

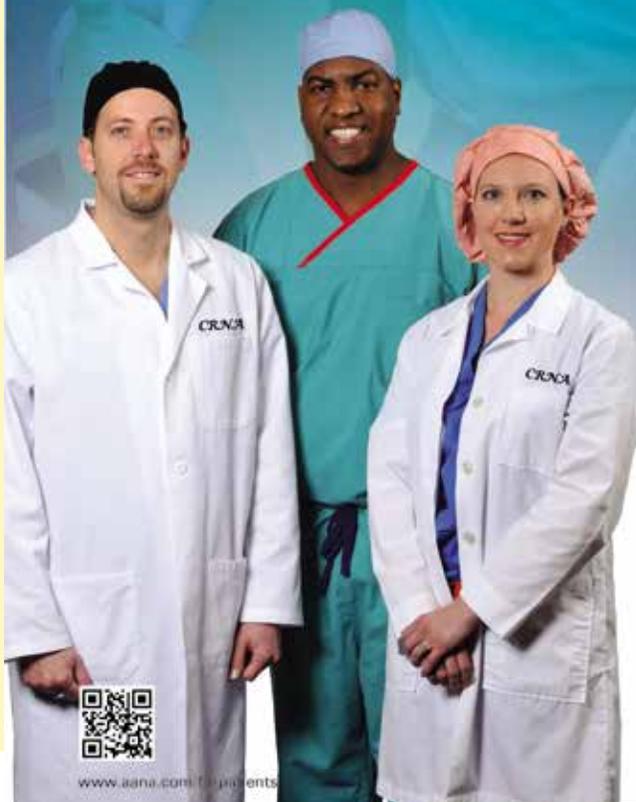
ALANA NewsBulletin

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



Our Priority Our Passion Our Patients

Certified Registered Nurse Anesthetists



Celebrate National
Nurse Anesthetists Week
January 19-25, 2014



American Association
of Nurse Anesthetists



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President's Message . . .

Jennifer Overton, CRNA



What an exciting time to take on the role of president of ALANA! With monumental, long-awaited reimbursement changes afoot for CRNAs across our state, I can definitely say that I am proud to be a part of this association in such a pivotal time. I also want to reiterate that it is crucial for us all to come together and for every member to work for the good of all.

This year has gotten off to a busy start. After taking the helm in September, our new board and committees were immediately faced with disseminating the Blue Cross and Blue Shield of Alabama CRNA reimbursement changes to our membership. Much thanks to the collaborative efforts of Heather Rankin and the PR committee, State Reimbursement Specialist, Shannon Scaturro, and Joe Gribbin of Medical Business Management for their efforts in crafting the FAQs for our website. Please utilize this area of our site, AlabamaCrna.org, to answer your specific questions regarding these changes and to communicate with ALANA regarding any specific reimbursement issues that you face. These FAQs will be updated frequently as new information becomes available, so check in regularly.

AANA recently released a payment plan for CRNA membership dues that may help address some financial concerns of ALANA members. "In response to member requests, AANA has developed two new offerings to our members with regard to paying membership dues. Members now have the option to make quarterly membership dues payments when using the AANA Website with a credit card method of payment. This is the only way quarterly payments are accepted. AANA also can accept multiple year payments of membership dues."

Our new ALANA board of directors met on October 12 and 13 to form a strategic plan for this year. A few of the points and changes of note are as follows. Our next fall meeting will have a change of venue. Next year's meeting will be held at Ross Bridge Resort in Birmingham on October 10-12. Our spring meeting next year will be held at Sandestin Resort on April 25-27. We have a few tricks up our sleeves to spice up these meetings, so make plans to be at both.

One other major decision that we made was to undergo AANA's Organizational Health Review and Strategic Plan. According to AANA, every state will undergo this intensive process which closely examines the inner workings of their respective state organizations with the intent that an outside consultant may find areas of strength which can be magnified and weakness which can be addressed in order to make each state stronger. I am proud that our BOD decided to commit to this endeavor in order to strengthen ALANA for the future.

