAs,

The high point of being a Student Representative to the ALANA Board of Directors is being able to attend and participate in the AANA Mid-Year Assembly in Washington, DC. You really have no idea how grand the AANA is until you attend one of their meetings and the Mid-Year Assembly is no exception. We had an opportunity to meet all of the members of the AANA Board of Directors and meet the members of the executive staff. It was uplifting to see just how important we students are to the AANA. I can't count how many times we were recognized for our attendance.

The AANA Mid-Year Assembly officially starts bright and early on Sunday morning with numerous educational sessions about the Federal Political Issues that are impacting our practice and profession. We learned about these issues in detail and we learned how to communicate these issues effectively with our elected officials and staff. We had a little time Sunday afternoon to do some sight-seeing in our nation's capitol. Sunday evening we were taken via chartered bus to a dinner cruise on the Potomac ~ what a treat to see Washington, DC at night from the Potomac. The purpose of the dinner cruise is to raise money for the AANA PAC. The AANA PAC Committee held an auction and it was great fun watching many of the items sell for over \$1,000!

Monday was another full day of activities, starting out with the AANA President's Address, a Treasurer's report, and an opportunity to meet each of the candidates for the upcoming AANA election. The Regional Breakouts gave us an opportunity to meet the participants from Region 7 and hear about developing issues and challenges in each of these states. In the afternoon, we met with the other members from Alabama and started practicing for our lobbying visits on Capitol Hill.

Tuesday morning we met Congressman Stupak from Michigan, who introduced HR 1932. It was uplifting to hear that this legislator knows exactly who we are and what our issues are. After a few more classes on the art and science

of lobbying, we were off to the "Hill" to meet with our legislators from Alabama. I must say, we were warmly greeted at each office. As students, it was our job to speak about funding for nurse anesthesia education. It was a lot easier than it initially sounds. We were well prepared and our message was well received. We returned home on Wednesday afternoon, only to jump back in the car for a trip to Destin for the ALANA Spring Meeting!

The ALANA Spring Meeting in San Destin was equally rewarding. Morning meetings with afternoon beach activities provided an excellent balance of work and play. Seeing and visiting with members of our Alabama anesthesia community is always invigorating. Many thanks to the Sponsor-a-Student donors whose contributions were pooled to provide hotel rooms for the students. We could not afford to attend otherwise.

The "take-home" message from both meetings is that the leadership of the AANA, ALANA and even in the nation's capital are interested in what we, the students have to say. It is hard to believe that a student CRNA can have an impact on national healthcare policy, but we've just found out that after our lobbying visit with Congressman Jo Bonner, he has signed on as a co-sponsor of HR 1932! We'll never again question whether we make a difference ~ the answer is a resounding YES!

As the seniors in both nurse anesthesia programs start looking toward graduation, now is the time to make a vow that we will remain active and contributing members of our state and national associations and do our part to continue to advance the profession.

Good luck to all of you in your continued studies and clinical practice. Keep up the hard work. Remember that we are building the future of nurse anesthesia today!!!

Sincerely,

Angie Cox  
Andrew Morris

# Department of Nurse Anesthesia News



## Samford University Department of Nurse Anesthesia News It's All About Change

As spring draws to a close, the Department of Nurse Anesthesia is busy trying to learn and accommodate the changes that will be impacting our University over the next few months. In June we will start our fifth cohort of students in the program. The students are local as well as some from out of state. The new students beginning their program of study are:

Holly Russo	Linda Awiti	Melissa Blackwood	Gary Boutwell
Bryan Bray	Brian Brister	Anne Constant	Tracy Dryer
Michelle Domingues	Julie Gay	Mary Greenway	Erica Haynes
Christine Jarboe	Mendi McEachern	Erica McGregor	Liba Peek
Lee Ann Nelson	Janet Pilkington	Daniel Rawlinson	Cailey Scrugg
Molly Shaw	Vicki Silva	Katherine Sims	Brian Watson

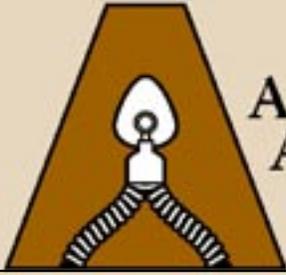
Also, in the context of change, Samford University will be converting to a semester format beginning in January of 2008 and that will mean that the Department of Nurse Anesthesia will start the sixth cohort of students in January 2008 (they would have normally begun the program June 2008) to accommodate that academic schema. Interviews for that cohort will be done in late summer.

