Supplemental Liability Coverage Now Available for Employed CRNAs

Do employed CRNAs need to purchase their own professional liability insurance to supplement the coverage provided by their employers?

The answer is “yes,” for many compelling reasons. The most important is to have legal representation when a claim is made against you. If you rely solely upon your employer’s liability insurance, you may have little or no say in how that claim is handled. Even if you didn’t cause or contribute to the patient’s adverse outcome, your employer’s insurance company may choose to settle the claim without seeking your consent or even informing you of settlement offers.

Seeing an unfilled need and using input from employed CRNAs, AANA Insurance Services developed a new, first-of-its-kind product: an occurrence policy that works in conjunction with an employed CRNA’s existing policy. This policy will provide employed CRNAs with security and peace of mind knowing that their interests and professional reputation will not be compromised in order to settle a claim.

Employed CRNA Policy Highlights

- Covers legal representation to protect You, Your Interests, and Your Reputation
- Unlimited legal defense costs
- Occurrence policy: Claims occurring during the policy period will always be covered no matter when they are reported. With occurrence coverage, no “tail” ever needs to be purchased.
- Your policy: Take it with you to your next job. If you do change jobs, the policy will continue to protect you from any claims that might arise from your old job.
- “Consent to settle” provision: Your consent is required before any claim can be settled under this policy.
- No deductible—no out-of-pocket expenses if a claim is made against you
- Very affordably priced
- Additional coverage extensions include:
  - Administrative/Disciplinary Hearings
  - Deposition Representation
Information Privacy (HIPAA)

Find Out More
Read more about Employed CRNA Liability Coverage in the September 2013 issue of the AANA NewsBulletin. To apply for coverage or to get more information, go to the Insurance Section of the AANA website (AANA member login and password required) or call AANA Insurance Services at (800) 343-1368. We welcome the opportunity to be of service.

The Pulse

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- State Government Affairs/State Management Affairs
- AANA Foundation and Research
- Professional Practice
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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.

- FDA Toughens Warning on Pain Drugs
- Personalised Anaesthetic Doses for Children on Radar
- Long-Term Efficacy With Lubiprostone in Opioid Constipation
- Researchers Explore Distinctions Between Natural Sleep and Anesthetic Unconsciousness
- Cortisol Response to Operative Stress With Anesthesia in Healthy Children
- Treat the Patient, Not the Score, for Best ER Analgesia
- Pain Relief Technique Cuts Hospital Stay by One-Third
- Boston Children’s Launches Phase I Clinical Trial of Long-Lasting Local Anesthetic Derived From Cyanobacteria
- Smoking Before Surgery: Why It Causes Problems, And How to Quit Before Your Operation
- Catastrophic Thinking Positively Related to Post-Op Pain, Study Shows
- Healthcare-Associated Infections Cost Nearly $10B Annually
- Intubation Robot Could Help Patients Breathe

Inside the Association

Hot Topics

Christine Zambricki to Join America’s Blood Centers as CEO

Christine Zambricki, CRNA, DNAP, FAAN, AANA senior director of Federal Affairs Strategy, is departing the AANA on Oct. 11 to become CEO of America’s Blood Centers (ABC) based in Washington, D.C. “We wish Christine the very best in her new endeavor and thank her for her hard work on behalf of the AANA,” said AANA Executive Director and CEO Wanda Wilson, CRNA, PhD, MSN.

Customizable AANA Brochures Now Available

Ever wanted to use AANA’s outstanding patient education brochures to promote yourself, your business, your facility, or your state association? Now you can! AANA’s popular brochures (“Before Anesthesia,” “After Anesthesia,” “Labor & Delivery,” “Office
Based Anesthesia,” and many more titles) are now available in their standard format (with AANA contact information and logo) and customizable (with your own contact information and logo). Order yours today!

HVO Needs Volunteers for Bhutan Assignment

Health Volunteers Overseas (HVO) needs nurse anesthetists for one-month assignments in January and February 2014. Contact the program department for more information. Other volunteer opportunities are available. Visit the HVO website at www.hvousa.org for a full program list.