Our board of directors also decided to create an official Federal Government Affairs Committee. The landscape of healthcare delivery and reimbursement is rapidly evolving, and there are so many incredible and important changes ahead for CRNAs. There has been no time more important for ALANA to support our Federal Political Director's efforts than now, as we are in the midst of major federal healthcare law changes as well as big changes in our Congressional seats.

On the Alabama political note, CRNA Legislative Day will be held January 22. As you are aware, 2014 is an election year. If you would like to help our GRC committee by becoming a key contact or if you have a relationship with a state Senator or Representative, we would love to know about it. Please contact our GRC chair, Seth Richardson, if you are willing to help promote your profession in Montgomery.

We are continuing to closely monitor upcoming pre-filed bills as well as the Alabama Board of Medical Examiners' implementation of the pain management legislation which was passed in the 2013 legislative session. Also, I would like to extend a big congratulations and thank you to Dr. Laura Wright. Dr. Wright was re-appointed by Governor Bentley to serve as an advanced practice nurse representative to the Alabama Board of Nursing. Thank you, Dr. Wright, for your continued service and for representing Alabama CRNAs in such a positive light.

Calendar of Events

January 22, 2014

April 6-9, 2014

April 25-27, 2014

September 13-16, 2014

October 10-12, 2014

April 24-26, 2015

April 22-24, 2016

Legislative Day

Montgomery, AL

AANA Midyear Assembly

Arlington, VA

ALANA Spring Meeting

Destin, FL

AANA Annual Meeting

Orlando, FL

ALANA Fall Meeting

Ross Bridge Resort

ALANA Spring Meeting

Destin, FL

ALANA Spring Meeting

Destin, FL

Finally, two of our biggest goals for this year are to increase membership involvement and to develop new and current leaders. Several leaders from our state attended AANA Fall Leadership Academy in November as an effort to partially fulfill this goal, however, as I have said many times, we cannot do it alone. I want to extend my deepest gratitude to those who have stepped up to serve as leaders of our Association as well as those who have volunteered to serve on committees in order to make this year successful.

Our committees are larger than years' past for a reason. Individuals are much more likely to want to help and stay connected when they feel that they are a part of something and when they see that their contribution, big or small, really matters. Participation in ALANA committees and in leadership roles is extremely rewarding. Check out our website to see if any CRNAs who you know are serving on a committee this year. If you ever wanted to feel like you are a part of the solution, that you are a small part of something huge, that you have made a difference and a lasting impression for those to come, get involved! It is not too late. Contact me personally, and I will plug you into a committee that will best suit your strengths and interests. Thank you all for the privilege of being your president.



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CRNA

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Introduce Yourself Campaign

James (Jim) I. Lay, Jr., CRNA

1. Who was/is your role model/mentor in the profession?

That would be my Uncle, Dr. R.W. (Pete) Kramer, who was a practicing Anesthesiologist in Mobile for many years. He was a direct influence upon my decision to go into anesthesia. His demeanor was one of patience, knowledge, and a keen sense of humor. I miss him very much.

2. How did you get interested in a career as a nurse anesthetist?

My interest in anesthesia naturally gravitated in that direction due to my Uncle, and because I first entered college at L.S.U., as a pre-med student. Since, I was working my way through college, I soon changed my vocation and got a B.S. in Nursing. From there, it was the University of Alabama where I studied Anesthesia. Being able to work extra and pay for my education gave me the opportunity to be debt-free, when I completed my studies.

3. Why did you choose to work in specialty?

My specializing in neuro-anesthesia developed in that direction during the 1980's because of my "comfort zone" in neuro, and the interest of the neurosurgeons with their requests for my services. In 1987, I went to Vanderbilt to monitor their neuro department and did the same in 1988 at Duke. Both utilized the IV pump technique; Vanderbilt with Sufenta and Duke with Fentanyl. I preferred Sufenta, and the technique I used was well received by everyone in Mobile. For about three years my drips, Sufenta and muscle relaxants, were maintained by the use of pediatric buretrols, which proved to be very effective. After that a drug rep gave me a pump and then I was "high tech." During the past few years many advances in surgical technique

and equipment have changed the duration of neurosurgery, therefore, I very seldom use an IV pump or Sufenta. With the advent of Sevo and Precedex, I use more Fentanyl. Within the practice of anesthesia, we are always adjusting to changing times.

