



# To & Fro

A Publication of the Georgia Association of Nurse Anesthetists • Volume 58 • Summer 2008

## Report from the President

### House Bill 1041 Becomes Law

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



**H**ouse Bill 1041, amended Article 1 of Chapter 26 of Title 43 of the Official Code of Georgia Annotated, relating to the “Georgia Registered Professional Nurse Practice Act,” was signed by the governor on May 12<sup>th</sup> and became law on July 1<sup>st</sup>. The intent of the new law is to eliminate obsolete language relating to graduate nurses; to require fingerprint record checks for applicants for licensure as a registered professional nurse; to provide for related matters; to repeal conflicting laws; and for other purposes. Please review the complete law @ [http://www.broc.state.ga.us/legis/2007\\_08/sum/hb1041.htm](http://www.broc.state.ga.us/legis/2007_08/sum/hb1041.htm)

One section of this law refers to those CRNAs already practicing in Georgia. CRNAs, when providing direct patient care, should identify themselves with the abbreviation ‘A.P.R.N.’ on a name tag or other similar form of identification. As an example, the name tag could read “Jane Doe, CRNA, APRN”.

Tennessee, Virginia, and West Virginia. As a Regional Director, Janice will serve as a member of the AANA Board of Directors.

Leslie Jeter will represent Region 2 on the AANA Nominating Committee (our own Kay Argroves is currently serving on this committee). The Nominating Committee is responsible for slating, and if necessary, solicitation of candidates for office for the Association Board of Directors and elected committees.

Ann Thompson has been elected to the five member AANA Resolutions Committee (Janice Izlar is now serving as Chairperson of this committee). The Resolutions Committee formulates recommendations on all resolutions, including Emergency Resolutions, and presents its recommendations to the membership at the AANA Business Meeting.

#### GANA Website

The GANA Website <http://www.gana.org/> is a huge success. Since updating in January ‘08, we’ve had over 77,000 hits with over 29,000 downloads. Website costs are now being covered by our two advertisers: **Thompson & Thompson: Anesthesia Recruiters** and **ProClaims Medical Management**.

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#### Izlar, Jeter & Thompson Win AANA Election

All three Georgia candidates won in the recent AANA election. I know that you join me in congratulating them and wishing them well as they assume their leadership positions on the national level.

Janice Izlar will be our new AANA Region 2 Director representing Georgia, Kentucky, North Carolina, South Carolina,

Region 2 Director:	Janice Izlar
Region 2 Nominating Committee:	Leslie Jeter
Resolutions Committee:	Ann Thompson

GANA proudly congratulates all three winners and wishes them well as they serve the AANA on the national level.

A big “thank you” to GANA BODs, GANA membership and SRNAs for their support during this election.

## CONGRATULATIONS!

*All three of our Georgia candidates won AANA election!!*

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## Report from the President

(continued from page 1)

**Thompson & Thompson: Anesthesia Recruiters** has been supporting GANA for many years. Working with Jim Davis is always a pleasure as he has his fingers on the pulse of anesthesia jobs in Georgia. Our newest association is with Gail Dorsey from **ProClaims Medical Management**. ProClaims specializes in anesthesia billing and is well versed in CRNA direct billing. Don't forget to support our advertisers ... they pay our bills!!

Slowly, more and more Georgia CRNAs are signing up for the 'Member's Only' area of the website. Don't forget to sign up so that you can vote-on-line for the upcoming GANA elections. Just go to the GANA Website and click on the 'Members' section at the top of the page (<http://www.gana.org/members/login.asp>) and you will be directed to the link that will ask you to create a username and password. It's simple, and it takes only a few minutes.

Each applicant to the 'Member's Only' area is screened to ensure that he or she is a CRNA and a GANA member. We've had one 'Member's Only' applicant who could not be identified and was denied access. The website is not checked every day for applicants, so please be patient as it could be a couple of days before you get approval to use this special section.