CRNA Organizes 5K to Support Cancer Research

Terry Martin, CRNA, has organized his state’s first “Terry Fox Run Missouri” event. The 5K run will be at 9 a.m., Sept. 28, at the Plaster Stadium on the campus of Southwest Baptist University, Bolivar, Mo. Terry Fox was a 21-year-old Canadian who lost his leg due to bone cancer. He ran 26 miles a day for 143 days to raise awareness and funds to fight cancer, ultimately losing his battle June 28, 1981. Fox was a source of inspiration for Martin, who also lost parts of both feet due to spina bifida. To read Martin’s story, click here. For more information on the run, visit http://terryfoxrunmissouri.org.

Learn the Nuts and Bolts of Leadership: Sign Up Now for the Fall Leadership Academy!

One high-level weekend meeting will allow you to hone all of your professional and leadership skills. The AANA Fall Leadership Academy, Nov. 8-10, 2013, in sunny Miami Beach, Fla., features your choice of educational tracks designed to inspire you with creative ideas and empower you with essential nuts-and-bolts information. Five specialized tracks for state association leaders focus on presidents-elect, state government affairs, federal political directors, state reimbursement specialists, and AANA Foundation advocates. In addition, a brand-new general leadership track has been created for other interested CRNAs and students. Round out the weekend networking with old friends and establishing new relationships at the fabulous Eden Roc Hotel. All are welcome and encouraged to attend. Register online today!

World-Class Speakers Highlight Fall Leadership Academy in Miami Beach

Advance your career and your profession by learning directly from world-class leaders at the AANA Fall Leadership Academy, Nov. 8-10, in Miami Beach, Fla. Highlighting a long list of motivating and informative speakers will be keynote presenter Sarah Sladek, famous author and generational expert, and Dr. Donna Shalala, former U.S. Secretary of Health and Human Services and current University of Miami president. Don’t miss this outstanding three-day event at the fabulous Eden Roc Hotel. Register online today!

Master Crucial Communication Techniques at the Spokesperson Training Workshop

Are you interested in becoming an effective representative for your profession? Then you won’t want to miss the Spokesperson Training for State Association Leaders Workshop, to be held Sunday afternoon and Monday morning, Nov. 10-11, directly after the Fall Leadership Academy. Using an interactive/discussion format, this unique full-day workshop teaches persuasive communication skills that are invaluable for handling media interview situations as well as counseling patients and their families, providing testimony, lobbying, negotiating contracts, and resolving workplace conflicts. Register online today!

Pain Assessment Workshop Coming in October

Pain assessment is critical to optimal pain management interventions. AANA is offering an engaging, didactic and hands-on workshop for differential diagnosis in pain practice for your academic and clinical faculty as well as students.

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.
State Government Affairs/State Management Affairs

State Advising Sessions Held During Annual Meeting

Staff from the AANA’s State Management Affairs and State Government Affairs divisions met with state leaders at the AANA’s Annual Meeting in August 2013. Leaders from 20 state nurse anesthetist associations took advantage of these advising sessions this year. The sessions focused on government relations issues (e.g. relationship with lobbyist or legal counsel, legislative or regulatory) and infrastructure issues (e.g. relationship with association management, financial management, governance).

AANA Foundation and Research

AANA Foundation Award Winners Honored at the AANA Annual Meeting in Las Vegas

The 2013 AANA Foundation award winners were honored at the 80th Annual Meeting of the AANA held in Las Vegas, Nev. For the full list of winners, click here.