4. What is the most rewarding aspect of your career as a CRNA?

It has to be my working with the students from UAB and Dothan during the 1990's. Several were "farmed out" in Mobile to do their clinicals. I specialized in neuroanesthesia and did many, many long cases utilizing IV pumps. The students were always eager and receptive. It was always rewarding when they would contact or relate to me at meetings the techniques learned and utilized in their practice. Of course, I gleaned a lot from them because they had just finished a year of didactics.

5. Most frustrating?

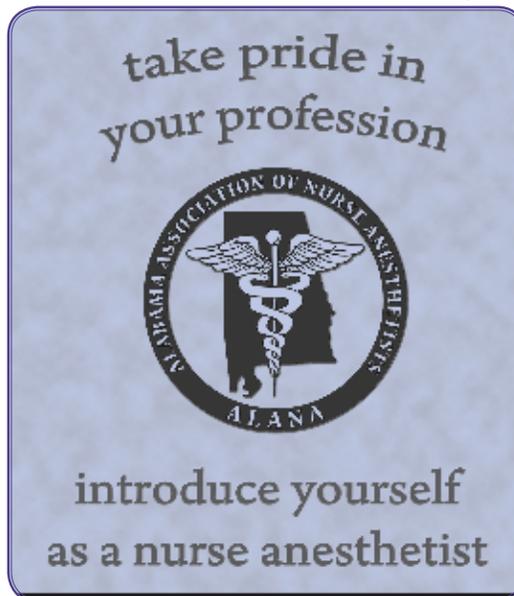
I was very active in the state association during the 1970's, and it was a frustrating time trying to get legislation passed pertaining to the practice of CRNAs. No one would sponsor the legislation because it could be unacceptable by a more politically acceptable group.

6. Most Challenging?

I have been practicing anesthesia for over 48 years and for the first thirteen years, it was without the supervision we experience today. Since 1980, it has been a challenge for me to adjust to "supervision with an attitude." However, for the past 12 years, the working experience has been the best.

7. Do you recommend this career to others?

I have no qualms about recommending the practice of anesthesia to others. It's a profession that is a daily challenge, constant changes, self-satisfaction, job security, etc., etc.



8. What advice would you give those contemplating a career as a CRNA?

Anyone considering a career as a CRNA, should understand the self-sacrifice involved and that of your family, especially if you take call. One should be prepared to study and keep abreast of changes that constantly keep appearing. With the advent of testing in the future, this becomes more of a personal challenge. Therefore, one should always take an active part and support your State and National associations. During my tenure as a CRNA, the changes have been similar to the difference between night and day. When I first started at U.A., there were only a couple of cardiac monitors (the old bullet), no ventilators, no auto b.p. monitors, no teflon needles, and no pulse oximeters, just to name a few. Now, we have sophisticated machines, advanced drugs, and computers. I can't imagine the advancements and changes during the next fifty years.



9. When not practicing anesthesia, what do you enjoy most?

I enjoy spending time with my wife and family, reading, and sailing on Mobile Bay. My sailboat (a 25 foot classic Cape Dory) is kept at the Fairhope Yacht Club, and like all boats, requires a lot of TLC. When experiencing the solitude and quietness associated with sailing, I can unwind and for a period of time escape reality.

10. If you could change one thing about anesthesia, what would it be?

It would be a more positive influence and result from a political standpoint.

Call for Nominations

Carmen Ainsworth, CRNA, Nominating Committee Chair

Are you passionate about the nurse anesthesia profession?

Are you interested in how new healthcare legislation will affect you as a CRNA?

Do you have ideas about how the ALANA can be more effective in promoting and advancing our profession?

If so, then I'd like to encourage you to get involved in your professional organization. To be effective, the ALANA must have CRNAs who are willing to contribute their time, talents, knowledge and expertise. Serving your fellow nurse anesthetists as an ALANA Board Member is one of the most rewarding aspects of a career as a CRNA.