For ideas on how to improve/change the website, please contact me @ [cmb@alltel.net](mailto:cmb@alltel.net).

### GANA PAC Fund Raiser

Sign up on-line @ <http://www.gana.org/documents/GANA-PAC-Fundraiser.pdf>.

What can you do at Stone Mountain on Saturday night, at 7:30 pm, October 4<sup>th</sup>? You can sign-up to attend the GANA PAC Fund Raiser. We've been hard at work planning a fun evening that includes: free transportation from the Marriott Evergreen Resort; a delicious buffet dinner with a cash bar; door prizes and best of all: ring-side seats for the **25<sup>th</sup> Anniversary Lasershow Spectacular**.

Named the #1 Spring Event in Atlanta by *The Atlanta Journal-Constitution*, the new musical scores feature well-known themes from *Star Wars*, *Pirates of the Caribbean*, *Indiana Jones* and *High School Musical* along with many old favorites. With added displays of laser lights, graphics, characters and fireworks, this new show is bigger and better than ever.

Don't miss the "Flame Cannon effect" and the "Laser Canopy" that creates a ceiling of light right over your head. The grand fireworks finale makes your evening complete.

See page 9 for complete details. See how EASY it is to support the GANA PAC and have fun at the GANA Fall Meeting. If you are unable to attend, please donate to the GANA PAC ... we need your support.

### Use Your Credit Card to Donate to GANA PAC

You asked to be able to donate to GANA PAC using your credit card. Well now you can. You can make a one-time donation or sign up for a monthly donation. With the monthly donation, you choose how much you want to give and the amount is added to your credit card bill each month (we were told it would be nice to get frequent flyer miles, etc., when you donated to GANA PAC ... well now you can!)

Log on to <http://www.gana.org/donate.shtml> and donate NOW!!!

### Listserv (email)

Are you tired of getting emails from GANA? Then log on to the 'Member's Only' area of the GANA website and "Unsubscribe" to our mailing list.

(continued on page 4)



*and*



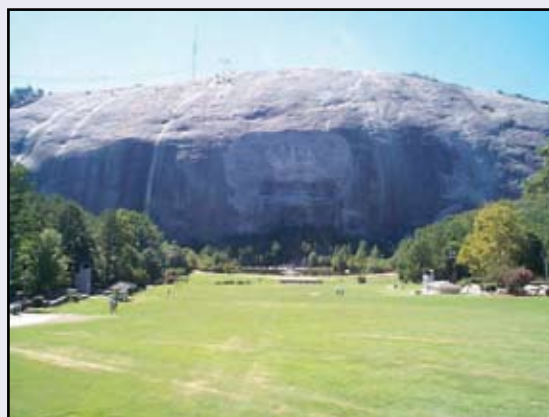
*present*

# The GANA Fall Meeting

**October 3-5, 2008**  
**Marriott Evergreen Resort at**  
**Stone Mountain**

*A 20 CE Credit Seminar designed to update the CRNA in a variety of contemporary topics of practical interest. The program will offer core didactic lectures which will explore issues related to malpractice prevention; business law; cost-effective anesthesia; infection management; dealing with cardiovascular events; airway device utilization; diabetes considerations; new technologies; anesthesia in the future; radiation safety; treatment of chronic pain problems; techniques for lumbar and cervical pain blocks, and an update on current activities of the AANA.*

*Ample time will be provided for open forum discussions with the faculty and colleagues, and case discussions are invited and welcome for program enrichment.*



## TUITION FEES

Until September 23.....	\$495.00
After September 23 .....	545.00
On Site.....	595.00
Friday Only .....	225.00
Saturday Only.....	295.00
Sunday Only .....	250.00

*Fee includes all course-related activities, syllabus, AANA credit recording, Friday reception, luncheon on Saturday, continental breakfasts and refreshment breaks.*

## Accreditation

This program is approved by the American Association of Nurse Anesthetists for 20 CE Credits, Code #30468, Exp. Date 10/5/08.

