National Nurse Anesthetists Week Turns 15—Get Ready to Celebrate!

CRNAs and SRNAs across the country are gearing up to celebrate the 15th annual National Nurse Anesthetists Week, Jan. 19-25, 2014. The theme for 2014 is “Our Priority, Our Passion, Our Patients.” National Nurse Anesthetists Week allows the nurse anesthesia community to educate the public about anesthesia safety and the benefits of receiving anesthesia care from nurse anesthetists.

Promotional Items Available Nov. 1
Promotional items, including posters, buttons, pens, table tents, and more will be available beginning Nov. 1 through the AANA website at www.aana.com/nnaw. The AANA website will also feature downloadable items such as sample press releases and ideas for promoting National Nurse Anesthetists Week. As always, the ever-popular Nurse Anesthetists Week logo merchandise, including T-shirts and mugs, will be available for purchase. Please note: Because ordering is now online-only, phone, fax, or mail orders will not be accepted.

Educate and Inform Your Colleagues and Patients
You will notice QR codes on select items. Scanning these codes will bring patients, healthcare colleagues, and others to the refreshed patients’ area of the AANA website (www.aana.com/forpatients). This user-friendly webpage includes a broad range of downloadable patient education resources, including brochures, fact sheets, and a children’s coloring and activity book.

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- State Government Affairs
- AANA Foundation and Research
- Professional Practice

Upcoming Events
Visit the AANA Calendar of Events for dates of meetings, seminars, conferences, continuing education classes, and more!
• Federal Government Affairs
• 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.

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Inside the Association

Hot Topics

The Future of Nursing: Leading Change, Advancing Health

Three years ago, the Institute of Medicine, with the support of the Robert Wood Johnson Foundation, released its landmark report, "The Future of Nursing: Leading Change, Advancing Health." In light of the tremendous need for nurses in healthcare today and in the future, the report provided a blueprint for transforming the nursing profession. The report committee recommended removing barriers to practice and care, expanding opportunities for nurses to serve as leaders, and increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020. Read the commentary by Dr. Harvey V. Fineberg, president of the Institute of Medicine, and Dr. Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation, here.

Blue Cross/Blue Shield to Reimburse Alabama CRNAs Directly

The Alabama Association of Nurse Anesthetists (ALANA) announced that as of Oct. 1, 2013, Blue Cross Blue Shield of Alabama (BCBSAL) now offers a network contract for CRNAs across all their health plans with an effective date of Jan. 1, 2014. Calling the newly created network “an historic milestone for Alabama's CRNAs and a huge leap in the right direction,” ALANA President Jennifer Overton, CRNA, MSN, noted that “improvement in the proposed CRNA network will be necessary to ensure full access to CRNA services, efficient delivery and local decision making of these services, and equitable reimbursement for CRNA services based on quality and performance, rather than licensure.” Visit the ALANA website, www.alabamacrna.org for further information.

CRNAs Responded to AANA Scope of Nurse Anesthesia Practice Survey

In May, the AANA conducted the 2013 Scope of Nurse Anesthesia Practice Survey. Nearly half of all CRNA respondents indicated that they are not permitted to practice to the full scope of their education and training due to unnecessary barriers. The top three perceived barriers identified from the survey were: individual anesthesiologists, administration, and facility policy. Access the complete survey report.

AANA Fall Leadership Academy – Nov. 8-10, 2013

The Fall Leadership Academy offers you 16 CEs in three days with your choice of educational tracks designed to empower and inspire you with creative...
ideas and to provide you with the essential tools needed to advance the practice of nurse anesthesia. The meeting will be held in sunny Miami Beach, Fla., at the Eden Roc hotel. If you are involved in your state association, you need to attend the Fall Leadership Academy. Read more.

Business of Anesthesia – Nov. 2, 2013

Today’s healthcare environment, including reform, impacts the business of anesthesia. Knowledge is the key to navigating your professional future in the nurse anesthesia profession. The Business of Anesthesia workshop, in Pittsburgh, Pa., will give you access to leaders and expert faculty in the field and the opportunity to meet with like-minded peers in this engaging one-day meeting, all while earning 6 CEs. You will leave with the essential information needed to guard your best interests in negotiating a contract, managing strategic operations, and understanding the relevant economic and legal issues affecting the nurse anesthesia profession.

Your colleagues have said:

“This is one of the best educational meetings of my career...from ANY source!”

“It is the best AANA meeting I have ever attended in my 38-plus years as a CRNA.”