Announcing the AANA Foundation 2013-2014 Board of Trustees

The AANA Foundation welcomes the Board of Trustees for the 2013-2014 year:

Chair: Sandra Tunajek, CRNA, DNP; Chair-Elect: Wilma Gillis, CRNA, BSN, APNP; Co-Vice Chair Professional Development: Donna Viethalter, CRNA, MHS; Co-Vice Chair Fundraising: Monica Masemer, CRNA, MSN; Treasurer: John (Jack) Hitchens, CRNA, BA; Trustees: Normalynn Garrett, CRNA, PhD; Charles Griffis, CRNA, PhD; Todd Herzog, CRNA; John Jelinek, BS; Amy Langan, BA; Sharon Pearce, CRNA, MSN; Wanda Wilson, CRNA, PhD; and BOT Student Representative: Christopher Reed, MSN, MPH, RN, CCRN, CFRN.

The Foundation would like to thank outgoing Board of Trustee members Dennis Bless, CRNA, MS; Margaret Faut-Callahan, CRNA, PhD, FAAN; James Jelinek, BS; and Bette Wildgust, CRNA, MS, MSN, for sharing their time and expertise. The AANA Foundation greatly appreciates their board participation, leadership, and insights and looks forward to continuing to work together in the future.

Check Out the Updated Research Website

The Research website has been given an updated look with a new icon and pages for exploration. The website now features additional information such as External Opportunities and Research News highlighting funding opportunities from a variety of sources and a revamped Research Services and Assistance page outlining how members can send electronic surveys to AANA members, rent mailing labels for research and other purposes, and solicit research participants via email at AANA meetings. Visit the updated Research website today!
The AANA has submitted comments to the FDA regarding the report titled, “Ensuring Access to Adequate Information of Medical Products for All.” In the letter, the AANA highlights ways that AANA and CRNAs can partner with the FDA in disseminating health-related information. Read the letter [here](#).

### Joint Commission Releases Most Challenging Accreditation Requirements List

The Joint Commission has released a list of requirements that were most frequently identified as “not compliant” for hospitals, critical access hospitals, ambulatory surgical centers, and offices during the first half of 2013. View the list on [The Joint Commission’s website](#).

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### Jobs

Visit the CRNA Career Center.

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### Healthcare Headlines

#### FDA Toughens Warning on Pain Drugs

Back-pedaling from its previous affirmation of opioids to treat moderate to severe pain, the Food and Drug Administration (FDA) has mandated that warning labels for these drugs indicate their use only for "pain severe enough to require daily, around-the-clock, long-term treatment." The re-wording applies only to extended-release forms of painkillers, like OxyContin, that are prescribed to treat chronic pain over a period of months or years; but, to the dismay of some safety advocates, it excludes short-acting drugs like Vicodin and Percocet that often are provided to alleviate acute pain following surgery. The FDA decision to limit the use of long-acting opioids is meant "to combat the crisis of misuse, abuse, addiction, overdose and death from these potent drugs that have harmed too many patients and devastated too many families and communities," remarked FDA Commissioner Margaret Hamburg. The new labels also will bear a warning about opioid use during pregnancy, in light of a rise in newborn dependency on the drugs.

From "FDA Toughens Warning on Pain Drugs"
*Wall Street Journal (09/11/13) P. A3 Catan, Thomas; Martin, Timothy W.*

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#### Personalised Anaesthetic Doses for Children on Radar

New technology could soon make personalized doses of anesthesia a reality for children undergoing surgery. Sphere Medical, a U.K. monitoring and diagnostic business, reports encouraging data from studies of its Pelorus 1500 analyzer at Great Ormond Street Hospital (GOSH) for Children. Monitoring of inhaled anesthetic gases is already a standard of care, but at present there is no equivalent measurement for intravenous anesthetics such as propofol. Current dosing models may contribute to significant variability in drug concentrations among young patients. Researchers are analyzing the results at GOSH, and the data could lead to an improved approach to dosing children receiving certain surgical procedures. Sphere Medical is also collaborating with the Department of Anesthesiology at the University Medical Centre Groningen in the Netherlands, where clinicians are investigating real-time adaptation of individual dosing models using rapid propofol measurements provided by the Pelorus 1500 system. "Being able to measure propofol levels quickly in the operating theater may prove useful in finding ways of achieving more accurate control of blood propofol concentrations and help to make propofol anesthesia more predictable," said Dr. Mike Sury, consultant anesthetist and principal investigator for the study at GOSH.