The ALANA is looking for motivated CRNAs to serve on the Board of Directors. In 2014 we will elect a President-Elect, Treasurer, four at-large Board of Director positions and Nominating Committee Chair. If you or someone you know is interested in serving, please contact me or any member of the ALANA Board of Directors. The ballot will be approved at the Spring Meeting, with the election to follow in the fall. Please consider this incredible opportunity to give back to the profession that has given us all so much. We look forward to hearing from you soon!

Carmen Ainsworth, CRNA, MNA, ALANA Nominating Committee Chair
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Anesthesia

Abstracts

LEUKOCYTE DNA DAMAGE AND WOUND INFECTION AFTER NITROUS OXIDE ADMINISTRATION

Anesthesiology 2013;118:1322-31

Chen Y, Liu X, Cheng CHK, Gin T, Leslie K, Myles P, Chan MTV

Abstract

Purpose: The purpose of this study was to compare white blood cell DNA damage in patients who had received nitrous oxide (N₂O) during major colorectal surgery with those who had not received N₂O. A secondary goal was to correlate leukocyte DNA damage with the incidence of postoperative wound infection.

Background: Postoperative wound infections are a leading cause of surgical morbidity and mortality. Colorectal surgery patients have perhaps the highest rate of wound infections, up to 25% in the first week postop. Nitrous oxide is known to inhibit methionine synthase which plays a role in the process of DNA synthesis. Past studies have reported more DNA damage in OR personnel regularly exposed to N₂O than in personnel working outside the OR. Also, some studies suggest that 80% oxygen administered during general anesthesia reduced the wound infection rate. If a high FIO₂ helps prevent wound infections, administering N₂O would be undesirable for this reason as well. Conversely, a high FIO₂ may result in DNA damage due to free radical production.

Methodology

This was a prospective, randomized, double-blind controlled trial. Lab personnel were also blinded to the group assignment of the blood they were testing for leukocyte DNA damage. Adults undergoing elective open colorectal surgery were included. Exclusion criteria included bowel obstruction, ongoing infection, fever within 24 hours preop, and those in whom nitrous oxide was contraindicated. All patients received antibiotics prophylactically before surgery and for 24 hours post op. Wounds were irrigated with povidone iodine solution.

Randomization was stratified to insure that factors other than N₂O administration that might affect the incidence of wound infections were equally distributed between groups. All anesthetics included propofol, sevoflurane, remifentanyl, morphine, and rocuronium. Anesthesia machine flowmeters, vaporizers, and monitoring displays were shielded to prevent surgeons from knowing whether patients were in the N₂O group or not. Core temperature was kept above 35.5°C with forced air warming. One group received 30% oxygen, the second 80% oxygen, and the third 70% N₂O.

The presence of wound infections were assessed according to the ASEPSIS scale and the Centers for Disease Control and Prevention (CDC) criteria. Patients were followed for 30 days postop. Blood was taken to test for leukocyte DNA damage immediately before induction and 24 h postop.

Results: Data from 91 patients in three groups were analyzed. The median duration of general anesthesia was 2.8 hours, and the duration was not different between groups. Baseline DNA damage (measured before induction) was similar

among groups. The presence of comorbidities, types of surgery, and preop lab values were also similar between groups. The lowest average core temperature was 36.3°C and did not differ between groups. Supplemental use of epidural analgesia ranged from 10% to 20% between groups but was not statistically significantly different.

Postoperatively, patients in the N2O group had twice as great an increase in the percent leukocyte DNA damage as did the oxygen groups ($P=0.0003$). DNA damage was proportionate to the dose of N2O received during anesthesia ($r = 0.33$, $P=0.029$). By ASEPSIS criteria the incidence of wound infections was higher in N2O patients compared to 30% oxygen or 80% oxygen (odds ratio 4.29, $P=0.036$). By CDC criteria N2O was not associated with an increase in wound infections (odds ratio 3.36, $P=0.205$). Patients who developed a wound infection spent over 12 days longer in the hospital ($P=0.028$).