“I got information that you just don’t find anywhere else.”

Register before Oct. 31 and save $75 on the registration fee.

Bing Takes Home Excellence in Nursing Award

Every year, the Washingtonian magazine receives hundreds of nominations for its Excellence in Nursing Awards. These 10 nominees are nurses who go beyond the call of duty to protect their patients, enhance their communities, and train the next generation of healthcare professionals. This year, the magazine bestowed one of the honors to John Bing, CRNA, president of the Diversity in Nurse Anesthesia Mentorship Program and founder of J. Bing & Associates Anesthesia Services, Clarksville, Md. Read more.

Two CRNAs to be Inducted into American Academy of Nursing 2013 Class of Fellows

The American Academy of Nursing selected two CRNAs—Jacqueline Rowles, CRNA, MBA, MA, ANP-BC, FAAPM, DPNAP, and Michael Rieker, CRNA, DNP—as part of 172 nurse leaders for induction as Fellows. The two will be inducted during the Academy’s 40th annual meeting on Oct. 19, 2013, in Washington, D.C. Selection criteria include evidence of significant contributions to nursing and healthcare and sponsorship by two current Academy Fellows. Applicants are reviewed by a panel comprised of elected and appointed Fellows, and selection is based, in part, on the extent the nominee's nursing career influenced health policies and the health and well-being of all. Read more.

State Healthcare Exchange Websites Report Problems on First Day

On Oct. 1, state healthcare exchanges opened for enrollment. Seventeen states are running their own exchanges, six are in a state/federal partnership, and 27 states have allowed the federal government to run their exchange for them. Millions visited state exchange websites the first day, reporting crashes and other glitches as the websites were overwhelmed with users. California’s exchange website received 5 million visitors the first day, while New York’s site had 2 million visitors in the first 90 minutes. Many Republicans viewed the website problems as a failure of the system. Democrats, on the other hand, viewed the overwhelmed websites as a sign of success because it showed the huge demand for quality healthcare coverage the exchanges are designed to address. Despite the crashes, many states reported thousands of people successfully applying for healthcare via the sites on the first day, although it is uncertain how many of these were previously uninsured and how many were simply changing from existing coverage.
Register Now for the Next State Government Affairs Webinar

Making State GR Part of Your State Association’s Daily Life
Wednesday, Oct. 30, 2013 (7:00 p.m. CST)

All AANA members are invited and encouraged to attend webinars on state government affairs issues presented by members of the AANA’s Government Relations Committee and AANA State Government Affairs Division staff. Don’t miss the opportunity to learn about valuable information and resources important to CRNAs and state nurse anesthetist associations.

Click here for more information and to register for the webinar. Future webinars will be recorded and posted on the AANA website for viewing at your convenience. More information to follow in an upcoming E-ssential.

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AANA Foundation and Research

Donate to the AANA Foundation’s FY14 Annual Giving Campaign

Join thousands of other CRNAs who support the AANA Foundation by making a tax-deductible donation to the FY14 Annual Giving Campaign. Your support is critical to advancing the nurse anesthesia profession through research and education that validates quality and cost-effective anesthesia care. Read more.

AANA Foundation Fall Fellowship Opportunities

The AANA Foundation is offering two special fall fellowship opportunities. Thanks to a sponsorship from Merck, the AANA Foundation will award up to six Doctoral Fellowships at $10,000 each, and up to two Post Doctoral Fellowships at a maximum of $40,000. The deadline for applications is Thursday, Oct. 31, 2013. Thanks to a sponsorship from NBCRNA, the AANA Foundation will award one $10,000 Doctoral Fellowship. The project must address the value of certification or recertification in the advancement of patient safety through enhancing provider quality. The deadline for applications is Saturday, Nov. 30, 2013. Read more.

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Professional Practice

Preventing Surgical Fires Initiative Celebrates Two-Year Anniversary

The AANA, FDA, and numerous other healthcare organizations celebrated the two-year anniversary of the Preventing Surgical Fires Initiative during National Fire Protection Week, Oct. 6-12, 2013. The Initiative’s goal is to increase awareness of factors that contribute to surgical fires, disseminate surgical fire prevention tools, and promote the adoption of risk reduction practices throughout the healthcare community. Learn more about the Preventing Surgical Fires Initiative and the steps you can take in your own facility to prevent these devastating events at www.fda.gov/preventingsurgicalfires.

