Georgia Association of Nurse Anesthetists

To & Fro

A Publication of the Georgia Association of Nurse Anesthetists — Volume 57, Spring 2008

Report from the Federal Political Director

We CAN Make a Difference

by Martha Dukes Kral, CRNA

Politics shapes the history of our world. As I write this I am reminded of four events that made history and changed our world and perceptions forever.

President John Kennedy was assassinated in November, 1963. He was 46 years old. The spaceship Challenger exploded on January 28, 1986, killing all 7 crew members. The Twin Towers, Flight 93, and the Pentagon were exploded on September 11, 2001; and just recently, on December 27, 2007, Benazir Bhutto was assassinated. Most of those people who were killed were doing their jobs when they died. Except for the Kennedy assassination, as I was a child then, I was doing my job as a CRNA when I heard the news of those events. Like most people, I remember exactly where I was, and the feelings of disbelief, sadness, and anger. I remember the scenes on the television, and watching it over and over. Those who died have left us a legacy of changes in the world; they made a difference. A common thread of these events is "democracy."

In our democracy, we too have the ability to make a difference, and to change policy. We can do it individually and directly, every day, when we take care of patients and save lives.

Inside This Issue ...

We can do it through our power of voting, thereby electing policy makers who represent our interests. We can donate to our PAC, which also supports legislators who may think as we do. And CRNAs can be elected to a political office.

Many people complain about "politics", but the reality is that it is the only game in town, so unless you have a new system, you will have to use the one that is present. Get involved, and play to win.

Though we might complain about anesthesia reimbursement cuts, and these need to be corrected, CRNAs yet have a broad scope of practice that is quite lucrative. These conditions didn't happen by

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MCG Student Nurse Anesthetist Saves Child's Life

We are proud to report that Georgia is truly preparing outstanding nurse anesthetists. If you don't have SRNAs working at your hospital, please consider the following:

Mandi Davidson, SRNA

To: Lisa Stephens, MN, CRNA, Assistant Director for Clinical Education Nursing Anesthesia Program, Medical College of Georgia

You may already know about this, but SRNA Mandi Davidson picked up an elevated ETC0² on a 9 year old child, and pointed it out to our CRNA Coordinator, John Norman. They attempted to hyperventilate and blow off C0².

When this failed, they notified me. I came immediately to their OR, look into the situation, and called a Malignant Hyperthermia code. Mandi and Mr. Norman stayed in the OR and helped with all the work involved in treating MH. We flew child out to Shands, Gainesville, where they gave us high praise for picking up the MH so quickly.

Mandi saved this child's life by being so quickly aware of the rise in ETC0². Congratulations to her and to you for excellent training.

Charese Pelham, MD
Director, Anesthesiology and Perioperative Medicine Director
Pain Management Colquitt Regional Medical Center

To & Fro

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Report from the Treasurer

GANA Streamlines Finances

by Brent Dubois, CRNA

The GANA is currently going through a radical transition. Upon review of our financial status and with the help of the AANA, we have made great strides toward streamlining our finances.

After our winter meeting in Fayetteville, the Board of Directors with the presence of many past Presidents, voted to adopt financial guidelines which would help give transparency to GANA finances. These adapted guidelines were handed down from the AANA. These guidelines give structure to how the GANA utilizes funds for the good of the organization. It also allows for an easier transition for the incoming Treasurer and Finance Committee.

The key ingredients which follow the AANA financial priorities included:

1) Easy to follow financial reports and goals in a timeline fashion. This allows the Executive Director and Treasurer to see where we are, where we've been, and where we are going year to year.
2) How to manage non-dues revenue. Like the AANA, GANA has acquired an outside financial source to help manage our non-dues revenue. Strict adherence to specific standards must be met with the approval of the financial committee prior to moving any money for investment purposes. This is great help to the treasurer and ensures the GANA's money is being used in the safest financial vehicle possible. The GANA has retained Mark Gibbs of the Gibbs Financial Group to assist us in streamlining our finances.
3) The Finance Committee has oversight of the GANA financial dealings. This lets no one person control the financial responsibilities we have to our State organization. The Finance Committee consists of the President, President-elect, Treasurer and two other appointed Board Members.

As GANA Treasurer, I have continued to consult with the AANA Finance Committee Board members as well as AANA Treasurer Paul Santoro. The changes we are implementing are being met with positive feedback. ■

Report from the President

To & Fro Goes "Online"

by Cheryl E. McRae-Bergeron, CRNA, ND, DNP

We hope that you enjoy your first computer-updated version of the "To & Fro". We have tried to keep you abreast not only in the areas of GANA happenings, but to let you know about the invaluable assistance Georgia's nurse anesthesia students give to the GANA and to inform you of practice trends that are on the horizon.

We had a wonderful time again this year supporting GPB-TV. Our Saturday was just after the Atlanta tornado, so our volunteers are really dedicated. Be sure to look at the pictures in this issue and to check http://www.gana.org/ for a complete PhotoShow.