Conclusion

An increase in leukocyte DNA damage postop was associated with a higher incidence of wound infections and 70% N2O was associated with leukocyte DNA damage. The extent of the DNA damage was dependent upon the duration of N2O exposure, and was most likely when N2O was used for longer than 2 hours. The oxygen concentration, 30% vs. 80%, had no effect on leukocyte DNA damage.

Comment

For a long time the most critical thing we could say about N2O was that it increased the risk of PONV moderately. Evidence over the last year has suggested that N2O may increase the risk of postoperative cardiovascular morbidity in at least some patients when administered for 4 hours or longer (Anesth Analg 112:387-393 or Anesthesia Abstracts March, 2012, Volume 6 Number 3). Now comes a pretty solid study showing that 70% N2O increases the risk of wound infections by 3x to 4x at least in high risk patients (colorectal surgery). This is a big deal. Postoperative infections are the most common and most costly complication in all of healthcare (average \$3,364 for over 250,000 patients a year, Health Aff 2011;30:596 or in Anesthesia Abstracts Volume 5 Number 6; June 2011). At that rate, anesthesia could potentially make a huge dent in the rate of wound infections simply by ceasing to use N2O. I've long been a defender of N2O. By that I don't mean I always used it, but that I defended it's use in general; always considering it's use in a specific patient by weighing the risks vs. benefits. I'm now finding N2O harder and harder to defend. If the ENIGMA-II trial shows increased risk of cardiovascular morbidity after general anesthetics that include N2O and this data showing increased infections is shown to apply to a wide range of patients and surgeries we will have to think hard about saying good-bye to N2O forever.

Michael A. Fiedler, PhD, CRNA

ASEPSIS = Additional treatment, Serous discharge, Erythema, Purulent exudate, Separation of deep tissues, Isolation of bacteria, and duration of inpatient Stay.

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Medical Missions: “We’re Not in Kansas Anymore”

by Laura Durchsprung, SRNA, Samford Student Rep.



This past September, I had the incredible opportunity to travel to Guatemala City, Guatemala to participate in a medical mission trip. The Monroe Carell Jr. Children’s Hospital at Vanderbilt partners with The Shalom Foundation of Franklin, Tennessee and sends various surgical teams to serve at The Moore Pediatric Surgery Center in Guatemala City multiple times a year. This trip specifically

We can use these experiences in our anesthesia careers to meet our patients where they are and make them as comfortable as possible. It was so wonderful to see the fear leave these children’s faces when the anesthetic process was explained to



focused on plastic surgery procedures, and many children’s lives were vastly improved because of the operations. For me, the most special part of the trip was serving alongside my mom, a CRNA of 29 years.

them. They had so much fun “blowing up the green balloon” and playing with the toys we provided. It was almost as if they had forgotten why they were at the hospital in the first place! This experience will definitely stay with me long after returning home.

Guatemala is one of the poorest countries in our hemisphere, with 53% of Guatemalans living in poverty¹. It is always eye opening to travel away from the comfort of home and see how the rest of the world lives. If at all possible, I would recommend going on a mission trip as an anesthesia student. Not only did I learn valuable lessons about caring for pediatric patients, I learned them in a different country with minimal supplies! We made anesthesia “carts” out of luggage, used less than ideal anesthesia machines, and learned new ways to communicate to our Spanish-speaking patients. One of the most valuable lessons I learned on the trip is that caring has no boundaries, and the way we interact with our patients should stay the same no matter where in the world we choose to practice. As anesthetists, we are nurses first and foremost. We have been at the bedside to hold a hand during a difficult time or been present to celebrate good news and improvements.

Our team was able to complete 44 surgeries, ranging from frenulectomy and polydactyly procedures to microtia and cleft lip repairs. The most rewarding part of the trip was visiting the children the next morning in the clinic and seeing their smiling faces. They were



so thankful and excited to receive the great care that we so easily take advantage of here in the States.

One little girl had a tremendous impact on the entire team. Her name is Evelyn, and she lost both of her arms in an electrocution accident. She underwent surgery to revise scarring on one of her arms. Once the team returned to the States, one of the nurses began researching organizations that provide prosthetics to people in foreign countries. She was able to connect with the Range of Motion Project (ROMP), and told them Evelyn's story. They acted quickly, and in late October, Evelyn was fitted for two prosthetic arms! It is amazing to be able to help these children even after leaving the country. If you would like more information on Evelyn and ROMP, you can visit the



“Evelyn’s Journey” page on Facebook.