In light of the changes in the language by the Boards of Nursing in many states and in response to many requests and certainly a need in our profession, our nurse anesthesia program will begin a CRNA/MSN completion program. The program will be available for enrollment in January of 2008. If you have questions or are interested in applying to the program, please contact Mrs. Marian Carter, Graduate Admissions Administrator at 726-2047 or email her at [mwcarter@samford.edu](mailto:mwcarter@samford.edu).

Our program is very happy to welcome to our clinical affiliation network, Tanner Medical Center in Carrollton, GA and Rush Foundation Hospital in Meridian, MS. We are excited about our future working relationships with both of these new clinical sites. This brings the total clinical sites that are hosting and educating Samford nurse anesthesia students to 25. This speaks highly for the commitment of CRNAs in our local and regional community to prepare our profession for the future.

A high honor has been paid to one of our Class of 2008 students by the AANA. Ms. Alison Herron will represent Samford University, Department of Nurse Anesthesia in the College Bowl competition at the AANA Annual Meeting in Denver, CO in August. We are very proud of Alison and are all going to be there to cheer her on. If you are planning on attending the AANA meeting, please come to the competition and give your support to one of the student nurse anesthetists from the state of AL.

One last bit of information is that our fourth cohort of students, the Class of 2008 will begin their clinical coursework, June 13, 2007. To each of you that will take part in their clinical education over the next 18 months, I would like to say thank you for all that you do for our nurse anesthesia students. Never forget that famous quotation that we have all heard: "they may be a small percentage of our membership but they are 100% of our future".



## THE EFFECT OF ALCOHOL SWABS AND FILTER STRAWS ON REDUCING CONTAMINATION OF GLASS AMPOULES USED FOR NEUROAXIAL INJECTIONS

Anaesthesia 2007;62:286-288

Hemingway CJ, Malhotra S, Almeida M, Azadian B, Yentis SM

### ABSTRACT

#### Purpose

The purpose of this study was to define the incidence of contamination of the drug inside a glass ampoule when it was opened in the usual manner. Usual ampoule opening procedure was contrasted with wiping the ampoule with an alcohol swab before opening, aspirating the drug with a filter needle, or both.

#### Background

Contamination of drugs with pathogens may lead to patient infection and harm. This is especially so when the drugs are injected into the epidural or subarachnoid spaces. Previous research has separately demonstrated "considerable" contamination of the outer surface of unopened fentanyl ampoules and that wiping the outside of an ampoule prior to opening resulted in a reduction in bacterial contamination of the drug within.

#### Methodology

This prospective, experimental, clinical and laboratory study was divided into two parts. In the first part 100 glass ampoules were opened in the course of normal clinical use without any special precautions. While the clinicians routinely washed their hands after patient contact, hands were not washed immediately prior to opening the ampoules. Gloves were not worn during ampoule opening. The upper third of 50 ampoules was wiped with an isopropyl

alcohol swab and air dried. The other 50 ampoules were opened without being wiped with alcohol. After aspirating the drug within for clinical use, the inside of the ampoules was swabbed and the swab used to colonize a blood agar plate which was incubated for 4 days at 37 °C. In the second part, the exterior surface 100 unopened glass ampoules containing normal saline was contaminated with a pathogen in the laboratory. Wearing clean gloves to protect the researcher, the ampoules were opened. Half were first wiped with alcohol and half were not. The saline inside was then aspirated with a filter needle in half the cases and with a regular hypodermic needle in the other half. This resulted in four groups combining alcohol wiping or not with a filter needle or not. The aspirated saline was then deposited onto a blood agar plate and incubated for two days at 37 °C.

