Candidates Sought for Position of Deputy Executive Director

With health reform implementation starting, the AANA Washington, D.C. office will be seeing an increased regulatory and legislative workload. The AANA sees the need to strengthen our staff to cover our expanding work. To help meet this need, the AANA is seeking candidates for the newly created position of deputy executive director. The individual chosen for this position will join the staff at the AANA Washington, D.C. office.

I encourage members interested in this new opportunity to read the job description summary below and see the full job description on the AANA website at the link provided below.

Sincerely,

Wanda Wilson, CRNA, PhD, MSN
Executive Director, American Association of Nurse Anesthetists

Position Description
The individual chosen for this position will support the AANA by assisting the Executive Director in 1) attaining organizational goals and objectives that advance the profession of nurse anesthesia for the betterment of AANA members and the patients they serve, and 2) providing leadership, management, and vision to ensure that the proper policies and procedures are in place to promote the Association’s growth and secure its financial strength and operating efficiency.

The Deputy Executive Director also supports the AANA through his/her role in the Washington, D.C., office by 1) maintaining a structured yet creative work environment, 2) ensuring effective communication between the Washington and Park Ridge AANA offices, and 3) working with the Senior Director of Federal Government Affairs to develop political strategies and lobbying efforts that advance the interests of AANA members and the public at large with regard to anesthesia services, as well as to establish and maintain relationships with key Washington decision makers.

To Apply for this Position
For a complete job description, position requirements, and instructions for submitting an application, visit www.aana.com/MemberNews.aspx?id=25507. (Member login and password required.) The deadline for applying for this position is May 15, 2010.

March 30, 2010

EyeGard™ is the safe, effective way to protect eyes during surgery.

Call or email for a free sample package
800-528-2000
contact@kmsurgical.com

Upcoming Events
April 25-28, 2010: Mid-Year Assembly
May 5, 2010: Essentials of Obstetric Analgesia/Anesthesia Workshop
June 4-7, 2010: International Federation of Nurse Anesthetists 9th World Congress for Nurse Anesthetists
August 7-10, 2010: AANA Annual Meeting

Dates to Remember
Hot Topics
Federal Government Affairs and PAC
Professional Practice
PR, Publications and eCommunications
Jobs

Healthcare Headlines

Healthcare Headlines is for informational purposes, and its content should not be interpreted as endorsements, standards of care, or position statements of the American Association of Nurse Anesthetists.

- Anesthesia May Increase Alzheimer's Risk
- Research Probes Anesthesia's Effects on Attention
- Big Brother? Hospital Monitoring Programs Zoom in on Clinicians
- New Focus on Averting Errors: Hospital Culture
- Strategies Increase Health-Care Worker Vaccination Rates—Protecting Patients
- Study Results From University of Ottawa Provide New Insights Into Anesthesia
- Keeping Vigil Over the Patient: A Grounded Theory of Nurse Anaesthesia Practice
- Internationally Renowned Health Expert Dr. Michael Roizen to Lead Anesthesia Safety Initiative

Inside the Association

Hot Topics

Wearing Masks Now Available Online
Wearing Masks, the highly regarded collection of programs on substance abuse disorders in anesthesia, is now available online! From this AANA webpage, you'll be able to view and/or download the individual video segments and follow links to many related resources online. If you haven't seen Wearing Masks, the AANA strongly recommends that you do. Knowledge of the risk of chemical dependency within the profession is crucial to CRNA and student nurse anesthetist well-being, as well as ensuring the safety of patients in their care. AANA member benefits include the wellness program, provided to encourage and support individual wellness, and peer assistance, to help those facing chemical dependency. (Peer Assistance Hotline: 800/654-5167).

AANA®Learn® Expanded CE Learning Offers More Clinical Topics
The AANA®Learn® staff regularly reviews feedback from online course evaluations and has worked to meet requests for more clinical content. The six courses in the Clinical Topics catalog cover subjects ranging from anaphylaxis to malignant hyperthermia to neuroimmune activation of chronic pain. Topics covered by the three Procedures CONSULT courses include transeosophageal echocardiography, thoracic epidural approaches, and Bullard laryngoscopy and GlideScope® intubation. Each course is approved for one CE credit and is priced at $35 each for AANA members.