We will forever be connected to the children we cared for during that week. I am so thankful for my professors at Samford who enthusiastically encourage mission trips and learning the art of anesthesia outside the comfort of our American operating rooms. I am also thankful for the many “pearls” I learned from all of the anesthesia personnel, which I can apply to my practice in the future. I can honestly say that this trip was a highlight of my life, and I cannot wait to return to Guatemala as a CRNA.



1. *The Shalom Foundation. Guatemala. Available at: <http://www.theshalomfoundation.org/about/guatemala/>. Accessibility verified 2013.*



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Fall Meeting Highlights



Lisa Allison and Terri Cahoon pose with Funderburg Lecturer Marjorie Everson and ALANA Program Chair Patrick Hubbard.



David Glover, Michael Humber, Seth Richardson, Krista Miller and Laura Wright enjoy visiting in the trade show.



ALANA President Jennifer Overton and President-Elect David Gay visit between sessions.



Students model caps at ALA-CRNA PAC table.



ALANA Program Chairs Patrick Hubbard and Matt Hemrick pose with speaker Jessica Elms.



President Jennifer Overton presents outgoing ALANA President Phillip Kendrick with gift.

UAB Program Update

By Todd L. Hicks, MNA, CRNA
Assistant Professor, UAB Nurse Anesthesia



This has certainly been an exciting year for the UAB Nurse Anesthesia Program. We completed transition and are now thriving in the School of Nursing. We welcomed 37 new students this fall to matriculate as our class of 2015, and thus far they have proven to be worthy of the challenge of nurse anesthesia school. In December, UAB will award 35 of our students Master of Science in Nursing diplomas, and we expect all will pass their board exam and promptly enter the field of nurse anesthesia as competent, professional representatives of the UAB NA Program.

In August, 12 UAB students travelled along with faculty and the Dean of the School of Nursing, Dr. Doreen Harper, to Las Vegas, Nevada for the AANA Annual Meeting – and it was a rewarding experience! UAB alumni Alfred Lupien, CRNA, PhD, FAAN and Larry Hornsby, CRNA were each recognized for their contributions to the field of nurse anesthesia. Dr. Lupien, who was recently recognized as a Visionary Leader by the UAB School of Nursing, received the AANA Program Director of the Year award. Mr. Hornsby, a visionary nurse anesthesia entrepreneur, was named the 2013 recipient of the Agatha Hodgins Award for Outstanding Accomplishment. UAB Nurse Anesthesia Program Director Laura Wright, PhD, CRNA presented a lecture entitled “Addiction and Return to Work: Is it Possible?” as a part of the wellness lecture series.



Alfred Lupien & Larry Hornsby

The UAB NA Program is also proud to announce that one of our junior students, Elizabeth Fuller, ran for office of the student representative for the AANA Education Committee, capping off her campaign with a fantastic address to the assembly. Aaron Ainsworth, also a junior student, finished second place in the AANA 8th Annual Wellness 5K with a time of 17:46. Our program was pleased that a UAB senior student, Brandon Lemen, BSN, SRNA, was selected to participate in the AANA College Bowl. We are extremely proud of the accomplishments of our students, faculty, and alumni in the national association!



Aaron Ainsworth pictured on left

Three UAB Nurse Anesthesia students participated as educators in the ALANA Fall meeting. Recent graduate Jessica Elmes, MSN, CRNA, presented her work “The Effects of General Anesthesia in the Developing Brain” to the assembly, while two senior students, Krista Miller and Steven Plott, presented their graduate papers via poster. Elizabeth Fuller was nominated as the ALANA UAB Student Representative, a position which she will excel in. Several other

UAB Program Update

UAB alumni and students serve on the ALANA Executive Council, Board of Directors, and various committees, and we are excited about the penchant our graduates have for service at both the state and local levels. Thank you for your continued service.