The Joint Commission Releases Sentinel Event Data

The Joint Commission has posted sentinel event data summarizing information through June 2013. Access the individual reports by type:

- Sentinel Event Data - Including Anesthesia Event Data,
- Sentinel Event Data - General information,
- Sentinel Event Data - Root Causes by Event Type, and
- Sentinel Event Data - Event Type by Year

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Federal Government Affairs

Uncle Sam Shutdown Continues with some Modifications
Washington's budget standoff, which has shut down much of the federal government, is extending into a second week. Modifications enacted by Congress and signed by the president have restored pay to military personnel, returned most defense civilian employees to work, and promised to pay furloughed federal employees retroactively to Oct. 1 once the shutdown concludes. Closer to home, direct effects on most CRNAs appear to remain slight in the short term. But with more fiscal challenges ahead, specifically whether Congress will raise Uncle Sam's $16.7 trillion debt limit by an Oct. 17 deadline or risk default and significant economic unknowns, no formula has emerged for ending the standoff or the shutdown. Read more.

40 Nursing Groups Support Veterans Health Administration Recognition of APRNs to their Full Scope

Forty nursing organizations, including the AANA, wrote Veterans Affairs Secretary Eric Shinseki Oct. 2 to support the Veterans Health Administration (VHA) recognizing CRNAs and other APRNs to their full scope of practice. The action was taken in support of the VHA updating its Nursing Handbook and to refute claims made by the American Society of Anesthesiologists (ASA) against APRN practice. Read more.

AANA Supports HHS Strategy for Preventing Adverse Drug Events, Noting CRNA Expertise

AANA supports evidence-based prevention tools to promote safe opioid prescribing and to reduce adverse drug events and recommends including CRNAs in further development of these strategies, said the AANA in a comment letter submitted to the Department of Health and Human Services (HHS) Oct. 4. The AANA offered its comments in response to the HHS draft National Action Plan to Prevent Adverse Drug Events (ADEs). Read more.

Health Coverage Enrollment Opens as Feds Address Technical Issues

Patient enrollment in Affordable Care Act (ACA) healthcare marketplace plans opened Oct. 1 for health plans taking effect Jan. 1, 2014. News reports indicated over 8 million people attempted to access www.healthcare.gov and several hundred thousand called 800-318-2596 to learn more, and that technical issues with the website and the phone number kept some people from enrolling. Read more.

Following NECC Drug Contamination Disaster, House Approves Compounding Reform Legislation

One year after pain injection patients became victims of unsanitary production practices at the NECC pharmaceutical compounder, the House has moved bipartisan legislation reforming the Food and Drug Administration regulation of large compounders, establishing a path toward tracking and tracing pharmaceuticals by unit within a decade, and otherwise leaving alone smaller compounding practices in hospitals, healthcare facilities and community pharmacies. The legislation was of interest to CRNAs who share the public's concern about ensuring a safe supply of pharmaceutical products and avoiding unintended legislative consequences. Read more.

Working for Your Reimbursement: How You Can Avoid a 1.5 Percent Medicare Cut in 2015

How can a CRNA avoid having all Medicare services cut by up to 1.5 percent in 2015? By reporting one Medicare Physician Quality Reporting System (PQRS) code on one Medicare claim this year (2013), according to representatives of the Medicare agency. A reduction of 1.5 percent of Medicare payment in 2015 might not seem like much now, but, come 2015, no CRNA would be happy with a pay cut of up to 1.5 percent because he or she provided care to Medicare patients and did not ensure that Medicare's PQRS participation requirement was met in 2013. Read more.

Register Now for "Havana Nights" CRNA-PAC Fundraiser at Fall Leadership Academy

Attendees of the AANA Fall Leadership Academy in Miami Beach are invited to join the CRNA-PAC for "Havana Nights," a reception on Saturday, Nov. 9, from 6-8 p.m., to benefit the one PAC that works 24/7 in Washington, D.C., for the interests of CRNAs-your CRNA-PAC.
Amendments

- The CRNA-PAC unveiled a new video in which AANA members share how their own experiences in advocacy and support of the CRNA-PAC have made a positive difference to their practice and the nurse anesthesia profession. See http://www.caretobecounted.org (AANA member login and password required) and click “WATCH our new CRNA-PAC video.”
- AANA’s Fall Leadership Academy Nov. 8-10 will offer an educational track for Federal Political Directors and the first dedicated track for State Reimbursement Specialist (SRS) development. Every participant will leave the FLA educated and energized and well-prepared to coordinate grassroots and reimbursement advocacy in their states. To learn more or register online, click http://www.aana.com/meetings/aanaassemblies/pages/assemblies%20homepage.aspx.
- The U.S. Supreme Court heard a major campaign finance case on Oct. 8 that challenges federal limitations on individual campaign contributions to candidate and political party committees. Currently, individuals may give no more than $123,200 to a federal candidate and party committees over a two-year election cycle, and no more than $2,600 to an individual candidate campaign—but may give unlimited sums to independent issue advocacy organizations and super-PACs. The case is McCutcheon v. Federal Election Commission (12-536), http://www.supremecourt.gov/qp/12-00536qp.pdf.