To fill the need for pharmacology content, AANA®Learn® plans to add a two-CE credit course titled Anti-thrombotics to the Pharmacology catalog. The Anti-thrombotics course will be available soon at the introductory sale price of $49 for members (regularly $70 for members, $100 for nonmembers) for a limited time only. More pharmacology courses will be added over time.

Previous Poll Results
Do you plan to vote electronically in the Fiscal Year 2011 AANA Elections?

<table>
<thead>
<tr>
<th>Yes</th>
<th>94%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>6%</td>
</tr>
</tbody>
</table>

Founded in 1931, the American Association of Nurse Anesthetists (AANA) is the professional association for more than 40,000 Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists.

Anesthesia E-ssential is an executive summary of noteworthy articles of interest to nurse anesthetists. It is
With the 2010 recertification deadline approaching—now is a good time to browse the AANALearn® catalogs for your CE credit needs. There are a wide variety of topics, and prices range from $7 for certain one-CE credit courses to $70 for highly specialized two-CE credit courses. Click on www.aanalearn.com to log in as a member and begin your Expanded CE Learning.

Return to Headlines

Federal Government Affairs and PAC

Major Health Reform Enacted by Congress: What’s Its Impact on CRNAs?
What impact does the major health reform legislation the president signed into law have on CRNAs? And, how do individual CRNAs and the profession as a whole address the many next steps associated with implementing this complex law? To help answer these questions for AANA members, the AANA has posted on www.aana.com/healthreform.aspx an "Initial Guide to Health Reform for CRNAs." (Links require AANA member login and password.) The document describes significant provisions in health reform that address critical CRNA priorities like provider nondiscrimination and nurse workforce development, as well as issues that health reform did not address, such as the ongoing cycle of Medicare Part B payment cuts to CRNAs and physicians. The document also provides links to accessible summaries of the health reform legislation, general and detailed timelines of its implementation, and a detailed, section-by-section look at all of the health reform bill. The fact that health reform is now signed into law means that the AANA must continue its vigorous advocacy to ensure that the implementation process taking place in federal agencies, and any technical corrections legislation developed in Congress, benefit from the voice of CRNAs.

AANA President Walker Testifies on Capitol Hill for Veterans Affairs CRNA Issues
Promoting the development, recruitment, and retention of CRNAs in the Veterans Health Administration (VHA) is critical to the U.S. Government being able to ensure our veterans have access to the safe anesthesia care that they need, AANA President Jim Walker, CRNA, DNP, stated on testimony on Capitol Hill (requires AANA member login and password) March 23. Testifying before the House Appropriations Subcommittee on Military Construction and Veterans Affairs chaired by Rep. Chet Edwards (D-TX), Walker underscored the importance of CRNAs to the mission of the VHA, and the contributions of the Association of Veterans Affairs Nurse Anesthetists (AVANA) to quality healthcare.

AANA Urges Boost in Title 8 Nurse Workforce Development Funding
Working in collaboration with the Nursing Community in Washington, the AANA cosigned a letter March 18 urging Congress to boost Title 8 nurse workforce development funding by 10 percent, to $267.3 million, in the FY 2011 federal budget process. The letter, signed at the direction of AANA President Jim Walker, CRNA, DNP, and 43 other nursing organizations, urged that the increase be devoted to the four Title 8 programs that have not benefited from recent Title 8 funding increases, and that help build the educational infrastructure needed to expand the development of registered nurses, APRNs, and CRNAs. The programs targeted by the Nursing Community for the boost include the programs for Advanced Education Nursing; Nursing Workforce Diversity; Nurse Education, Practice and Retention; and Geriatric Education, all of which are described in this brochure.

Medicare Payment Cuts of 21.2 percent Hit April 1 Unless Congress Acts
With huge 21.2 percent cuts to Medicare Part B payment for CRNA and physician services due to hit April 1, Congress continues moving in fits and starts to reverse the cuts even on a short-term basis. Most recently, the U.S. House of Representatives okayed legislation by voice vote on March 17 (H.R. 4851) providing for a month’s distributed bimonthly to AANA members.

