Board Approves New Vision, Mission, Core Values, and Motto for AANA

As part of the new AANA Strategic Framework, the Board of Directors has approved the following:

- **New Vision Statement:**
  AANA will be a preeminent professional association for healthcare and patient safety.

- **New Mission Statement:**
  AANA advances patient safety, practice excellence, and its members’ profession.

- **New Core Values:**
  Patient safety; Care for the whole patient, from a nursing perspective; Professional excellence and personal well-being; Healthcare policy and collaboration; Integrity and quality in all professional and clinical settings

- **New Motto:**
  Safe and Effective Anesthesia Care

The entire Strategic Framework document, along with the Proposed Strategic Plan, can be viewed on the Member Resources page at [http://www.aana.com/member_resources.aspx](http://www.aana.com/member_resources.aspx) (member login and password required).

**Call for Comments on Proposed AANA Strategic Plan**

The Board of Directors would be pleased to receive your input regarding the proposed plan. We invite your general comments or you may download the document, make edits or comments in "track changes" mode, and submit your proposed changes via email. Deadline for submission of comments is October 15, 2011. Please email your comments to executiveunit@aana.com.

**Upcoming Events**

Visit the AANA Calendar of Events for dates of meetings, seminars, conferences, continuing education classes, and more!

For the latest AANA News, visit the AANA Facebook page and follow "aanawebupdates" on Twitter

October 16-18, 2011: AANA Jack Neary Advanced Pain Management Workshop (member login and password required)

October 19, 2011: Essentials of Obstetric Analgesia/Anesthesia
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.

- A Quick Post-Surgical Wake-Up Call
- No Link Between Duration or Depth of General Anesthesia and Subsequent Cancer Risk
- TAP Blocks Reduce Pain for Ambulatory Laparoscopic Procedures
- Ultrasound Doesn't Increase Pain Relief in Nerve Block Procedures
- Epidural Anesthesia and Postoperative Analgesia With Ropivacaine and Fentanyl in Off-Pump Coronary Artery Bypass Grafting
- Neuraxial Anesthesia Provides Better Recovery Than General Anesthesia for Abdominal Hysterectomy
- Marijuana Extract Might Help Prevent Chemotherapy-Related Nerve Pain
- Researchers Unsure Whether Lidocaine Can Shorten Duration of Spinal Anesthesia
- Research Suggests Genetic Role in Surgical-Site Infections
- Single-Patient Rooms Decrease Acquisition of Resistant Pathogens
- Does That Hurt? Objective Way to Measure Pain Being Developed at Stanford

Inside the Association

Hot Topics

AANA Anniversary Video Available on YouTube

An eight-minute video commemorating the AANA's 80th anniversary debuted to an enthusiastic audience at the Annual Meeting Opening Ceremonies in August. See this interesting—and amusing—tour of AANA and nurse anesthesia historical highlights for yourself at http://www.youtube.com/watch?v=o7M7abqQyXI.

Coming Soon to AANALearn®
“What Can the CRNA do to Improve Medication Safety and Decrease Cost in the OR?”

Available at a sale price for a limited time after it becomes available (by Oct. 5), this two-CE-credit course will feature expert CRNA clinicians and a pharmacist reviewing safe practices in the OR, ways to decrease pharmacy costs, procedures for safety management of medications, and information about the Centers for Disease Control's One and Only Campaign and the One Needle, One Syringe, Only One Time initiative. CE credits earned will transfer quickly into members' CE transcript, and certificates will be accessible upon successful completion of all components of the program. Click on www.aanalearn.com and explore the Expanded Learning Opportunities on AANALearn®.

Surgical Fire Safety Resources

In conjunction with National Fire Safety Week (Oct. 9 – Oct. 15, 2011), the FDA's Safe Use Initiative is advocating for surgical fire prevention. Free educational resources, information, and a video titled “Prevention and Management of Operating Room Fires” are available through the ECRI Institute at https://www.ecri.org/Products/Pages/Surgical_Fires.aspx.

Workshop

November 11-13, 2011: Fall Leadership Academy

Dates to Remember

October 4, 2011: Virtual Advocacy Day

October 15, 2011: Deadline to submit comments on Proposed Strategic Plan

January 22-28, 2012; National Nurse Anesthetists Week

August 4-8, 2012: AANA Annual Meeting

Founded in 1931, the American Association of Nurse Anesthetists (AANA) is the professional association for more than 44,000 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 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.

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

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President’s Deficit Reduction Proposal Includes $320BN in Healthcare Cuts

President Obama’s 10-year, $3 trillion deficit reduction proposal issued Sept. 19 includes $320 billion in healthcare cuts that, if enacted, may reduce Medicare Part B anesthesia payments, Medicare Part A reasonable cost passthrough payments for CRNA services, and other Medicare programs crucial to CRNAs. Read more.