Don't forget to mark your calendars. Please set aside the first weekend in October for the Annual GANA Meeting at beautiful Stone Mountain October 3-5th. The cost for CEUs is discounted for GANA members, and we are planning on a special GANA PAC Saturday night. http://www.ipge.com/v4/go.gnf?session=d55350d1a10bea80c8af36a32f104b2b&s=ipge&t=&d=products&product=8091&itemId=5890&listTemplate=h2_i2_w1_f1_001

I am sad to say that very few of you have signed up for the "Member's Only" section at the GANA website @ http://www.gana.org/ To those of you who have signed up THANK YOU!! This is the site where you will be able to vote on-line for officers and board of directors. The "Member's Only" section is also dedicated to pertinent articles/web-sites that have practice implications and is updated with breaking news/events meant for you.

This is the time to be thinking about giving back to the GANA by running for office or for a Board of Director's position. We will have two (2) openings for Board of Directors and for Secretary and Treasurer. If you have ever served as a director of officer, please think about running for President Elect. Contact Immediate Past President Matt Kervin @ mattkervincrna@gmail.com or the GANA office for further information.

Once again, it is indeed a pleasure and an honor to serve as your President. Please contact me if you have any questions, ideas or comments. Due to travel, I can be reached for the month of May @ ganapresident@hotmail.com. As always, GANA President Elect, Steve Smith slldt@comcast.net and the Executive Director, Christy Dunkelberger at the GANA office ganaoffice@bellsouth.net will be more than happy to assist you in any way. ■

Report from the Federal Political Director
(continued from page 1)

accident; they were afforded to us by other CRNAs who came before us, and who influenced change and policy.

During the desperate years of the Great Depression, a group of physicians brought an injunction proceeding against Dagmar Nelson and her employing hospital for illegally practicing medicine without a license. She administered general anesthesia and her employer knew it and supported her. It was a bizarre trial, in that the arguments presented on both sides seem incongruous to our way of thinking today. Had she lost, anesthesia, as a specialty of nursing would not exist today. http://www.aana.com/uploadedFiles/Resources/Publications/AANA_Journal_-_Public/2006/August_2006/p261-265.pdf

Currently, on Wednesday (January 16th), Congressional aides said they are optimistic that Congress can pass Medicare legislation this year that likely would stop for 18 months a 10.6% cut to Medicare CRNA and physician fees scheduled to take place July 1, 2008. Having successfully landed an increase in Medicare anesthesia reimbursement for 2008, the AANA continues to work in Congress to reverse threatened cuts to nurse anesthetists' Medicare reimbursement President Bush last month signed into law a bill that delays the fee cut for six months.

2008 is an election year. Georgia Senator Saxby Chambliss is up for reelection, and is projected to win. In the House of Representatives race, Georgia District 12's John Barrow and District 8's Jim Marshall may have viable competitors. For more information on how our legislators voted on issues, go to Megavote at http://www.congress.org/congressorg/megavote/login/

Get to know who is running, whether incumbent or opponents, and decide who you want to support, who will be CRNA-friendly. Let me know if you think this person is worthy of an AANA PAC contribution and we can decide.

Choose a candidate to support, and let them know about CRNAs.

The AANA Mid Year Assembly is April 13-16, in Arlington, VA. After we have attended the didactic portion there, we will go to Capitol Hill to meet with our legislators. After attending the lectures, you will be fully prepared to speak eloquently to your legislators. I am starting to make appointments. ***We need your participation.***

AANA CRNA-PAC is doing something new this year. It is fostering a memorable evening, for a $1000.00 donation, which includes a cruise on the Potomac to Mt. Vernon on the presidential yacht, the Sequoia, and dessert by the former White House pastry chef, Roland Mesnier. For a $200.00 donation, you can have a guided tour of Washington's home and dinner on the grounds of the estate at the Mt. Vernon Inn.This event is now sold out.

The AANA DC office has moved to 25 Massachusetts Ave., Suite 500. This new office was needed to provide much needed space for the AANA Federal Affairs Staff, and also it has space to hold receptions or political events. The new office is near the Senate side of Capitol Hill, a short walk from Union Station.

Go to aana.com and click on "meetings" at the top of the page to get complete meeting and registration information. ■

Report from the Public Relations Director

Neither Rain, Nor Sleet, Nor Snow ...

by São Berkowitz, CRNA

It has been an amazing 2008 for GANA – and it's only March! First, CRNA Week was recognized by Gov. Purdue with a proclamation signing attended by dozens of CRNAs and SRNAs. Then in February, we had Capitol Day with many volunteers, smiles and committed CRNAs and SRNAs taking blood pressures, pulses, sats and educating those visiting the Capitol on how we are truly "the best kept secret." Some even had appointments scheduled with their representatives.

On Saturday, March 15, 25 Georgia CRNAs, their families and SRNAs braved the Southeast weather through hail, tornados, heavy downpours and home damage to show that as an association, we stand strong for our profession as CRNAs. Dr. Cheryl McRae-Bergeron was interviewed LIVE on Georgia Public Broadcasting TV and we were on from 8pm-11pm. (See photos on page 12). If you did not get to attend this year, please consider attending next year as we have already been invited back to make this a recurring event. More details will follow.