#### Result

In the first part of the study 18% (95% CI: 10-31%) of the ampoules that were not wiped with alcohol before being opened grew organisms. None (95% CI: 0-9%) of the ampoules wiped with alcohol grew organisms ( $P = 0.004$ ). In the second part of the study the number of bacterial colonies grown were counted. A large number of ampoules opened without first being wiped

with an alcohol pad grew multiple bacterial colonies, often greater than 25 colonies. Wiping the ampoule with an alcohol pad prior to opening reduced the subsequent growth of bacterial colonies to the greatest extent. Using a filter needle helped further reduce the number of colonies grown but the effect was small.

### Conclusion

The exterior of drug ampoules is often contaminated with bacterial pathogens. These pathogens contaminate the drug inside when the ampoule is opened without any special precautions. Wiping the top third of the ampoule with an alcohol pad and allowing the alcohol to dry before opening the ampoule significantly reduces the incidence and magnitude of bacterial contamination of the drug inside. Aspirating the drug with a filter needle reduces the contamination of the drug, but to a lesser degree.

### Comment

I can't tell you how surprised I was to read this study. I never dreamed that opening a glass ampoule could routinely result in the bacterial contamination of the drug inside. I'm impressed that someone asked this question and that they did such a good job finding the answer. But it is the second half of their study

that is the most helpful clinically. This study shows convincingly that simply wiping the neck and top part of the ampoule with an alcohol swab and allowing the alcohol to dry prior to breaking the top off dramatically reduced the incidence and magnitude of bacterial contamination. It is always a plus when simple steps are also highly effective. While the clinical consequences of this bacterial contamination are unknown, it seems reasonable to believe it would pose a threat to some patients. The investigators' focus was on the risk to patients receiving neuraxial anesthesia. Given the potentially devastating consequences of injecting bacteria in, for example, the subarachnoid space, their concern is warranted. Based on this information, I will have to change my practice and wipe ampoules with alcohol before breaking them for spinal and epidural use. We should give some thought to wiping ampoules with alcohol prior to opening for all other uses as well. One caution is necessary as a final thought. Ethyl alcohol is used in concentrations of 50% to 100% as a neurolytic. While I'm not familiar with the neurolytic potential of isopropyl (rubbing) alcohol (generally 50% to 70%) I would take care not to allow it to contaminate the drug I'm drawing up for neuraxial injection.

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Michael A. Fiedler, PhD, CRNA

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## Have You Got Your NPI? It's Important!

Though the Medicare agency has delayed some elements of the initial National Provider Identifier (NPI) compliance date past the original date of Wed., May 23, 2007, it remains every provider's responsibility to ensure he or she has obtained an NPI, or that one has been obtained on his or her behalf. It's important to ensure that your NPI works – particularly that it has been communicated to the payors and employers with whom you work.

**Alabama Association of Nurse Anesthetists**

Minutes of Regular Board Meeting  
November 11, 2006

**Call to Order:**

President Jim Henderson called the meeting to order at 10:43.

**Roll Call:**

**Members Present:** Jim Henderson, Shannon Scaturro, David Neal, Frank Saliba, Cliff Joyner, Laura Wright, Jeff Brown, Carol Johnson, Tom Mallory, Amy Saylor, Joe Knight, David Fort, Andy Morris

**Members Absent:** Michael Fiedler, Angie Cox

**Approval of Minutes:**

Minutes from previous Board and Business Meetings had previously be been posted electronically for the Board's review. A motion to dispense with the reading of the minutes was made by Frank Saliba and seconded by Laura Wright. The motion passed without further discussion. A motion to accept the minutes as submitted was made by Laura Wright and seconded by Tom Mallory. The motion to accept the minutes was passed without further discussion.