MedPAC Considering Recommendation to Cut Specialties Including Anesthesia 17 Percent Over Three Years

Congress’ major advisory body on Medicare payment is considering whether to recommend that Medicare payments for physician specialty services, including CRNA and anesthesiologist services, should be cut 5.8 percent over each of the next three years, beginning January 2012, totaling about 17 percent by January 2014. For CRNAs, a Medicare anesthesia service that pays $200 today would be reimbursed about $167 in 2014 if Congress enacts such a recommendation into law. Read more.

CMS Issues Final Rule on Medicaid RAC Audits

On Sept. 16, the Centers for Medicare and Medicaid Services (CMS) issued a final rule providing guidance to states related to federal/state funding of state start-up, operation, and maintenance costs of Medicaid Recovery Audit Contractors (Medicaid RACs) and the payment methodology for state payments to Medicaid RACs. These entities are of interest to CRNAs because they represent the process by which states seek and recover Medicaid overpayments to providers including CRNAs. Read more.

AANA to Host Oct. 4 Virtual Advocacy Day

Congress is considering a raft of major legislation affecting CRNAs this fall—deficit reduction measures, 30-percent cuts to Medicare CRNA and physician payment, CRNA educational funding, and rural anesthesia access legislation to name a few. To ensure that the voice of the nurse anesthesia profession is heard on these important issues, the AANA has named Oct. 4 as a day when CRNAs can “Care to be Counted” in Washington, D.C., by taking concerted CRNA action to contact Congress. On this first Virtual Advocacy Day, thousands of CRNAs and nurse anesthesia students will contact Congress via AANA’s advocacy website, www.caretobecounted.org (requires AANA member login and password). Mark this date on your calendar and make your voice heard on Capitol Hill.

CRNA-PAC Invites AANA Fall Leadership Academy Participants to a “Jammin” Good Time

Surf's up with CRNA-PAC at the AANA Fall Leadership Academy. On Sat., Nov. 12, from 6:30 to 9 p.m., join CRNA-PAC and your colleagues at the Marriott Newport Beach for a beach-style reception featuring the summer sounds of Jimmy Buffett, the Beach Boys, and other warm-weather favorites. Read more.

Jobs

Visit the CRNA Career Center.
A Quick Post-Surgical Wake-Up Call

According to a study published in the October issue of *Anesthesiology*, an injection of methylphenidate (Ritalin) was able to revive anesthetized rats faster than a control saline of injection. One experiment anesthetized the animals with isoflurane and then injected them with methylphenidate five minutes before the isoflurane treatment was discontinued. Rats who received the stimulant roused themselves much faster than the control group. While anesthesia providers use medication to put patients in a stable state of unconsciousness, they do not use medication to bring them out of it, notes Massachusetts General Hospital's Emery Brown, one of the lead researchers on the study. He says that recovery from a number of surgeries is fastest when patients are up and around on their own as quickly as possible. "If you can facilitate that with a drug," he adds, "you'd probably facilitate recovery."

From "A Quick Post-Surgical Wake-Up Call"
*MIT Technology Review (09/21/11)* Humphries, Courtney

No Link Between Duration or Depth of General Anesthesia and Subsequent Cancer Risk

There is no link between the duration or depth of general anesthesia and the subsequent cancer risk, according to a study published in the October issue of *Anesthesia & Analgesia*. "Neither duration of anesthesia nor increased cumulative time with profound sevoflurane anesthesia was associated with an increased risk for new malignant disease within five years after surgery in previously cancer-free patients," the authors wrote. The researchers, from the Karolinska Institute in Stockholm, analyzed data on nearly 3,000 Swedish patients who underwent surgery with the inhaled general anesthetic sevoflurane. In five years of follow-up, 4.3 percent of the patients developed cancer. Analysis found no association between the duration of anesthesia and the risk of developing cancer. The rate of cancer in this patient group was higher than expected, though the reasons could not be determined.

From "No Link Between Duration or Depth of General Anesthesia and Subsequent Cancer Risk"
*News-Medical.Net (09/26/11)*

TAP Blocks Reduce Pain for Ambulatory Laparoscopic Procedures

New research suggests that using a transversus abdominis plane (TAP) block can reduce pain, decrease opioid consumption, and speed up discharge for patients undergoing ambulatory laparoscopic procedures. For the study, published in the September issue of *Anesthesia & Analgesia*, researchers enrolled 75 healthy women who were undergoing outpatient gynecological laparoscopy. Patients were randomly assigned to a preoperative TAP block using either saline, ropivacaine 0.25 percent, or ropivacaine 0.5 percent. The researchers measured QoR-40 score and analgesic use 24 hours after surgery, and concluded that TAP blocks with ropivacaine 0.25 and 0.5 percent effectively reduced pain.