From "Personalised Anaesthetic Doses for Children on Radar"
*Business Weekly (09/09/13) Quested, Tony*
**Long-Term Efficacy With Lubiprostone in Opioid Constipation**

Presenting their findings recently at PAINWeek, researchers reported that a drug already shown to alleviate opioid-induced constipation (OIC) over a period of 12 weeks continues to be effective and well-tolerated after nine months of use. Not only did patients' symptoms—including bloating and other abdominal discomfort, severity of constipation, and degree of straining—reflect ongoing improvement over the long term, their need for rescue medication also was significantly reduced. Lubiprostone, previously approved by the Food and Drug Administration for patients with chronic constipation or irritable bowel syndrome with constipation, received a green light from the agency in April to market the drug for treatment of OIC. In its newest application, it is the first oral medication to receive U.S. approval for the treatment of OIC in adults with chronic, non-cancer pain.

From "Long-Term Efficacy With Lubiprostone in Opioid Constipation"
*Medscape* (09/09/13) Melville, Nancy A.

**Researchers Explore Distinctions Between Natural Sleep and Anesthetic Unconsciousness**

By manipulating the genetic pathways that are known to influence natural sleep, researchers set out to document the distinctions between natural sleep and anesthetic unconsciousness. "In this study we sought to understand whether anesthetics were working on some of the natural systems that regulate normal sleep and wakefulness," explained lead researcher Max Kelz, MD, PhD, a University of Pennsylvania anesthesiology professor. He and colleagues from the University of California at San Diego, Thomas Jefferson University, and the Howard Hughes Medical Institute used a Drosophila model system to focus on the genetic pathways controlling neural inertia—a neurological barrier that separates awareness from anesthetic unconsciousness and resists shifts between these states. They discovered that there are four genes involved in natural sleep that also control neural inertia and therefore control the effects of induction and emergence from anesthetic unconsciousness. Neural inertia is profoundly impacted by mutations in these genes and can even collapse completely. The study additionally found that the neural pathways involved in the induction of and emergence from anesthesia can vary with different drugs, with isoflurane and halothane being the primary agents in the Kelz research. Kelz noted that a better understanding of how anesthetics work could allow for the development of drugs with fewer adverse effects and could benefit coma patients and those with sleep disorders. The research will be published in *PLOS Genetics*.

From "Researchers Explore Distinctions Between Natural Sleep and Anesthetic Unconsciousness"
*News-Medical.net* (09/06/2013)

**Cortisol Response to Operative Stress With Anesthesia in Healthy Children**

Minimal and moderately invasive urological procedures do not lead to a cortisol stress response in healthy children, according to a study of 30 young children who underwent elective urological procedures. Adrenally insufficient patients who are undergoing operative procedures or general anesthesia generally receive supraphysiological "stress dosing," but until now the normal responses of cortisol to surgery in small children have not been well documented. Researchers sought to characterize the normal cortisol secretion rate in healthy children, aged five months to six years, undergoing urological procedures. The results showed that group mean cortisol values ranged from 4.21 to 5.71 µg/dL across five time points, and none of the mean values differed significantly. Peak cortisol levels occurred one hour after the procedure. The data suggest that current guidelines for stress dosing in adrenally insufficient patients are far above the physiological requirements during minimally invasive procedures.

From "Cortisol Response to Operative Stress With Anesthesia in Healthy Children"
*Journal of Clinical Endocrinology & Metabolism* (09/13) Vol. 98, No. 9, P. 3687 Taylor, Lisa K.; Auchus, Richard J.; Baskin, Laurence S.; et al.