We will continue to publish details on upcoming GANA PR events as soon as we can. We understand that many times, personal and professional commitments may not make it possible for you to attend… but consider how much you can make a difference by just committing to 1 event in an entire year. As CRNAs we owe it to our profession – and to ourselves – to ensure that when we are no longer able to practice, that a CRNA will be "by our side to care for us…"

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."
– Margaret Mead 1901-1978

Sharon Twibell, GANA Secretary and PAC Chair

Question for the Practice Committee

From time to time, we will publish questions from the membership. We consulted with our GANA Web advertiser for the answer to this question, as we strive to serve our membership with factual and timely information.

Question: I practice at a small Georgia hospital and am non-medically directed. The hospital billing company has told the hospital that they can not bill Medicare for the post-op pain blocks/catheters that I place for the total knees, hips, acromioplasties, etc. I think we can bill and collect. I need more info as to who is correct. If you have help on this matter, I would appreciate it. Thanks for the help.

– GANA Member

Answer: Per ASA guidelines, the CPT 01996 for management of post-op epidural has a base of 3 units. However, Medicare will only pay for one unit per day, up to four days for management of post-op epidurals. In most all cases you have to appeal to Medicare for the 2-4th day of management for payment.

See excerpt below from Medicare at http://www.cms.hhs.gov/mcd/viewarticle.asp?article_id=43728&article_version=3&basket=article%3A43728%3A3%3AEpidural+and+Intrathecal+Injections%3ACarrier%3ACahaba+Government+Benefit+Administrators%C2%AE%7C%7C+LLC+%2800510%29

"CPT code 01996 should be used for the subsequent visits for periodic injections into the subarachnoid or epidural space through an epidural catheter already in place. Payment for management of epidural/subarachnoid drug administration is limited to one (1) unit of service per postoperative day for no more than four (4) days irrespective of the number of visits necessary to manage the catheter per postoperative day. While an anesthesiologist or anesthetist may be able to bill for this service, only one payment will be made per day."

Medicare Reimbursement Rates:

Atlanta Area:
2007 – $16.43
2008 – $20.06

The rest of Georgia is as follows:
2007 – $15.84
2008 – $19.54

2008 is going to be re-evaluated in July.

Gail Dorsey
ProClaims Medical Management, Inc.
gdorsey@proclaimsmedical.com

Nominations for the 2008 Rosalie McDonald Award Now Being Accepted

GANA is asking for your nominations for a CRNA to receive the 2008 Rosalie McDonald Award. Your nomination must be submitted by August 15th to the GANA office. Nominations can be submitted by mail, fax or email to GANA, 1832 Highway 54 W. Fayetteville, GA 30214; facsimile: 770.632.1625; or ganaoffice@bellsouth.net.

Rosalie McDonald spearheaded the GANA in 1938. She was the first GANA President and the 6th AANA President. Be proud of your profession. Honor a fellow CRNA by nominating him or her for their contribution to our profession. The honoree will be presented with the award at the GANA Annual Meeting this year in Stone Mountain on October 3-5.

Phases of "Investigational New Drugs/Devices" Explained

by Cheryl E. McRae-Bergeron, CRNA, ND, DNP

There are five separate phases involving clinical trials and monitoring for new medications or medical treatment devices. The new medication or device is compared to the currently used medication/device, other medications or devices and placebos. Sizes of clinical trials vary from one to multiple researchers and from one facility to a multicenter study, while patients tested can range from as few as 10 to several thousands. This article will focus on new medications.

• Pre-Clinical Studies: These are *in vitro* studies that are conducted to discover preliminary efficacy, toxicity and pharmacokinetics of the investigational drug.

• Phase 0: These are human microdosing studies that investigate whether or not the drug's actions *in vitro* are the same in a small human population (10 to 15 subjects). Subtherapeutic doses are given with outcomes focusing on the pharmacokinetics and pharmacodynamics of the drug.

• Phase I: This phase establishes the initial safety of the drug. Small groups of healthy human subjects (20 to 80) are given dosing trials to assess pharmacovigilance, pharmacokinetics and pharmacodynamics of the drug. Phase I trials are further divided into Single Ascending Doses (SAD) and Multiple Ascending Doses (MAD) Studies.

• Phase II: This phase, involving 20 to 300 human subjects, is where the drug development process can be discovered to fail. Further safety information is gathered, unexpected or toxic effects are unmasked and efficacy is established. Sometimes this phase is subdivided into Phase IIA, which accesses dosing requirements, and Phase IIB, which focuses on efficacy.

• Phase III: This phase contains the largest number of human subjects, usually groups of 300 to >3,000, and is the most expensive and time-consuming of the phases. Label expansion, additional safety data, and comparison of the drug's effects to the normally accepted standard treatment are obtained.

Comprehensive data (methods and results studies, manufacturing & chemical formulation procedures) is then presented to the FDA for regulatory submission. Most drugs undergoing Phase III clinical trials can be marketed under FDA norms with proper recommendations and guidelines.

• Phase IV: Also called the Post Marketing Surveillance Trial, the Phase IV trial involves pharmocovigilance for any rare or long-term adverse effects and ongoing technical support of the drug. While the drug is sold and is in common use in this phase, harmful effects can still be discovered, such as those with rofecoxib (Vioxx) and troglitazone (Rezulin), resulting in recall or restriction of uses.

http://www.fda.gov/FDAC/feature/2003/503_trial.html
http://en.wikipedia.org/wiki/Clinical_trial

☑ Yes!