IPGE designates this activity as meeting the requirements for 4 credits in Pharmacology/Therapeutics, and 1 credit in HIV/AIDS education.

IPGE is accredited by the California BRN to provide continuing education for RNs.



**For more details  
or to register, visit  
[www.gana.org](http://www.gana.org).**



## **GANA Develops Mission Statement and New Logo**

by Steve Smith, CRNA, MA



For the past six months I have been working diligently along with the board of directors and others on developing a mission statement for the Georgia Association of Nurse Anesthetists. It was felt that the two most important issues that we needed to include were patient safety and supporting the practice of CRNAs in Georgia. With that, we came up with the following statement:

“The Georgia Association of Nurse Anesthetists is a non-profit organization committed to advancing patient safety by supporting and furthering the practice of nurse anesthesia in Georgia.”

During this time, we also decided on a new logo for the association that incorporates the mission statement and symbolizes what we feel the Georgia Association of Nurse Anesthetists is all about. The new logo can be found on the front cover of this issue of the *To & Fro* and also on the home page of [www.gana.org](http://www.gana.org). If you will click on the logo, it will take you to the mission statement along with the updated “About Us” section of the website.

Our gratitude goes out to all of the GANA members who took the time to vote in the recent AANA election. We had a 27% turnout compared to 20% nationally, great job guys! We may have had the highest percent vote of all states and perhaps the highest turnout in Georgia history. The grassroots efforts by the board, along with several GANA members, and students from MCG and MCCG paid off. We all appreciate your response to our efforts.

I would personally like to ask every CRNA in the state of Georgia who works in a facility that teaches SRNAs to step up to the plate and be a preceptor for these students. It has been brought to my attention by several students that case numbers and quality, in particular in Savannah and Atlanta, where both AA students and SRNAs are competing for cases, is a real issue. Several problems that exist are apathy by CRNAs to teach students and CRNAs actually choosing AA students over SRNAs. We, as a group, cannot let this happen. We are currently working on a grassroots effort in order to correct this. Yes, we do realize a lot of the assignments are out of your control, but please try to take assertive measures to teach SRNAs. It is the students’ future and your future that are at stake here. I consider being a preceptor for a SRNA one of the most important and meaningful things you can do as a CRNA to give back to the profession. Please feel free to contact me, [slldt@comcast.net](mailto:slldt@comcast.net), with questions or concerns and in particular, possible solutions.

As is tradition for the president-elect, there will be a breakfast provided for all GANA members attending the Annual AANA Meeting in Minneapolis along with all students from Georgia and a few invited select guests. The breakfast will be held on Monday, August 11<sup>th</sup>, at the Hyatt Regency, Minneapolis from 6:45 a.m. – 8:00 a.m. Please make plans to attend. ■

### **Report from the President**

*(continued from page 2)*

The ‘Member’s Only’ area also allows you to “Subscribe” to the mailing list and to change/update your email address. We continue to have many ‘bounced’ messages. Please ensure that we have your correct email address.

### **Upcoming GANA Elections**

Watch your mail for information concerning the upcoming GANA elections. You will have the option of voting by paper ballot or by voting on-line.

### **To & Fro**

I’ve had the pleasure of serving as editor of the *To & Fro* this year, and I now have a deep appreciation for all those years that Don Tate did such a wonderful job as editor. As a work in progress, we have tried to make the *To & Fro* more relevant and timely by publishing more issues and by adding both research and practice articles. Publication and mailing costs have risen sharply and vary greatly according to on-line publication versus hard-copy, mailed color publication. The Spring 2008 on-line publication cost approximately \$450. The condensed Winter 2008 black and white publication that did not contain pictures cost approximately \$1000 including postage. This Summer 2008 publication that is in full-color and contains pictures costs approximately \$3500 not including postage.