Anesthesia E-ssential is for informational purposes, and its contents should not be interpreted as endorsements, standards of care, or position statements of the American Association of Nurse Anesthetists.

If you are interested in advertising in Anesthesia E-ssential contact Mindworks Communications at 800-257-8290 or visit the website at www.gomindworks.com.

For more information on AANA and Anesthesia E-ssential, contact:

AANA
222 S. Prospect Avenue
Park Ridge, IL 60068
Phone: (847) 692-7050
Fax: (847) 692-6968

Attn: Linda Lacey
E-ssential Editor
llacey@aana.com

Supporting Our Members — Protecting Our Patients

Mission:
Advancing patient safety and excellence in anesthesia care

Vision:
Recognized leaders in anesthesia care

AANA Anesthesia E-ssential
3/30/2010
reprieve from the cuts. However, late the week of March 21, even this short-term relief from the cuts was running aground in the Senate, in part over the issue of offsetting the cost of the legislation. AANA members are encouraged to continue contacting Congress (member login and password required) to urge lawmakers to enact not just short-term relief from these cuts, which would affect patient access to healthcare, but also to develop a longer-term solution that restores stability to Medicare payment in the healthcare system.

Professional Practice

Joint Commission Update: Medication Labeling
The Joint Commission’s medication labeling requirements were recently modified to eliminate the requirement for a preparation date on the label. The requirement for a preparation date on labels was added to the National Patient Safety Goals for 2010 and was in addition to longstanding requirements for the expiration date and time. In the March 2010 issue of its publication Perspectives, the Joint Commission recognized that the additional requirement for a preparation date was too burdensome for healthcare organizations and eliminated it effective immediately for all hospitals, critical access hospitals, ambulatory care centers, and office-based surgery programs. The change should be reflected in the next print editions of the Joint Commission manuals for these programs.

PR, Publications and eCommunications

Awareness under General Anesthesia: Updated Information for Patients Now Available at AANA.com
*Intraoperative Awareness Under General Anesthesia*, a newly updated, printable brochure for patients and healthcare providers, is available in pdf format free of charge in the Anesthesia Awareness section of the AANA website. Visit [www.aana.com/awareness.aspx](http://www.aana.com/awareness.aspx) to download the brochure and access other intraoperative awareness-related information.

Jobs

Visit the CRNA Career Center.

Anesthesia May Increase Alzheimer’s Risk

The findings of a study by researchers in Spain, as reported in the *Journal of Alzheimer’s Disease*, suggest that repetitive exposure to the inhaled anesthetic isoflurane could present a risk for developing Alzheimer’s. Some epidemiological research has uncovered a higher incidence of Alzheimer’s in patients undergoing anesthesia and surgery, and the results from the Neuropharmacology Laboratory at Hospital Ramon y Cajal in Madrid seem to support this theory. Studies there on mice revealed that anesthesia is safe for normal subjects but can cause changes similar to those observed in the brains of Alzheimer’s patients when administered to mice with mutations of the amyloid precursor protein—a genetic risk factor for the disease. What this implies, according to Dr. Justo Garcia de Yebenes, is that “before surgery requiring anesthesia, it may be ideal to know the genetic background of the patients so that the drugs used and the pattern of anesthesia may be personalized accordingly.”

From "Anesthesia May Increase Alzheimer’s Risk"
Research Probes Anesthesia’s Effects on Attention

Research suggests that low-dose anesthesia affects one particular component of a patient’s attention. Researchers with the University of California, Irvine School of Medicine, assigned 19 individuals to perform the Attention Network Test (ANT) before and during administration of one of five categories of low-dose anesthesia. Another 11 subjects performed the test before and during administration of a placebo. The five categories of low-dose anesthesia were dexmedetomidine (Precedex, Hospira), 0.3 ng/mL; propofol, 0.5 or 1.0 mcg/mL; and nitrous oxide, 20 percent or 40 percent. Each drug caused a dose-dependent slowing of reaction times measured with the ANT, a 30-minute computer test of reaction times. Subjects who received either dose of propofol or 40 percent nitrous oxide had significantly slower alerting responses, while those who received dexmedetomidine or 0.5 mcg/mL propofol had much slower decision responses. Because of this disparity, researcher Michael Alkire, noted that “attention is dissociable, and the alerting component of attention is likely the most sensitive to suppression with anesthesia.”