I want to be actively involved in the GANA!

Name: _____

Email: _____

Address: _____

Home Tel: _____Work Tel: _____

Interests – Check all that apply:

Committees:

❒ Bylaws ❒ Communications
❒ GRC ❒ Public Relations

❒ Obtain a seat on the Board of Directors

I'd like to become a legislative contact for my legislative district:

❒ State ❒ Federal

❒ I can participate in GANA Lobby Day
❒ I will participate in any area needed
❒ Other: _____

Please clip and return to:
GANA, 1832 Hwy. 54 West,
Fayetteville, GA 30214

Practice Committee Update

There's Good News & Bad News

by Brent DuBois
Practice Committee Chair

I'd like to thank all the members of the Practice Committee who have given input since I was first given this committee. We have made great strides in developing a Mission Statement.

We have also had some questions come before the Practice Committee. These questions were somewhat complicated and ultimately answered with the help of our legal counsel. To be honest, I didn't know the magnitude or burden of responsibility of this committee. Any question concerning clinical practice for CRNAs in Georgia is fair game. Some dilemmas presented put us on a slippery slope. If we answer publicly, can our statement be used against us at a later date?

This brings us to the issue of the reimbursement. After much consultation and beating my head against a wall, I don't think we can have reimbursement in our Mission Statement. I've had several past presidents and members who've been on the board a lot longer than me tell me that we'd be opening up the Practice Committee to legal scrutiny if this committee addressed reimbursement.

Now the good news, the AANA has formed a Reimbursement Committee. This is headed by some of the AANA board members who are in tune to the fluid nature of reimbursement. I think this is great. I do however think this is problematic when it comes to reimbursement issues in Georgia. Insurance companies are different for each state. California now covers propofol for colonoscopies, but Alabama does not. Each state varies. Perhaps there is a GANA Reimbursement Committee in the future? ■

The Students' Corner

by Daniel Dell, SRNA
President, Georgia Association of Nurse Anesthetist Students

Greetings! Things are blazing forward at lightning speed with us students. The year is blazing away for those of us that graduate in December! Six students got the opportunity to join members from GANA in Atlanta on March 15th for PBS day. We had a lot of fun. The CRNAs there at the event were so excited for us to be there and kept the night very fun! The day started off on a somber note due to the tornadoes that struck downtown Atlanta and the weather was very rough on the way to the show, but the weather cleared up and we had a very eventful night. The first hour was busy and we celebrated a birthday. It is a wonderful feeling for us as students to have the support of all the CRNAs at GANA events. You all make it worthwhile when you give back like you all so graciously do!

I am in the process of planning a student day at Turner Field for one weekend during the regular season. If any CRNAs are interested, please contact me and I will email you the arrangements and details as they are finalized.

Finally, I want to thank you all for all of your support! We greatly appreciate it! ■

Lee Wilcox, Star Kepner, Kristy Savage, Tonya Stevenson, Tucker Austin

Carmen Potts & Lauren Bond

Rebecca Veal, Donna Fletcher, Angie Dedeaux

Lisa Stephens (MCG Professor), Micaela Ireland, Robert Ware, Jennnifer Christenberry, Pam Miller, Demetria Goodwin, Taushera Westbrook, Sonia Magambo, Jada Coleman

Will Fospropofol Disodium(Aquavan®) Replace Propofol and Anesthesia Providers for TIVA and MAC Procedures?

by Cheryl E. McRae-Bergeron, CRNA, ND, DNP

Fospropofol disodium is now in Phase III of clinical trials (see article *Phases of "Investigational New Drugs/Devices" Explained* on page 6). If approved by the FDA, the drug will be launched during the second half of 2008. But what is fospropofol disodium? How will this drug impact your practice?

Marketed under the brand name of Aquavan®, fospropofol disodium is a water-soluble prodrug of propofol. After being administered intravenously, fospropofol disodium is rapidly converted by the enzyme, alkaline phosphatase, into propofol. As a result of this conversion, low, therapeutically levels of propofol are released. The drug is being investigated for 'mild to moderate' sedation in which subjects maintain their own airway and are responsive to stimulation, but lethargic. The drug is targeted for use in non-invasive procedures that last under two hours, such as endoscopy, cardiac procedures, biopsies, insertion/removal of lines, tube, catheters, and other minor surgical and therapeutic procedures. MGI PHARMA, Inc.** expects annual sales to top 250 million dollars.

... we must come to understand that a provider not trained in the administration of anesthesia could be the person who administers fospropofol disodium ...

Minor surgical procedures were evaluated using a single arm study (no control group) in 123 subjects undergoing arthroscopy, bunionectomy, dilation & curettage, endoscopy, hysteroscopy, lithroscopy, shunt placement and trans-esophageal echoes. The most frequently observed adverse event was transient hypotension that was seen in 3% of participants.