From "TAP Blocks Reduce Pain for Ambulatory Laparoscopic Procedures"
*Becker's ASC Review (09/11)* Fields, Rachel

Ultrasound Doesn't Increase Pain Relief in Nerve Block Procedures

The use of ultrasound so that anesthesia professionals can visualize a targeted nerve directly, instead of relying on anatomical landmarks or electric nerve stimulation, has been a factor in the growing popularity of regional anesthesia. However, the body of research on ultrasound-guided nerve blocks does not indicate that the technique actually provides better pain relief than conventional methods. Drs. Stephen Choi and Richard Brull of the University of Toronto reached that conclusion after reviewing nearly two dozen studies where more than 1,600 patients were randomly assigned to either ultrasound-guided anesthesia or traditional nerve block. While they found no evidence that one approach provides greater pain relief than the other, the
researchers report in the October issue of *Anesthesia & Analgesia* that most of the existing studies center on the technical aspects of nerve block. Choi and Brull expect, going forward, that more investigators will look specifically at how ultrasound-guided regional anesthesia impacts pain relief. Additionally, in an editorial accompanying the report, Drs. John Antonakakis and Brian Sites maintain that the equivalent efficacy of the two techniques is good news in itself, given that the increasing use of ultrasound means more patients are receiving the benefits of regional anesthesia.

From "Ultrasound Doesn't Increase Pain Relief in Nerve Block Procedures"  
*Newswise (09/16/11)*

**Epidural Anesthesia and Postoperative Analgesia With Ropivacaine and Fentanyl in Off-Pump Coronary Artery Bypass Grafting**

A recent study in *BMC Anesthesiology* investigated the efficacy of thoracic epidural anesthesia (EA) followed by postoperative epidural infusion (EI) and patient-controlled epidural analgesia (PCEA) with ropivacaine/fentanyl in off-pump coronary artery bypass grafting (OPCAB). The study included 93 patients scheduled for OPCAB under propofol/fentanyl anesthesia, who were randomized to three postoperative analgesia regimens. Thirty-one patients in the control group received intravenous fentanyl 10 ug/ml postoperatively 3-8 mL/h. After an epidural catheter was placed at the level of Th2-Th4 before OPCAB, a thoracic EI group of 31 patients received EA intraoperatively with ropivacaine 0.75 percent 1 mg/kg and fentanyl 1 mcg/kg followed by continuous EI of ropivacaine 0.2 percent 3-8 mL/h and fentanyl 2 mcg/mL postoperatively. Another group of 31 patients received EA and EI as well as PCEA postoperatively. According to the results, during OPCAB, EA temporarily decreased arterial pressure and counteracted changes in global ejection fraction and accumulation of extravascular lungwater. EA also reduced the use of propofol by 15 percent, fentanyl use by 50 percent, and nitroglycerin use seven-fold, but it increased the requirements in colloids and vaspressors by two- and three-fold, respectively. PCEA increased PaO2/FiO2 at 18 hours and decreased the duration of mechanical ventilation by 32 percent compared with the control group. The authors concluded that, in patients undergoing OPCAB, EA with ropivacaine/fentanyl can decrease arterial pressure, improve myocardial performance, and influence the perioperative fluid and vasoactive therapy.

From "Epidural Anesthesia and Postoperative Analgesia With Ropivacaine and Fentanyl in Off-Pump Coronary Artery Bypass Grafting"  
*7thSpace (09/18/11)*

**Neuraxial Anesthesia Provides Better Recovery Than General Anesthesia for Abdominal Hysterectomy**

New research finds that, for patients who undergo abdominal hysterectomy, the recovery process is improved when neuraxial anesthesia is used in place of general anesthesia. The 70 healthy study participants were randomly assigned to one of the two anesthetic regimens and then given a questionnaire to complete 24 hours after their operations. The results showed that patients experienced a higher quality of recovery with neuraxial anesthesia, which eased post-operative pain without the side effects associated with opioids. The study was published in the September issue of *Anesthesia & Analgesia*.

From "Neuraxial Anesthesia Provides Better Recovery Than General Anesthesia for Abdominal Hysterectomy"  
*Becker's ASC Review (09/11)* Fields, Rachel

**Marijuana Extract Might Help Prevent Chemotherapy-Related Nerve Pain**

The compound cannabidiol, which is derived from marijuana, may help prevent the development of neuropathy in patients who receive paclitaxel. Early experiments involving this compound have been reported in the October issue of *Anesthesia & Analgesia*. Paclitaxel is often used to treat advanced breast or ovarian cancer, but it can cause nerve damage that leads to pain, numbness, or tingling that can prevent patients from receiving a full course of chemotherapy. Cannabidiol has pain- and
inflammation-reducing effects without the psychoactive side effects of marijuana. In the study, researchers treated male and female mice with paclitaxel and monitored them for neuropathy. Paclitaxel induced abnormal pain responses (alloodynia) mainly in female mice, but a treatment of cannabidiol before paclitaxel was administered effectively prevented the development of allodynia. The findings are so far only preliminary, the researchers note, and require additional studies in humans.