From "Research Probes Anesthesia’s Effects on Attention"
Anesthesiology News (03/01/10) Vol. 36, No. 3, Frei, Rosemary

Big Brother? Hospital Monitoring Programs Zoom in on Clinicians

In a bid to wipe out nosocomial infections in hospitals, several have adopted monitoring programs that cover hand-washing stations in intensive care units (ICUs) and anywhere else where caregivers—including nurses and surgeons—come into physical contact with patients. North Shore University Hospital in Manhasset, N.Y., was the first in the nation to do so, installing video cameras a year ago to capture the frequency with which healthcare workers are washing their hands. The Maryland Patient Safety Center launched a similar initiative this past January; but instead of using surveillance equipment at hand-washing stations, it placed incognito human observers onsite. While Dr. William Minogue, executive director and president of the center, says anesthesia professionals are a regular presence in the ICU and around the hospital and therefore can expect to be monitored, Dr. Kenneth Abrams, an anesthesiologist and senior vice president for clinical operations at North Shore-Long Island Jewish Health System, does not expect professionals in his field to come under as much scrutiny there. The North Shore project is more targeted, he explains, to specialists who have the most difficulty in complying: those who are in the ICU only occasionally, rather than those who spend much more time in that area. Both Abrams and Minogue stress that their programs are voluntary and intended to be educational rather than punitive. That is not necessarily so at Rhode Island Hospital in Providence, however, where state health officials in November mandated the installation of video and audio equipment in all operating rooms following a string of wrong-site surgeries.

From "Big Brother? Hospital Monitoring Programs Zoom in on Clinicians"
General Surgery News (03/01/10) Dillon, John

New Focus on Averting Errors: Hospital Culture

Hospitals are working to improve safety and reduce malpractice claims from staff who make errors that lead to preventable infections, medication mix-ups, and even death. In a surprising twist, many also are setting up protocols for dealing with the doctors, nurses, and other caregivers responsible for the mistakes. The Care of the Caregiver standard, developed by the National Quality Forum, calls on hospitals to help staffers who are traumatized by the inadvertent mistakes they made and involve them in the investigation. Safety advocates and nursing groups question the use of criminal charges, especially in situations where healthcare providers were operating in a faulty system. “Criminal accusations against healthcare providers who work in a system set up to fail are extreme,” says Sue Sheridan of Consumers Advancing Patient Safety.
"By the same token, there has to be some accountability when families have suffered a tragic loss." Engineer David Marx developed a model called Just Culture, which emphasizes finding a middle ground between a blame-free culture and an overly punitive response by treating caregivers fairly without absolving them of responsibility. It also seeks to reduce the risk of mistakes and accidents by altering the culture in a hospital. The method necessitates an assessment of both the caregivers' actions and systemic flaws and external influences, such as a failed coding systems, fatigue from being over-worked, and other providers' violations of hospital policy. Marx said it was designed to "address risky behaviors before they lead to the death of a patient" by training and coaching those who already make risky decisions.

From "New Focus on Averting Errors: Hospital Culture"

Wall Street Journal (03/16/10) Landro, Laura

Return to Headlines

**Strategies Increase Health-Care Worker Vaccination Rates—Protecting Patients**

Studies presented at the Fifth Decennial International Conference on Healthcare-Associated Infections—convened by the Centers for Disease Control and Prevention, the Society for Healthcare Epidemiology of America, and other organizations—show how social networking, declination strategies, and mandates can be used to boost flu vaccination rates among healthcare workers. A study by University of Iowa Health Care looked at a social network used by more than 6,500 healthcare personnel from 2007 and 2008 and determined that vaccinated healthcare workers have more interactions with co-workers, while unvaccinated healthcare personnel are more isolated and have fewer co-workers who have been vaccinated. Researchers determined that hospital-based flu vaccination campaigns should focus on personnel with a history of non-vaccination. Meanwhile, Kansas City-based Children's Mercy Hospital and Clinics said a mandatory vaccination/declination policy accompanied by free flu vaccines and educational materials boosted its employee vaccination rate to 90.5 percent last year from 63 percent in 2004. A mandatory vaccination policy instituted for the 2009-2010 flu season by Hospital Corporation of America requires healthcare workers who decline vaccination due to medical conditions, allergies, or religious or philosophical beliefs to wear masks or be reassigned to non-patient contact roles. The policy increased its employee vaccination rate to 97 percent.