Randomized, double-blind, multi-center Phase III studies have been completed in both bronchoscopy and colonoscopy pivotal trials. The bronchoscopy study did not reveal who administered the Aquavan®, but in the colonoscopy study, the gastroenterologist who performed the procedure also administered Aquavan®. Using a dose of 6.5mg/kg of Aquavan® (and a pretreatment of 50mcg of fentanyl citrate), some 87% of the endoscopy subjects achieved sedation success as measured by three consecutive Modified Observer's Assessment of Alertness/Sedation (MOAA/S) scores greater than or equal to 4 and did not require alternative sedative medications or mechanical airway assistance

How could this new drug be administered without anesthesia personnel? A research group in Belgium reported success with a small population of 48 subjects (24 undergoing colonoscopy and 24 undergoing esophagogastroduodenoscopy [EGD]) using propofol with a computer-assisted sedation delivery system. Monitoring and drug delivery used an automated responsive monitor (ARM), a novel drug dosing algorithm (similar to TCI), and a proprietary software algorithm that was referred to as a 'Safety Shell'. The authors concluded that the results of this study demonstrated that a computer-assisted sedation delivery system could successfully provide sedation for colonoscopy and EGD and that subjects could recover from signs of over-sedation without the intervention of an anesthesia provider. Also, it appears that those who are untrained in the administration of anesthesia could administer drugs and monitor patients who receive propofol by another name… fospropofol disodium.

What does this mean for the CRNA?

- First, we must stay informed. We must know what is out there on the horizon.
- Secondly, we must be comfortable with research. We must be able not only to conduct, but to analyze research studies. How can you get all excited about a study with 48 participants? Can you read a research study and discern flaws, recognize construct validity, reliability or extrapolate findings into your practice?
- Thirdly, we must come to understand that a provider not trained in the administration of anesthesia could be the person who administers fospropofol disodium. The continuum from relief of apprehension to a state of unconsciousness is not only short, but it is fraught with obstacles and hazards that only a trained anesthesia provider can immediately recognize and manage. "Anesthesia Standby" went the way of cyclopropane the day that reimbursement for 'standby' died-on-the-vine. If we do not administer fospropofol disodium, does this now introduce another new level of non-CRNA anesthesia providers? How much oversight or responsibility will we have for these providers? Will we be teaching more two hour classes and anointing people with a 80% pass rate as qualified or trained?
- Lastly, we must be ready for change. We must be ready to accept, with due caution and with solid, scientific, proven results, new drugs and devices that reach marketing (and this drug will be widely marketed*). We have seen some of these hailed with fanfare (cisatricurium) become 'a flash in the pan', while others are now stabilizing forces in our daily anesthesia routine. We must be willing to change our practice patterns,

(continued on page 10)

Protect Your Practice
2008: The Year for PAC Contributions

by Sharon Twibell, CRNA, BSN

I am not sure how many of you have been keeping up with legislation in other states or if you are aware of what is being written about CRNAs by other providers.

In the most recent ASA Newsletter there is an article entitled Anesthesiologist Assistants vs. Nurse Anesthetists. To condense this article, I will give you the major points. "The question for decades: Do differences in the education and practice of AAs and NAs indicate the superiority of one profession over the other in either ability or capability?" We are never referred to as CRNAs. "ASA and the Centers for Medicare & Medicaid Services share the position that AAs and NAs have identical clinical capabilities and responsibilities." They do discuss some differences: "The AAs are required to have an undergraduate degree emphasizing the requirements for medical school admission. NA schools require an RN degree and one year of critical care experience."

They also state that "most AA schools limit the teaching of regional anesthesia and that was influenced by the opinion of some anesthesiologists that neither AAs nor NAs should perform invasive procedures. That limitation was voluntary, consistent with ASA policy and was implemented to enhance patient safety."

They state "that requiring anesthesiologist to supervise AAs in no way constitutes a mark of inferiority. To the contrary, and as concluded by the Kentucky study (Legislature), AA work is directed only by anesthesiologists because AAs want it that way. They agree that the safest ACT is one led by an anesthesiologist, so it is their desire to practice in a manner that supports what they agree is the highest quality and safety available". There are more important points to this article which can be found in the "Members Only" section of the ASA Web site.

Conclusions have been reached recently by the Kentucky, Florida and North Carolina Legislatures that there are no differences between the capabilities of CRNAs and AAs.

The GSA received $27,700 into their PAC from their membership in 2007. They made 182 contributions in 2007. Their members also contributed $22,360 to the ASA PAC. We have been advised that states have been targeted for legislative changes because they did not have enough money in their PAC fund to fight the changes. It is a very frightening scenario.

I am not attacking other anesthesia providers in this article. I am sure everyone is trying to protect what they consider to be their own turf. WE need to be very aware of what is going on in the political arena and have the money to protect our own practice!

Laws and Regulatory Rules affect us every day we practice. They determine our scope of practice and in other words the laws, rules, and regulations tell us what we can and cannot do as CRNAs.
Politics is not a spectator sport. You must not sit on the sidelines and watch your practice rights threatened. We must be vigilant and lobby our legislators to protect our practice rights and the rights of our patients. Patient safety is a primary concern. It is also our role to be a patient advocate ensuring every citizen in Georgia access to high quality anesthesia care.