The *To & Fro* is the official publication of the GANA, and according to the GANA Bylaws, must be published on a regular basis, but no less than two times a year. Communication is essential within any organization, but it must be two ways. It has been suggested that future issues of the *To & Fro* be published in hard-copy form and mailed three times a year, using either full-color or two colors. However, this is your official publication, and this is your money that we are spending to communicate with you. We need to know what you expect/want from the *To & Fro*. Please e-mail me at [cmb@alltel.net](mailto:cmb@alltel.net) and let me know how many issues and what form of publication that you would like. All ideas are welcomed.

### **The Last Thoughts**

This will be the last newsletter in my term as President of the GANA. It has been my pleasure to represent you, and I want to thank each one of you for your support. There is still much to be done, and we must be ever vigilant in the public and political arenas. I will still be on the GANA BOD next year serving as Immediate Past President. As always, if there is anything that I can do to help you, please inform me.

I do hope that you will attend the GANA Fall Meeting the first weekend of October. I will be speaking on Friday, October 3rd, using slides of actual charts from malpractice cases which I served as the expert witness. Join us at Stone Mountain and attend the GANA PAC Fund Raiser. ■

## Reusing Syringes and More ...



*This committee (ganapractice@hotmail.com) is a resource for questions concerning CRNA practice in Georgia. We have had a lot of positive comments about providing this service to our membership. Please remember that the answers are GANA opinions.*

**Question #1:** Can you help me get across to CRNAs that reusing a syringe on the same patient is wrong? ... They always talk about reusing syringes on different patients but never state not to reuse syringes on the same patient ... Can you help me?  
– GANA Member

**Answer:** According to the CDC, the answer can be found @ <http://www.emergency.cdc.gov/coca/callinfo.asp>, and at the AANA Website.

This same question had been previously posed to the CDC, and here is the CDC answer:

**“Q:** Can I reuse a syringe during a procedure for a patient who requires additional medication as long as the vial will not be used for another patient?

**A:** It is preferable to always use a new sterile syringe to withdraw medications, even if the medication will only be used for one patient. This provides an extra layer of protection for patients and is encouraged.”

*The GANA reminds CRNAs: For each patient, use a new syringe/needle each time you administer a drug. Needles and syringes are single use items, and should not be reused between patients.*

**Question #2:** An anesthesiologist colleague said that United Healthcare does not reimburse for CRNA services unless there is an anesthesiologist supervising ... Is this true?  
– A New GANA Member

**Answer:** CRNAs can become United Healthcare providers and anesthesiologist supervision is NOT required for reimbursement.

**Question #3:** I'm trying to fill out the paper work to get prescriptive authority. The midwife where I work has prescriptive authority ... but I've hit a snag. What do I do now?  
– GANA Member

**Answer:** You don't have to do a thing. In Georgia, CRNAs do not have prescriptive authority. Please talk to the midwife where you work, and you will see the differences in practice patterns.

**Question #4:** I am looking at a position with an anesthesia group ... advertising the position as '1099 Independent Contractor'. I understand the IRS implications of working as an independent contractor but I want to be sure I understand any special liability implications of working as an independent contractor. Would I have added liability exposure? If I were named in an 'incident' even though the MDs are in a supervisory capacity, do they share in liability or am I 'on my own' as with taxes? This is important for me as I negotiate. I appreciate your assistance.

– GANA Member

**Answer:**  
(GANA's Legal Counsel, Christy Dunkleburger provided the following answers for this question.)

1. Under Georgia law, an independent contractor is considered to be self employed. Companies or employers sometimes set up these arrangements for two primary purposes – to decrease financial obligations and to limit liability. However, regardless of the intentions, the IC may end up being considered an agent of the employer and liability would attach anyway. CRNAs are licensed professionals and are responsible for the work they perform. That being said, the law says CRNAs must work under the direction of a duly licensed physician. Therefore, it is very likely that if there is an anesthesia incident, both providers are going to be sued. If these comments do not answer your questions, please feel free to call me to discuss further.