**Committee Chairs were announced as follows:**

Bylaws:

Jeff Brown

Wellness:

Laura Wright

Finance:

Frank Saliba

PAC:

Cliff Joyner

GRC:

Tom Mallory and Cliff Joyner

Nominating:

David Fort

Program:

Jeff Brown

Public Relations:

Amy Saylor

Publications:

Jim Henderson

Scholarship:

Michael Fiedler

Welcoming:

David Neal

BC/BS Ad hoc:

Shannon Scaturro

Task Force One (CRNA's educating AA's):

Michael Fiedler

Task Force Two (APN Coalition):

Carol Johnson

Task Force Three (Membership Involvement): Carol Johnson

A motion was made by Frank Saliba that either Jim Henderson or Shannon Scaturro serve on task force one. The motion was seconded by David Neal and passed without further discussion.

A motion was made by Frank Saliba to accept the recommendations for committee chairs and seconded by David Neal. The motion was passed without further discussion.

**Committee Reports**

**Bylaws:**

Jeff Brown raised the question as for the need of adding the Public Relations Committee as a standing committee in the bylaws. This matter was discussed by the Board and committee chair Amy Saylor. A motion was made by David Neal to task the Bylaws Committee with amending the bylaws to include the standing committee of Public Relations. The motion was seconded by Laura Wright and passed without further discussion.

**Finance:**

Frank Saliba updated the Board as to the current financial status of the ALANA.

Discussion was also held regarding house keeping issues on how the association documents and reimburses speakers for association functions/educational meetings.

**PAC:**

Cliff Joyner updated the Board on the current reserves in the PAC and brief discussion was held on the importance of continuing to encourage member involvement with the PAC educating the membership of purpose and importance of the PAC.

**Nominating:**

David Fort discussed with the Board the process and requirements for filling the ballot for the upcoming year.

**Programs:**

Group discussions were held regarding possible ideas for future speakers and events at the Spring and Fall ALANA educational meetings.

**BC/BS Ad hoc:**

Shannon Scaturro updated the board on recent news regarding BC/BS reimbursement.

**Task Force Two (APN Coalition):** Carol Johnson will make contacts with APN leaders to inquire into the possibility of coalition formation with our two organizations.

**Task Force Three (Membership Involvement):** Carol Johnson will work on formulating a plan for increasing membership involvement and non member directives.

**New Business:**

**Budget Approval:**

A motion was made by David Neal to accept the budget as outlined previously at the Board retreat. The motion was seconded by Laura Wright and passed without further discussion.

**Approval of ALANA Mission Statement:**

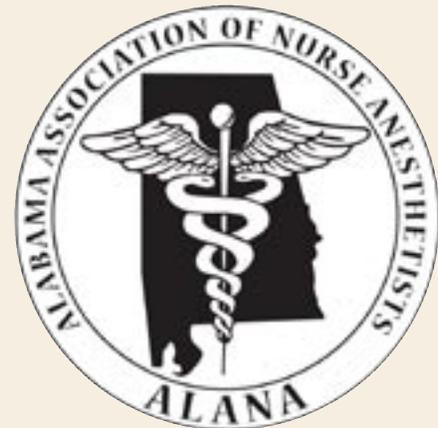
After discussion by the Board, the following Mission Statement for the ALANA was submitted:

“Advancing quality anesthesia care, serving our members, promoting the nurse anesthesia profession.”

A motion to accept the statement was made by Frank Saliba and seconded by Laura Wright. The motion passed without further discussion.

**Adjournment:**

A motion to adjourn was made by Shannon Scaturro and seconded by Cliff Joyner. With no further discussion or business, the meeting was adjourned at 11:57.



# ALANA

THE WYNFREY  
BIRMINGHAM  
OCTOBER 26-28

## FALL MEETING



Alabama Association of Nurse Anesthetists, Inc.  
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Montgomery, Alabama 36106

Periodical Postage  
Paid  
LaGrange, Georgia  
and additional mailing  
office