I have been a CRNA for 31 years and I will probably practice at the most five more years. I encourage my older colleagues to help maintain the practice of our younger colleagues by making a large contribution to the GANA PAC. To my younger colleagues I say that the future belongs to you and that you need to make a contribution to the GANA PAC to maintain your practice rights now and in future years.

Teamwork means we share a common goal, and regardless of our different practice settings, our goal is to ensure every CRNA has a right to practice. Let's pay our admission into the legislative process. Join the GANA PAC team now by sending a check to:

Robbie Pope, GANA PAC Treasurer
P.O. Box 887
Tifton, GA 31793

OR

Use a credit card or PayPal to make your PAC donation
Click on http://www.gana.org/donate.shtml

*Note: This article was written prior to the publication of the March 2008 edition of the AANA NewsBulletin. ■

Drug Report
(continued from page 8)

because whether we like it or not, they will change….with us or without us.

*Note: A lecture on fospropofol disodium is being given at the 2008 AANA Annual Meeting in August: "Moderate Sedation for Short Diagnostic Procedures: Current Concepts and Future Directions". Jason W. Beedlow, CRNA, and Jerome F. O'Hara, Jr., MD, will be supported by an educational grant from MGI PHARMA.

**History: Who owns MGI PHARMA? MGI PHARMA,Inc., an oncology & acute care focused biopharmaceutical company, merged with Guilford Pharmaceuticals Inc., a biopharmaceutical company engaged in the research, development and commercialization of drugs that target the acute care market, in 2005. On January 26, 2008, Eisai Co., Ltd. (Tokyo, TSE 4523) ("Eisai"), a research-based human health care company, announced the completion of their offer by its indirect wholly-owned subsidiary, Jaguar Acquisition Corp. ("Jaguar"), to purchase all outstanding shares of the common stock of MGI PHARMA, Inc.

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Georgia Association of Nurse Anesthetists PAC

I am contributing $ _____ to further the legislative efforts of the GANA.

Thank you for your contribution to this worthy cause for your profession!

Name _____

Address _____

Home Phone # _____ Best time to call _____

Email _____ Fax _____

Do you work in ❒ an office based setting? ❒ a rural hospital? ❒ a surgery center? ❒ an urban hospital?

Nurse Practitioner _____ Other (specify) _____ (Mandatory for all donations greater than $100)

Are you interested in lobbying with the GANA during the 2009 legislative session? _____

Are you acquainted with any of Georgia's legislators? _____ If yes, who? _____

Please clip and send to: **Robbie Pope, GANA-PAC Treasurer, P.O. Box 887, Tifton, GA 31793**

Forms available at www.gana.org

Keeping an Eye on the Georgia General Assembly

by Steve Smith, CRNA, MA

It is once again my privilege to serve as your Government Relations Chair for 2008 along with committee members Martha Kral, Sao Berkowitz, Cecilia Morales, Lisa Stephens, and Beth Villaneuva.

The Georgia General Assembly convened on January 14, 2008 and ran for 40 calendar days. The committee along with our Executive Director/Legal Counsel Christy Dunkelberger and our Lobbyists Monty Veazey and Julie Windom carefully monitored any and all legislation or regulations that have been potentially harmful to our practice as CRNAs here in the state of Georgia. We also utilized the AANA and Georgia Tracking system to help us monitor legislation.

In January we met with Governor Perdue at the state capitol for the annual signing of the GANA Proclamation in celebration of Nurse Anesthetists Week. In attendance that day were 18 students from both MCG and MCCG and 8 CRNAs.

I had the good fortune of attending the Georgia Nursing Association Lobby Day on January 31, 2008. There were over four hundred nursing students in attendance that day. Their new lobbyists stated there were no plans to take action on nursing protocols or prescriptive authority this year. Interestingly, only 10% of APRN's who can write prescriptions are doing so. The other 90% are using the 1989 legislation that allows phone in prescriptions. Finally, there were plans to introduce legislation (HB1041) for nurses applying for licensure in Georgia to have background checks.

GANA Capitol Day took place on February 25. There were 24 students from MCG and MCCG along with 9 CRNA's. We were able to show off our new GANA Display and meet with several state representatives. Thanks to Lisa Stephens (MCG professor) and Eric Herrold (MCCG professor) for allowing their students to participate in this event. Plans are already in the works for next year to have Proclamation Day and Capitol Day the week of CRNA Week: January 25-31, 2009. Confirmation of this will be online sometime in April.

The "2008 Healthcare Advocate Award" presented by the GANA to Senator Johnny Grant, sponsor of SB222, took place on March 4, at the capitol. In attendance were CRNAs Cheryl McRae-Bergeron, Kay Argroves, Steve Smith, and Lt. Governor Casey Cagle.

Mark your calendars now for Thursday, January 29, 2009. For the first time, we will have both CRNA Week Proclamation Signing and GANA Day at the Georgia State Capitol. You have plenty of time (some nine months) to make arrangements to attend. Make your presence and your voice heard in Atlanta. We are counting on your participation.

The following is a list of the Georgia Association of Nurse Anesthetists "Legislative and Regulatory Priorities" for 2008.