From L-R: Elizabeth Fuller, SRNA; Krista Miller, SRNA; Jennifer Overton, CRNA, ALANA President

A current UAB faculty member and alumna was honored at the 2013 UAB School of Nursing Alumni Night. Michael Humber, DNP, CRNA, who was awarded both his MNA and DNP from UAB, was awarded the Marie L. O’Koren Alumni Award for Innovation. This award recognizes alumni who have made innovative contributions to the field of nursing.

The 4th Annual UAB Nurse Anesthesia Continuing Education Conference was held in Spring, 2013 at Renaissance Ross Bridge Golf Resort & Spa and it was our most successful year to date. This is a wonderful opportunity to earn continuing education unit as well as fellowship with colleagues and former classmates. Information pertaining to our 5th Annual event will be made available soon.

Fall is always an exciting time at UAB and this year has been no different. Several of our junior students took time

off from studying to take part in the Magic City Miracle, a major service project in Birmingham that benefits school-children, elderly, indigent, and homeless populations. Homecoming week festivities again provided our students the opportunity to represent our program in the UAB Gurney Race. This year’s team “Haulin’ Gas” finished 4th overall, and they provided us all with the opportunity to enjoy some of the community and spirit of UAB.



Haulin’ Gas

It is in the fall that we initiate our new class, and it is every year that we are reminded that in addition to being the most intelligent and skilled students, these are all hard-working and benevolent men and women that we are honored to call UAB Nurse Anesthesia students.



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SAMFORD UNIVERSITY

Department of Nurse Anesthesia

Update

by Terri Cahoon, DNP, CRNA
Chair, Nurse Anesthesia Department



In September, Jackie Davis retired after more than ten years as the department secretary and twenty years with Samford. Jackie was an integral part of the establishment and success of the department. In her honor, the Jackie H. Davis Medical Missions Fund was established to help provide financial assistance to student nurse anesthetists as they travel and serve. Thank you to the many alumni and friends of the department for your generous contributions.

On October 11, the Ida V. Moffett School of Nursing celebrated some accomplished alumni at the Courage to Care Awards Gala. Nurse anesthesia graduates Pennie Nichols and Molly Shaw were recognized for their work with Kenya Relief. In November, Pennie returned from a medical missions trip that included participation in the Kenya Relief 5K Run/Walk, while in Kenya. This fundraiser was the second that Pennie has organized and promoted to encourage donations for the construction of a medical center in Migori. Molly returned from her most recent medical missions' trip with Kenya Relief in August. She voluntarily serves as the medical missions' coordinator for the organization. Both Pennie and Molly embody the commitment to putting others first, serving selflessly, putting words into action, and sharing their gifts and talents with others. Encouraged by their example, Samford graduates Dena Bedsole and Katie Floyd participated in KR medical missions' trips in August and October respectively.

Thank you to Tom Dryden, the officers, directors, and members of the ALANA for the reception for new student nurse anesthetists during the Fall Meeting weekend. The twenty-three students of the Class of 2015 enjoyed the opportunity to spend time with fellow SRNAs from UAB. Recent 2013 graduates Natalie Shields and Kelly Pittsley provided excellence evidence for providing the best anesthesia for robotic procedures in their presentation. This networking and the professional development afforded by the Fall Meeting allowed the students to learn more related to clinical, reimbursement, and professional issues.

In December, Terri Barton, CRNA, will complete her Master's in Nursing degree. She is the first graduate of the

degree completion program designed for CRNAs who are practicing. Terri started the program in June 2012 and has worked full-time as she participated in the on-line program. Taking advantage of technology, she will be completing the requirements without ever coming to campus. Although she has ties to Alabama, Terri has lived in California and Europe while doing her coursework. Congratulations to Terri and thank you for being such a great student!



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Do you give a buck?

By: Susan Hansen,
ALANA Government Affairs Specialist



Political season is here. Candidates intending to run for elected office in the 2014 primary election were able to start soliciting and accepting contributions on June 3rd of this year. The primary elections will be held on June 3, 2014, with the general election November 4, 2014. Although it may seem early to start working on next year's elections, candidates are campaigning and holding fundraisers all around the state now.