FEC-Required Legal Notification for CRNA-PAC
Gifts to political action committees are not tax deductible. Contributions to CRNA-PAC are for political purposes. All contributions to CRNA-PAC are voluntary. You may refuse to contribute without reprisal. The guidelines are merely suggestions. You are free to contribute more or less than the guidelines suggest and the association will not favor or disadvantage you by reason of the amount contributed or the decision not to contribute. Federal law requires CRNA-PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed $200 in a calendar year. Each contributor must be a US Citizen.

Surgeons Report 2 New Approaches to Lessen Postoperative Pain

While morphine and other opioids are typically administered to alleviate postoperative pain, they can cause a host of unpleasant side effects and are potentially habit-forming. New evidence suggests that reducing the amount of narcotic given and pairing it with a second pain treatment might be a more effective strategy for patients coming out of surgery. Applying ice packs to surgical wounds has proven to be a simple and safe alternative to opioids for orthopedic and certain other kinds of operations; but research out of Emory University has now demonstrated the efficacy of cryotherapy for major, larger-incision surgeries as well. The small study involved 55 patients undergoing abdominal procedures, about half of whom applied ice packs to the incision area afterwards and about half of whom did not. Those who iced reported about 50 percent less pain and used 22.5 percent less narcotics than the control group on the first postoperative day, with some patients skipping the opioids altogether. Meanwhile, an animal study conducted by researchers at Houston Methodist Research Institute used nanoparticles to create a controlled-release delivery system for lidocaine to prolong its numbing effects for days. The results showed that the innovative method, combined with daily nonsteroidal anti-inflammatory drugs, produced the best outcomes. Both studies were presented at the 2013 Clinical Congress of the American

10/15/2013
Operating Room Noise May Pose Risks to Clinicians, Patients

Researchers at the University of Kentucky (UK) report that noise in the operating room (OR) often is louder than recommended by workplace and patient safety groups. A survey of OR personnel at the Center for Advanced Surgery at UK Healthcare showed that 88 percent of anesthesia providers and 92 percent of nurses said they had trouble hearing in the OR—which UK’s Dr. Rosalind Ritchie said can compromise patient safety. “When you add multiple contributing factors such as beepers, cell phones, overhead pages, monitors and music, conversations and instruments, the ability to communicate effectively becomes impaired—critical communications about the patient’s care may be heard incorrectly or not heard at all,” she explained. Survey respondents reported miscommunications about everything from local anesthetic dosage to bed positioning. Ritchie presented her study results at the 2013 annual meeting of the Society for Ambulatory Anesthesia.

Critically Important Anesthetic Faces Drug Shortage If Used in a Missouri Execution

U.S. health professionals are growing increasingly concerned that the European Union may add propofol to a list of products that cannot be exported if Missouri proceeds with a plan to execute a prisoner using the anesthetic. Under an amendment to the European Union Torture Regulation, overseas drug makers are prohibited from exporting certain products that could be used for the execution of humans via lethal injection. Thus, it is almost certain that Missouri’s use of the drug to carry out a capital punishment sentence scheduled for Oct. 23 will result in the sedation agent being included on the no-export list. Since propofol is used in about 85 percent of anesthetic procedures in the United States, the nation could face a drug shortage and subsequent healthcare crisis. The sole U.S. manufacturer of propofol, Hospira, is unlikely to have the output capacity to fill the void; and Teva, the only other company that has produced the drug in the United States, has been off-line with its product for some time with no clear indication of when it may return to market. A previous shortage of propofol, in 2010, created problems when clinicians used too little of the drug in efforts to conserve supply or used less safe anesthetics that produced adverse outcomes and side effects.