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Treat the Patient, Not the Score, for Best ER Analgesia

Instead of relying exclusively on pain scores to determine whether or not someone in the emergency department (ED) requires analgesics, one expert recommends that clinicians simply ask the patient. In his educational presentation at the American Society of Health-System Pharmacists 2013 Summer Meeting, Asad Patanwala, PharmD, cited recent research involving non-elderly ED patients with acute severe pain. The results indicated a 92.3 percent decline in the need for additional pain medication at 60 minutes for subjects treated with patient-driven 1+1 protocol, which entailed an initial dose of intravenous hydromorphone followed by an identical second dose 15 minutes later only at the patient's request. By comparison, there was only a 76.6 percent drop in the need for more analgesia in patients who received doses of IV opioids at the discretion of the clinician. "It's more intuitive just to ask this simple question," insisted Patanwala, an associate professor at the University of Arizona College of Pharmacy. Moreover, he noted that with the standard 11-point Numeric Pain Scale, some patients may be more likely to report the pain score that will convince clinicians to administer pain medication.

From "Treat the Patient, Not the Score, for Best ER Analgesia"
Pharmacy Practice News (09/13) Birk, Susan

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Pain Relief Technique Cuts Hospital Stay by One-Third

Researchers at Cleveland’s Case Medical Center, hoping to curb serious complications tied to colorectal surgery, have demonstrated the benefits of using a transversus abdominis plane (TAP) block during the procedure. The group of surgeons, led by Conor Delaney, MD, PhD, has been developing and testing a set of standards—known as Enhanced Recovery Pathways (ERP)—that aim to improve outcomes, accelerate recovery, and curtail readmissions following colorectal surgery. Having experienced some success with the protocol, which includes optimizing analgesia and encouraging patients to walk around after their operations instead of confining them to the bed, Delaney and colleagues hoped to further ease postoperative pain by adding a TAP block to the regimen. The laparoscopic nerve block is performed postoperatively to alleviate the most severe pain that occurs immediately after surgery, while taking fewer or none of the narcotics that help with the pain but also drag out the recovery process. Evaluation of 100 patients treated with ERP plus a TAP block revealed that hospital stays were reduced to fewer than 2.5 days compared to 3.7 days for more than 1,000 patients previously tracked. Next up are randomized clinical trials, says Delaney, who believes ERP will become a mainstream treatment for colorectal surgery within five years. "If things continue to go well, my expectation is that we'll eventually be giving the TAP to everyone, because it helps with the pain," he speculates. "As quality and outcomes improve, we will also continue to see an increasing percentage of patients who are fit to be discharged the day after colorectal resection."

From "Pain Relief Technique Cuts Hospital Stay by One-Third"
Science Daily (08/28/2013)

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Boston Children’s Launches Phase I Clinical Trial of Long-Lasting Local Anesthetic Derived From Cyanobacteria

The U.S. Food and Drug Administration (FDA) has granted Boston Children's Hospital Investigational New Drug approval for neosaxitoxin, a local anesthetic being developed in partnership with the Chilean company Proteus SA. Previous clinical research conducted in Chile indicated that neosaxitoxin provided local anesthesia for more than 24 hours after laparoscopic gall bladder removal. Now, Boston Children's Hospital has initiated a Phase I study of healthy volunteers that is designed to provide the more refined data necessary to satisfy FDA standards. The U.S. and Chilean researchers believe that neosaxitoxin, a site 1 sodium channel blocker, may overcome the limitations associated with existing approaches to local postoperative pain control while still effectively managing pain for a prolonged period of time. In addition, this enhanced effect possibly may be achieved without causing the local or system toxicity often linked to other local anesthetics.

From "Boston Children's Launches Phase I Clinical Trial of Long-Lasting Local
Smoking Before Surgery: Why It Causes Problems, And How to Quit Before Your Operation

Physicians prefer that patients break their smoking habit prior to surgery since the practice increases the amount of carbon monoxide in the body, putting the patient at greater risk for complications because the ability for their blood to carry oxygen is compromised. Adverse events associated with cigarette smoking include respiratory problems, poor wound healing, blood clots, heart attack, and pneumonia. Many physicians have a difficult time helping patients quit before an operation; but new research from the University of Western Ontario, recently published in *Anesthesia and Analgesia*, shows that just a few minutes of counseling from a nurse as well as free nicotine patches can help. In the study, 14 percent of those who received such counseling quit, compared to only 4 percent of those who were not counseled. According to the American College of Surgeons, quitting smoking about four to six weeks before surgery has the potential to cut the risk of complications in half. Another study noted that quitting smoking a year before a surgery could see the risks for complications drop to levels comparable to the risks for those who have never smoked.