From "Strategies Increase Health-Care Worker Vaccination Rates—Protecting Patients"

EurekAlert (03/17/10)

Return to Headlines

**Study Results From University of Ottawa Provide New Insights Into Anesthesia**

Somatic paravertebral block (SPVB) provides better pain relief than no block, and it reduces the need for opioids in children undergoing open appendectomies, researchers found. In a study of 36 children, ages three to 16 years, who were undergoing the procedure, all subjects were put under anesthesia induced with propofol and maintained with isoflurane in N2O/oxygen, and all received fentanyl, acetaminophen, and ketorolac during anesthesia. Group I subjects received a right SPVB at T-11, T-12, and L-1 using ropivacaine with epinephrine preoperatively. Group II served as the control and had only bandages applied to the skin. Both groups received morphine every two hours for high pain scores, but the SPVB group required significantly less morphine than the control group, and had a much longer time to first dose. Incidence of vomiting was 11 percent with the SPVB group and 27 percent with the control group. Side effects were not statistically different between the groups, the researchers noted.

From "Study Results From University of Ottawa Provide New Insights Into Anesthesia"

Pain & Central Nervous System Week (03/15/10)

Return to Headlines
**Keeping Vigil Over the Patient: A Grounded Theory of Nurse Anaesthesia Practice**

Researchers conducted a grounded theory study to examine the role and practice in Canada about nurse anesthetists. Investigators gathered participant observation and face-to-face interviews at the 75th annual American Association of Nurse Anesthetists convention in August 2006 and then conducted follow-up telephone interviews. A site visit was performed to observe anesthesia professionals in practice and working with students, and to conduct additional interviews. Investigators identified a basic social process of how nurse anesthetists practice, "Keeping Vigil over the Patient." This process consists of four categories: Engaging with the Patient, Finessing the Human-Technology Interface, Massaging the Message, and Foregrounding Nursing. Based on their findings, the researchers concluded that "nursing was clearly evident in anesthesia practice, reflecting a seamless integration of divergent ontological perspectives." This role, then, has "considerable potential as a new advanced nursing role in countries where it has not yet been adopted," the authors conclude.

From "Keeping Vigil Over the Patient: A Grounded Theory of Nurse Anaesthesia Practice"
*Journal of Advanced Nursing (02/10) Vol. 66, No. 3, P. 552; Schreiber, Rita; MacDonald, Marjorie*

**Internationally Renowned Health Expert Dr. Michael Roizen to Lead Anesthesia Safety Initiative**

The International Anesthesia Research Society (IARS) announced that Dr. Michael Roizen will assume chairmanship of the executive board of SAFEKIDS (Safety of Key Inhaled and Intravenous Drugs in Pediatrics), a public-private partnership between the U.S. Food and Drug Administration and IARS. SAFEKIDS was created to address gaps in clinical and scientific knowledge regarding infants and children undergoing anesthesia and sedation. Roizen will spearhead a fundraising effort to generate $30 million to support the research. He explained, "Making sure that drugs, and procedures using drugs, are safe and have a good chance of benefiting a patient's long-term health is the most important goal of medicine today. The great news is that while anesthesia-related studies are difficult to do, the FDA and hundreds of researchers are enthusiastic about doing them." Dr. Rob Sladen, who chairs the IARS Board of Trustees, praised the addition of Roizen to the partnership, noting, "He has earned the public's trust through his tireless advocacy of wellness and safe medical practice. This, along with his first-hand knowledge of anesthetics and anesthesia practice, uniquely qualifies him to lead SAFEKIDS and help the public understand the implications of ongoing research on the safety of anesthesia in infants and young children."

From "Internationally Renowned Health Expert Dr. Michael Roizen to Lead Anesthesia Safety Initiative"
*EarthTimes (03/16/10)*

**Return to Headlines**