Epidural During Labor May Cause Abnormal Head Position

Researchers at Brigham and Women’s Hospital in Boston have found a correlation between receiving epidural analgesia during labor and an increased risk of delivering a baby face-up. The study involving 1,562 pregnant women evaluated changes in fetal position during labor through the use of ultrasounds performed at first admission to the labor delivery unit, during epidural administration or four hours after the initial ultrasonography if no epidural was given, and in the late stages of labor. Investigators discovered that there were not more fetuses in the face-up position in those women receiving an epidural when they were admitted to the labor delivery unit. By the time they delivered, however, the patients in the epidural group did have more face-up fetuses than other groups. The researchers note that the findings appear to explain why there is a higher rate of C-sections association with epidurals.
labor and delivery. Overall, the University of Michigan Health System researchers found that sepsis occurred in one out of every 3,333 women hospitalized for delivery—a rate that did not fluctuate greatly over the 11-year study period. During that same time frame, however, the rate of severe sepsis roughly doubled for women in labor, from about one in 15,400 to one in 7,250. Overall the rate for severe sepsis increased by about 10 percent annually during the study period, as did the rate of fatal sepsis. Several medical conditions associated with increased risk of severe sepsis were identified, including "cervical stitch", chronic liver and kidney disease, congestive heart failure, and lupus along with factors that were similar to other labor and delivery complications, including African-American race/ethnicity, Medicaid insurance, and older maternal age. However, none of these factors accounted for more than 6 percent of cases; and many women who developed severe or fatal sepsis had no known risk factors. In developed countries, sepsis is increasingly becoming the cause of complications and death among women in labor, as recent U.K. research has shown that sepsis-related deaths doubled in the last decade. The study co-authors wrote that the U.S. increase "may have been due to similar factors as those identified in the United Kingdom... such as increasing microbial resistance, obesity, smoking, substance abuse, and poor general health."

From "Rising Rates of Severe and Fatal Sepsis During Labor and Delivery"
RedOrbit (09/24/13)

Preoperative Blood Typing May Not Be Needed for Some Pediatric Surgeries

For some pediatric surgeries, the risk of serious blood loss is so low that clinicians can safely skip blood typing and blood stocking beforehand, according to researchers at the Johns Hopkins Children's Center. The findings, published in the journal Pediatric Anesthesia, included a list of 10 operations with a transfusion risk of near zero. Researchers reviewed the records of 8,620 pediatric non-cardiac surgeries performed at The Johns Hopkins Hospital over 13 months. Preemptive blood-type testing and blood stocking can increase healthcare costs, and even waste vital supplies if unused blood expires and cannot be restocked. Among the surgeries studied, blood transfusions were unnecessary more than 97 percent of the time. Of the 8,380 patients for whom a transfusion was unnecessary, 707 underwent preliminary blood typing and 420 of them underwent additional cross-matching, with a total price tag of nearly $60,000. The procedures found least likely to require transfusions include common surgeries of the colon and spinal cord, lumbar punctures, central-line placements, arthrogram, repairs of a dislocated or fractured elbow, and tonsil and adenoid removal. A surgery to reposition a catheter that drains excess cerebrospinal fluid from the brain and an operation performed in some scoliosis patients both carried an extremely small risk of blood transfusion. The researchers determined that nearly one-third of children underwent excessive blood testing before surgery.

From "Preoperative Blood Typing May Not Be Needed for Some Pediatric Surgeries"
Medical Xpress (09/23/13)

A New State of Consciousness May Exist for Surgery Patients

New research supports the potential existence of a third state of mind under anesthesia, where patients are able to respond to a command without being disturbed by the surgery or feeling pain. This possibility of "dysanaesthesia" was discussed at The Annual Congress of the Association of Anaesthetists of Great Britain and Ireland on Sept. 19 by Dr. Jaideep Pandit, an anesthetist at St. John's College in England, who wrote an editorial accompanying the study. About a third of the 34 surgery patients who participated in the research moved their finger when asked to, despite being under what appeared to be adequate anesthesia. Pandit noted that the most remarkable part about the reaction "is that [the patients] only move their fingers if they are asked [to do so]. None of the patients spontaneously responded to the surgery," suggesting that they were not in pain. Though doctors working on the study interpreted this movement as a sign of consciousness, Pandit argues that the patients were not "conscious" because there was no spontaneous movement. He believes that patients in this third state of mind may be aware of their surroundings to some extent, but not enough that it bothers them or that they can feel pain. This hypothesis, Pandit adds, may serve as the basis for developing anesthesia monitors in the future. He believes that while the state of dysanaesthesia may seem harmless, it could be a precursor to more uncomfortable states of awareness during surgery that should be avoided. The research was published Sept. 12 in the journal Anaesthesia.