From "Smoking Before Surgery: Why It Causes Problems, And How to Quit Before Your Operation"
*Medical Daily (08/24/13)* Bushak, Lecia

Catastrophic Thinking Positively Related to Post-Op Pain, Study Shows

Preliminary findings for an ongoing study at Chicago's Rush University Medical Center suggest that patients have some influence over their postoperative pain. Researchers are finding that a catastrophic mindset on the part of the patient significantly predicts, and is tied to, that patient's experience with acute postoperative pain. Previous work has shown that a patient's focus on the most unfavorable scenario possible is a psychological predictor of poorer long-term pain outcomes after total knee arthroplasty (TKA). Building on that research, a team led by Mario Moric, MS—research coordinator in Rush's anesthesiology department—sought to determine if similar catastrophizing also could predict acute postoperative pain. The trial included 31 patients, each of whom was scheduled for primary TKA with a standardized anesthetic regimen. In the month prior to surgery, the Pain Catastrophizing Scale (PCS) was used to record each patient's outlook on their pain before surgery and the hours and days afterward. The PCS readings were found to be strong indicators of postoperative acute pain, with a positive and significant regression coefficient, suggesting that higher preoperative PCS scores correlated to higher postoperative acute pain scores. While the study is ongoing, the researchers are already planning additional research that will explore whether patients' catastrophizing behaviors can be altered prior to surgery to help prevent acute and chronic postoperative pain.

From "Catastrophic Thinking Positively Related to Post-Op Pain, Study Shows"
*Pain Medicine News (08/01/2013)* Vol. 11 Vlessides, Michael

Healthcare-Associated Infections Cost Nearly $10B Annually

Despite the continued pursuit of improvements in infection control and patient safety, new research puts the bill for treating healthcare-associated infections at just under $10 billion per year. The study, published online in *JAMA Internal Medicine*, identifies the biggest culprit as surgical site infections—which account for 33.7 percent of the $9.8 billion tab. Ventilator-associated pneumonia, central line-associated bloodstream infections, *Clostridium difficile*, and catheter-associated urinary tract infections are the other top contributors. On a per-case basis, however, it is the central-line infections that are the most costly, inflating patient bills by nearly $46,000 on average.

From "Healthcare-Associated Infections Cost Nearly $10B Annually"
*Outpatient Surgery (09/10/13)* Burger, Jim
Intubation Robot Could Help Patients Breathe

Though flexible plastic tubes are placed into the lungs to keep the airways of anesthetized or critically ill patients open, the intubation process can be difficult in certain situations and, if performed incorrectly, can cause death. To avoid the complications and difficulties that can arise with intubation, researchers in Jerusalem have developed a robotic intubation device able to identify the proper opening in the throat that leads to the lungs. Called the GuideIN Tube, the device is directed down the patient's windpipe when sensors detect a beam of infrared light that the physician has used to illuminate the windpipe from the outside. Wires control the device's movement, pulling it in the correct direction. Experienced clinicians may balk at the device, claiming that they have no problem performing intubation using existing methods; but Itai Hayut, a researcher on the project and a physicist at Hebrew University, noted that "the statistics regarding damaged vocal cords and broken teeth due to complications in performing intubation states otherwise, not to mention more severe damage." Hayut and colleagues presented their findings at the Israel Advanced Technologies Industries-BioMed Conference in June, and clinical trials could begin as early as 2014.

From "Intubation Robot Could Help Patients Breathe"
LiveScience (NY) (08/23/13) Choi, Charles Q.