1. Confer with the Board of Nursing regarding CRNA supervision of AA students.
2. Carefully monitor any legislation or regulatory activity in the state of Georgia concerning CRNAs and pain management.
3. Monitor, assess, and take necessary action to assist Georgia CRNAs with third party reimbursement issues (i.e., reimbursement by Aetna for endoscopy procedures).
4. Utilization of the AANA, GA Tracking system, state lobbyist, ED and legal counsel to track all regulations and legislation potentially harmful to CRNA practice rights in Georgia.
5. Preserve the CRNAs' current scope of practice.
6. Collaboratively work with other advanced practice RNs and other health care disciplines to provide access and care to the patients of Georgia.

The following two links are excellent sources for accessing your state and federal officials along with legislative information.

www.legis.state.ga.us – Access to the Georgia General Assembly
www.vote-smart.org – Legislative lookup ■

AANA Foundation – Your Investment in the Future of Nurse Anesthesia

by Janice J. Izlar, CRNA, MS
AANA Foundation Trustee / Georgia Foundation Advocate

The mission of the AANA Foundation is to advance the science of nurse anesthesia through education and research. Did you know Georgia has 6 AANA Foundation Friends for Life? Can you name them? So far this year, 33 Georgia donors have given $4935.00 with an average donation of $164.50 to the Foundation. Why should you join this group of dedicated Georgia CRNAs in their support of the mission of the Foundation?

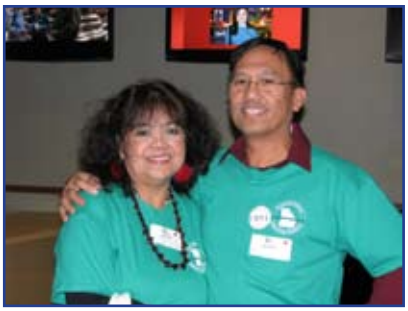
You are a vital part of the Foundation and your contributions make a difference. The 2008 Annual Giving Campaign is underway and your support is essential to reaching the $470,000 goal.

Last year's generous contributions help fund these programs:

- 54 scholarships totaling $65,000 including the GANA scholarship of $1000
- 7 fellowships and grants totaling $75,000
- 64 posters at the Annual Meeting poster session
- 8 "State of the Science" presentations

This year, the AANA Foundation is committed to providing CRNAs with more scholarships, grants and awards. But, your help is needed. Your support of the AANA Foundation is an investment in the future of nurse anesthesia. Together, we will make a difference. Your tax-deductible contribution may be made online at www.aanafoundation.com. Help the Foundation achieve its vision of being the leading resource for assuring safe anesthesia care through education and research. ■

CRNAs in Action ...



Elizabeth Villanuva, CRNA and her husband take a break during the broadcast.

Robby Ware, Mandi Davidson, Micaela Ireland, Jennifer Christenberry, Karen McCready, Daniel Dell

GANA CRNAs and their families giving of their time to the GPB-TV telethon.

São Berkowitz, CRNA (GANA Board of Directors & PR Chair), brought her entire family to answer phones and to serve as runners.

AANA Condemns Unsafe Injection Practices

Nurse anesthetists association entreats other healthcare professionals to work together to solve infection control problems that put patients at risk.

PARK RIDGE, Illinois – In a decisive response to recent incidents in Nevada and New York in which patients were infected with hepatitis C allegedly through the reuse of needles and syringes, the American Association of Nurse Anesthetists (AANA) today called on healthcare professionals across the nation to exercise the utmost care and vigilance when performing or observing injections on patients.

"It is astounding that in this day and age there are nurse anesthetists, anesthesiologists, and other healthcare professionals who still risk using needles and syringes on more than one patient, or know of such activities and don't report them," said Wanda Wilson, CRNA, PhD, president of the 37,000 member AANA. "Published standards and guidelines dictate that single-use and disposal of these products is the best way to ensure patient safety. Patient safety is our primary focus – not cost savings, time savings, or any other factor."

Wilson added that while the AANA believes the vast majority of Certified Registered Nurse Anesthetists (CRNAs), anesthesiologists, and other healthcare professionals who give injections practice in a safe manner according to established drug-handling and administration guidelines, recent hepatitis C outbreaks at an endoscopy center in Las Vegas, Nev., and a pain management facility in Long Island, N.Y., leave no doubt that unsafe practices are still occurring and can cause great harm to patients.

"My heart goes out to the patients in Las Vegas and Long Island who contracted hepatitis, and I fervently hope that testing doesn't reveal additional patients who might have been infected at these facilities," Wilson said.

"These types of incidents are completely unacceptable, and the AANA is determined to help uncover the root cause and correct the problem," Wilson said. "We invite other national healthcare organizations, as well as governmental entities and drug manufacturers, to work with us to restore public trust and achieve this goal of ensuring and enhancing patient safety when it comes to the use of needles, syringes, and single-use medication vials. Only by working together will we be able to develop and implement universally accepted techniques and guidelines, and share in the responsibility of their use and enforcement without hesitation."