From "Marijuana Extract Might Help Prevent Chemotherapy-Related Nerve Pain" Newswise (09/23/11)

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Researchers Unsure Whether Lidocaine Can Shorten Duration of Spinal Anesthesia

Researchers recently conducted a study to confirm whether the addition of a small dose of lidocaine to intrathecal hyperbaric bupivacaine can shorten the duration of sensory or motor blocks or time to readiness for discharge in patients undergoing knee arthroscopy. The duration of spinal anesthesia with bupivacaine is often too long for day surgery, but previous research has suggested that adding a small amount of lidocaine could shorten sensory and motor blocks. This new study involved 50 patients randomized to receive 2 mL hyperbaric 0.5 percent bupivacaine and either 0.6 mL 1 percent lidocaine or 0.6 mL saline. The study could not confirm that the added lidocaine shortened the duration of blocks or made patients ready for discharge sooner. The study is published in the September issue of Anesthesia & Analgesia.

From "Researchers Unsure Whether Lidocaine Can Shorten Duration of Spinal Anesthesia" Becker's ASC Review (09/11) Fields, Rachel

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Research Suggests Genetic Role in Surgical-Site Infections

Some patients may be genetically predisposed to surgical-site infections, researchers suggested at the annual meeting of the International Anesthesia Research Society in Vancouver. The researchers conducted a review of a genealogical database that included healthcare records of 2 million Utah residents. "People with history of infection are more likely to be related to each other, or are related to each other in a higher degree, than people who did not get a surgical-site infection," said study author Harriet Hopf, professor and vice chair of anesthesiology at the University of Utah in Salt Lake City. Genes may be involved, but the findings did not rule out possible confounders, such as environmental and health factors that run in families. Previous research had looked into chronic granulomatous disease, in which gene mutations can cause people to develop recurrent and severe infections from pathogens that include Staphylococcus aureus.

From "Research Suggests Genetic Role in Surgical-Site Infections" General Surgery News (09/01/11) Vol. 38, No. 9, McCook, Alison

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Single-Patient Rooms Decrease Acquisition of Resistant Pathogens

Improved designs of intensive-care units (ICUs) and the use of single-patient rooms can help decrease the acquisition of resistant bacteria and antibiotic use, according to an observational study at Hadassah-Hebrew University Medical Center in Jerusalem. The authors note that pre-move ICU-A and pre-move ICU-B both had open-plan units. In March 2007, ICU-A moved to single patient rooms, while ICU-B remained unchanged. The researchers compared the culture of specified resistant organisms in surveillance or clinical cultures from consecutive patients staying more than 48 hours. The investigators studied the different ICUs and periods to assess how ICU design effected the acquisition of resistant organisms. Data was collected for 62, 62, 44, and 39 patients from pre-move ICU-A, post-move ICU-A, pre-move ICU-B, and post-move ICU-B, respectively. Acquisition of resistant organisms was lower in post-move ICU-A patients compared to post-move ICU-B or pre-move ICU-A. Data also showed more antibiotic-free days recorded in post-move ICU-A compared to post-move ICU-B or pre-move ICU-A. Writing in Critical Care, the researchers assert that improved ICU design, especially the use of single-patient rooms, lowers acquisition of resistant pathogens.
bacteria and antibiotic use.

From "Single-Patient Rooms Decrease Acquisition of Resistant Pathogens"
Infection Control Today (09/12/11)

Does That Hurt? Objective Way to Measure Pain Being Developed at Stanford

Stanford University School of Medicine researchers are working to develop a diagnostic tool to remove the current dependency on self-reporting to measure pain. This new tool would use patterns of brain activity to develop an objective, physiologic assessment of pain. In a study published Sept. 13 in PLoS ONE, scientists took functional magnetic resonance imaging scans of the brain and combined them with advanced computer algorithms. Using this method, the researchers accurately predicted thermal pain 81 percent of the time in healthy subjects. Investigators put eight subjects in a brain-scanning machine, and the patients received a heat probe to their forearms, which caused moderate pain. Brain patterns were recorded and interpreted by advanced computer algorithms to create a model of what pain looks like. When the process was repeated with a second group of subjects, the computer was asked to determine whether they had thermal pain. Additional studies are needed to determine whether these methods can measure chronic pain and whether they can distinguish accurately between pain and other emotional states, such as anxiety.

From "Does That Hurt? Objective Way to Measure Pain Being Developed at Stanford"
HealthNewsDigest (09/16/11)

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