2. Regarding liability as a 1099 independent contractor, please also be sure that you carefully review the language of the agreement addressing liability. There will probably be indemnification language in favor of the company which says something to the effect that CRNA will indemnify company in the event a claim is filed against company due to any fault of CRNA. There should also be reciprocal indemnification language in favor of the CRNA which has company indemnifying CRNA in the event there is a claim against CRNA due to an act of Company.

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## Practice Committee Mission Statement

by Brent DuBois  
Practice Committee Chair

The Practice Committee has implemented the following mission in accordance with AANA guidelines:

### Mission:

The members of the Practice Committee are representatives of current CRNA practice settings in Georgia. The committee reviews the practice of nurse anesthesia and the implications concerning work environment, practice management, and patient safety and formulates recommendations for consideration by the Board of Directors.

Please feel free to e-mail any practice-related questions to the GANA. We have addressed many practice questions lately to include the new AANA guidelines for syringe re-use (*see page 5*). ■



# Yes!

***I want to be actively involved in the GANA!***

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

**Interests – Check all that apply:**

### Committees:

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Communications   |
| <input type="checkbox"/> GRC    | <input type="checkbox"/> 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

## News from MCG Nursing Anesthesia Program

Greetings from the Medical College of Georgia's Nursing Anesthesia Program. The faculty is in full swing this summer, not only teaching summer courses but gearing up for the fall semester. This fall, the program will transition to a new curriculum. The new curriculum will be didactically front-loaded, with students getting their anesthesia courses prior to beginning clinical. There will be a strong emphasis on simulation to bridge the transition from classroom to clinical. Students will spend less time driving back to the Augusta campus once they begin clinical allowing for more hands on anesthesia time. The nursing core classes have been redesigned as anesthesia focused courses and will enhance the overall education of the student. Also this fall we will take our largest class ever-21 students!

This is an exciting time for MCG's nursing anesthesia program as we face the challenge of implementing a new curriculum and increasing our class size. However we are facing obstacles to growth. We currently have one clinical site for our cardiovascular cases (CABG) and this is a limitation. Our students have increasing competition for clinical placement with AA/PA students at sites. I encourage you to examine your practice environment for the accommodation of nursing anesthesia students. We must contribute to training CRNAs to support the profession that's been so rewarding for all of us.

I would also like to take this opportunity to thank all of the anesthetists that comprise our 25 clinical sites and participate in the education of our students. We are grateful for each of you!

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





## What is a FPD?

by Martha Dukes Kral, CRNA

**W**hat is a FPD? FPD stands for Federal Political Director. Each state Nurse Anesthetist organization has one FPD. The FPD is responsible for coordinating grassroots legislative lobbying efforts and for keeping the state members informed about legislative issues which are affecting or have potential to affect CRNA practice. As you notice in the title, these issues are at the Federal level only and not at the state level.

The FPD serves as a link from the AANA's DC office staff to individual states concerning Federal issues. During the AANA Mid-Year Assembly that is held each spring in Washington, DC, the FPD often organizes the visits to each of the federal legislators on "The Hill". CRNAs from all of the states visit their respective federal senators and representatives during the last two days of the Mid-Year Assembly. This coordination between the individual federal offices and the visiting CRNAs takes much time and effort.

Many CRNAs say that the Mid-Year Assembly is their favorite AANA meeting. When you return home after this meeting, you will feel that you have truly "made a difference" in our profession. Also, the skills that you learn at the meeting can be used in other areas of your personal and professional life.

As the FPD for Georgia, I will also forward AANA Hotline emails that I receive from the DC office to any GANA member who would like to receive them. Please contact me at [kralsml2@aol.com](mailto:kralsml2@aol.com) to receive Hotline emails. Some of the Hotline topics will likely become key points that will be discussed with the legislators at the next Mid-Year Assembly. You can also find Federal issues on the [aana.com](http://aana.com) website in the Members section.