The ALA-CRNA PAC was established to increase the political influence of Alabama's CRNAs and we need your help by making a substantial contribution to your ALA-CRNA PAC today. Your financial contribution allows ALANA to gain political influence and enables us to contribute to candidates who are interested in our issues and likely to vote with us.

All 35 Senate seats and 105 House seats are up for election in 2014. It is going to be a busy and exciting year ahead and ALANA needs to be prepared. How does one get legislation passed? VOTES – but unfortunately it takes dollars for candidates to run their campaigns, to get their message to the voters. Organizations and causes that have the most resources tend to wield the most influence. Elections for contested House seats can cost candidates over a hundred thousand dollars and many Senate races can run in the hundreds of thousands, with some spending closer to a million in a highly competitive race. Most of the money raised for these elections comes from Political Action Committees similar to the ALA-CRNA PAC. Legislators remember those who donate to their campaign.

What else can you do to help? For starters be sure you are registered to vote. Legislators listen to those who are voting constituents. The one thing legislators fear most is chaos amongst their constituency.

Communicate with your neighbors, relatives, and coworkers to generate phone calls, emails and letters. Speaking directly to your state legislator is the best way to communicate your opinion on an issue and it works. Stay involved in what ALANA is trying to accomplish in the

legislature and learn the issues that our organization is working on. This can be achieved by reading your quarterly News Bulletin and keeping up with email updates and alerts. In 2014 the districts will change ----Learn who represents you in the legislature and get to know them. Legislators remember those who work in their campaigns. Volunteer your time on a campaign.

Developing a personal relationship with the candidate can go a long way in securing an ally in the legislature. They don't want to hear from you the first time with a problem --- get to know them now. If you don't know who represents you in the Alabama House and Senate, it is easy to find out. Go to www.legislature.state.al.us/misc/zipsearch.html and follow the simple instructions or call Susan Hansen at 334-244-2187 ext. 6 for assistance.

Ask yourself – 1) can we really expect to go into battle when we are not supporting the campaigns of the decision-makers and 2) will I look back if we are under attack and say “I wish I'd contributed a buck-a-day to help elect people that will protect my profession.”? It is time for us to be prepared.

The time is now to start building our political coffers as the 2014 campaign season is amongst us. We need your help.



The ALANA Team wins the Congressman Terri Sewell Fundrasing Golf Outing

Alabama Board of Nursing: Advanced Practice Nursing Update & Tips

*Peggy Benson, RN, MSHA, MSN, NE-BC, Deputy Director,
Alabama Board of Nursing*



The Alabama Board of Nursing is in the process of implementing a new information system that includes changes to Advanced Practice Nursing (APN) as well as, updating the information available on the ABN website, under the APN tab. The changes will increase the information readily available to each APN nurse related to their own practice and places this information at their fingertips. The APN will be able to go on-line and pull up their individual practice information, which will be similar to on-line CE look up.

In October, the ABN rolled out a “Status Check for Initial APN Applications”. This allows APN’s to check their application status and provides a checklist for missing information that may need to be submitted to the ABN to complete the application. The ABN also rolled out a Frequently Asked Question and Answer page under the APN tab, which includes links to the other APN information.

In addition, as a reminder, maintaining your national certification is an individual responsibility of each APN and failure to do so may result in disciplinary action. The ABN is not responsible for reminding each APN of their approaching certification expiration dates. The advanced practice approval card shall expire prior to the RN license

card if the advanced practice national specialty certification expires during the license period. The tips listed below provide you with several options to aid you in tracking your individual expiration deadlines so that your certification does not expire.

Tips for Monitoring your Certification Status

1. Place a reminder on your electronic calendar/iPhone at least two-three months before your certification is due to expire. Act on that reminder when it pops up.
2. Place a second reminder on your Internet Explorer task list or email calendar at work and be sure to date the reminder.
3. Do not ignore your recertification renewal letter from your certifying organization. Renew early and do not procrastinate. Place the letter in a conspicuous place so that you see the notice frequently and cannot overlook that it is due.

NOTE: If your certification expires cease working immediately until you reinstate your ABN certificate to practice as an APN.