On February 29, health officials in Nevada closed the Endoscopy Center of Southern Nevada in Las Vegas after six patients were diagnosed with hepatitis C. The outbreak was traced back to nurse anesthetists reusing syringes to draw up medicine from single-use vials for multiple patients. According to the investigation report of the Southern Nevada Health District, "common practices" were identified that "would allow disease to be transmitted in this manner." Officials are notifying more than 40,000 patients that they should be tested for hepatitis and HIV. (View the investigation report at http://health.nv.gov/.)

In November 2007, reports surfaced in the media that anesthesiologist Harvey Finkelstein, MD, a Long Island pain management specialist, was under investigation by the New York State Department of Health for reusing syringes to draw up medicine from multi-dose vials and exposing thousands of patients to blood borne pathogen infection. On December 14, 2007, the Department of Health contacted approximately 8,500 patients who had been treated by Finkelstein prior to January 15, 2005, urging them to be tested for hepatitis and HIV if they had received an injection from the doctor. (www.health.state.ny.us) Finkelstein's record in the nine years prior to the reuse investigation included 10 malpractice settlements.

... the AANA refused to put its head in the sand when, in 2002, a hepatitis outbreak in Norman, OK, was traced back to a nurse anesthetist at a hospital outpatient clinic ...

"Anesthesia practiced according to professional guidelines is safe," Wilson said. "We intend to use these incidents to reinforce the importance of adhering to established guidelines and to gain a better understanding of common practices related to the use of needles, syringes, and single-use medication vials by nurse anesthetists and other healthcare professionals.

"What is clearly not the answer to the problem is for any group of providers – physician or other – to insist that 'it couldn't happen to us,' because that's certainly not in our patients' best interests," said Wilson. "Every clinician and professional society lives in a glass house when it comes to a critical issue such as infection prevention. If the hepatitis C outbreaks in New York and Nevada demonstrated anything, it was that such incidents occur regardless of a provider's degree, credential, or title. For any group to suggest otherwise is to

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put its collective head in the sand – it is irresponsible, negligent, and a sure invitation for yet another Nevada or New York situation to occur."

The AANA refused to put its head in the sand when, in 2002, a hepatitis outbreak in Norman, Okla., was traced back to a nurse anesthetist supervised by an anesthesiologist at a hospital outpatient clinic. More than 100 patients who were treated at the hospital were diagnosed with hepatitis B or C (although it was impossible to determine precisely how many patients were infected prior to treatment or during treatment at the facility).

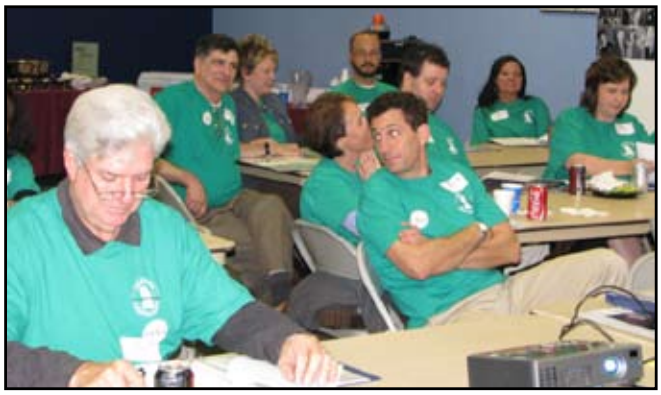
In response to the situation in Norman, the AANA took immediate action. CRNAs across the country were mailed a copy of the AANA Infection Control Guide along with a letter reinforcing the importance of strict compliance to ensure patient safety. Press releases were disseminated to educate, inform, and reassure the public about safe injection practices. The AANA also hired a research firm to conduct a random telephone survey of CRNAs, anesthesiologists, and other clinicians to learn more about practices and attitudes on needle and syringe reuse.

The results of the survey were eye-opening, and confirmed the AANA's suspicions that the problem is more widespread than believed.

Among the different categories of health professionals surveyed, 3 percent of anesthesiologists who responded indicated they reuse needles and/or syringes on multiple patients. CRNAs, other physicians, nurses and oral surgeons reported reuse at 1 percent or less. Extrapolating from the survey's findings, 3 percent of anesthesiologists plus 1 percent of CRNAs equated in 2002 to approximately 1,000 anesthesia professionals who might have been exposing more than a million patients to risks of contaminated needles and syringes.

The AANA distributed this information widely among public and professional communities, including to the Centers for Disease Control. Despite these alarming results, the AANA was unable to generate interest in a summit meeting of healthcare organizations to address the issue. "Perhaps if the issue had been given more attention at the time, we wouldn't be revisiting it again today," Wilson said.

"The most important action we at the AANA feel we can take from this point forward," Wilson added, "is to do absolutely everything in our power to study and correct the infection control issue related to drug handling and administration, and make whatever changes are necessary to ensure the safety of future anesthesia patients." ■



Zack Williams, husband of Mary Lee Williams, CRNA

MCG students participate in GANA DAY at the State Capitol – (L to R) Robert Ware, Pam Miller, Professor Lisa Stephens (GANA Board of Directors and GANAS Chair), Jennifer Christenberry, Demetria Goodwin, Sonia Magambo, Taushera Westbrook

Getting instructions on how to "behave" during the telethon