From "A New State of Consciousness May Exist for Surgery Patients"
eMaxHealth (09/21/13) Tanoos, Teresa

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Identification and Treatment of Unrecognized Obstructive Sleep Apnea Before Surgery Improves Outcomes

University of Toronto researchers set out to determine how best to treat the 80 percent of patients with obstructive sleep apnea (OSA), which can cause a host of health problems ranging from hypertension and arrhythmia to diabetes and heart failure. Under anesthesia and surgery, moreover, these patients are more susceptible to complications; and they also are at high risk of respiratory depression when taking opioids for postoperative pain. The researchers conducted a randomized trial of 177 patients in order to determine the effectiveness of a special type of continuous positive airway pressure (CPAP)—the standard care for OSA—in treating the condition. The results were published in the October 2013 issue of Anesthesiology. Auto-titrated CPAP, known as APAP, works by slightly adjusting delivered pressure to keep airways open during the course of the night, based on breath-by-breath measurement. The 87 study participants who received APAP for two to three nights prior to surgery and on the five nights following surgery were found to do better postoperatively than those participants who received routine care. The median apnea-hypopnea indices for those participants who received APAP was three events per hour on the third postoperative night, while control patients had a median of 32 events per hour. Those patients who received CPAP also displayed better oxygenation during the postoperative nights. The researchers hope their findings will encourage patients with OSA to use APAP, since daily compliance can be low.

From "Identification and Treatment of Unrecognized Obstructive Sleep Apnea Before Surgery Improves Outcomes"

Gene Mutation That 'Blocks' Pain Identified

In a finding that could aid new painkiller development, German scientists have identified a gene mutation that prevents people from sensing physical pain. The condition is known as congenital analgesia, and the mutation was discovered in a gene called SCN11A when the gene sequence of a girl with congenital analgesia was compared against the gene sequences of her parents. SCN11A controls the development of channels on pain-sensing neurons, where sodium ions create electrical nerve impulses that are sent to the brain, which registers pain. When SCN11A is mutated, however, hyperactivity prevents the build-up of the charge that the neurons need to transmit an electrical impulse, leaving the body numb to pain. Researcher Ingo Kurth from Jena University Hospital noted that the outcome of the mutation “is blocked transmission of pain signals.” Trials in mice showed that those with a mutated version of SCN11A developed injuries similar to those seen in people with congenital analgesia, such as bone fractures, while the control group with the normal gene did not. The team is looking into identifying drugs that would “selectively block [the SCN11A channel] but not other sodium channels,” Kurth said, “which is far from simple.”

From "Gene Mutation That 'Blocks' Pain Identified"

Why Hospitals Want Patients to Ask Doctors, 'Have You Washed Your Hands?'

Despite years of effort by the Centers for Disease Control and Prevention (CDC) to educate both caregivers and patients, studies reveal that hospital staff on average comply with hand-washing protocols, including washing with soap and water or alcohol-based gels, only about 50 percent of the time. To combat infections, hospitals have implemented strict "wash in, wash out" protocols, used designated unidentified staffers to secretly monitor co-workers, tied merit increases to compliance, and have suspended doctors' privileges if they ignore the rules. Others are adopting electronic sensors, thermal imaging, and video cameras to monitor hand hygiene. To increase patient involvement in the fight against infection, the CDC has provided 16,000 copies of the "Hand Hygiene Saves Lives" video to hospitals to show to patients during admission, and a 2010 study of 17 hospitals run by Cincinnati-based Catholic Health Partners indicated that the video increased the number of patients asking staff to wash their hands and the number of physicians and nurses reporting that they were asked to wash their hands.

From "Why Hospitals Want Patients to Ask Doctors, 'Have You Washed Your Hands?'"

On the CUSP: Stop BSI—a national initiative involving 1,100 hospitals in 44 states, the District of Columbia, and Puerto Rico—succeeded in reducing central line-associated bloodstream infections (CLABSIs) in intensive care units to one infection per 1,000 line-days at most hospitals. The campaign involved implementation of the Comprehensive Unit-based Safety Program to improve safety culture and teamwork; checklists of evidence-based practices for catheter insertion, maintenance, and removal to prevent CLABSIs; tools to determine local barriers to such practices; and guidance to ensure these practices were consistently received by patients. The initiative showed that national programs should meet several criteria demonstrating that they reduce harm before being rolled out countrywide; have a clear chain of accountability and a sufficient infrastructure at each level; align the work of all stakeholders around a common standard measure; summarize the evidence and encourage local clinicians to adapt the interventions to fit their culture and needs; and more.


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