Remember, the legislators want to see you, their constituents, when discussing our issues especially during an election year. So please make an appointment to visit your legislators when they return to Georgia and are once again in their home district.

Also, we need "key contacts", and each of you has the potential to become a "key contact" for your particular legislative district.

Contact me if you have any questions or if you want to become more involved on the Federal level. ■

## The Students' Corner

by Daniel Dell, SRNA

President, Georgia Association of Nurse Anesthetist Students



The senior students at the Medical College of Georgia (MCG) had the opportunity to join members from the GANA in Washington, D.C. for the AANA's midyear assembly. It was an eye-opening experience! It is amazing to see what goes on behind the scenes to ensure our practice rights. I would beg every CRNA in Georgia to get involved in some way with the GANA to

help protect us in Georgia! You can go to Washington and lobby and/or donate to the PAC fund. You will do more good for your profession than you know!

Thank you to all the SRNA's that participated in the calling of Georgia's CRNAs to remind them to vote in the 2008 AANA elections. I know we made a difference!

Lastly, I would like to remind all junior SRNAs in Georgia that GANAS needs new board members for the 2009 year. Please contact me if you wish to be on the board for the 2009 year that begins in October at the state meeting. ■

## CRNAs in Action ...

*Eugene Pikus and Jennifer Christenberry, senior students from MCG lobbying in Washington, DC during AANA Mid-Year Assembly*



*Janice Izlar with MCG student Micaela Ireland. Janice served as a Mentor to Micaela for one day during the MYA as part of an AANA Foundation activity.*



*Preparing to lobby on Capitol Hill*

## What's Happening? GANA PAC Fund Raiser @ Stone Mountain 2008: The Year for PAC Contributions



by Sharon Twibell, CRNA, BSN, GANA PAC Chair

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. No matter where you work or what your practice setting, it is imperative you know and understand the importance of published work concerning CRNA practice.

In the February 2008 edition of the *ASA Newsletter* (see 'Member's Only' area of the GANA website @ <http://www.gana.org/members/login.asp>) there is an article entitled "Anesthesia Assistants vs. Nurse Anesthetists ... What Are the Differences?," by Jeffrey S. Plagenhoef, MD. 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."

Noted differences include "The AAs are required to have an undergraduate degree emphasizing the requirements for medical school admission. NA schools require an RN degree [sic] and one year of critical care experience."

The article states (1) "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" and (2) "requiring anesthesiologists 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 (the Legislative Research Committee commissioned by the Kentucky Legislature) 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."

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

Anesthesiologists readily support their PAC funding. The GSA PAC received \$27,700 from 182 contributors. 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. This is not a very pretty scenario.

I am neither trying to use 'scare tactics' nor am I attacking other providers. I am sure everyone is trying to protect what they consider to be their turf. WE, as CRNAs, need to be very aware of what is happening in the political arena and to have the necessary PAC funds to protect our own practice!

Patient safety is our primary concern. It is also our role to be a patient advocate ensuring that every citizen in Georgia has access to safe, quality anesthesia care. You must not sit on the sidelines and watch your practice rights threatened. Each CRNA must be vigilant and lobby his or her legislators to protect the rights of our patients and our practice rights.

Laws and Regulatory Rules affect us every day that we practice. In other words, laws, rules, and regulations tell us what we can and cannot do as CRNAs.

---

*... we, as CRNAs, need to be very aware of what is going on in the political arena and have the money to protect our own practice ...*

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We must have PAC funds, and the only way to have these funds is for you to donate to the GANA PAC. If you cannot give your time to visit your representative, write a letter or send an email, then please give a monetary donation to the GANA PAC.

I have been a CRNA for 31 years, and I will probably practice at the most five more years. I encourage my older CRNA 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. To secure that future, you need to make a contribution to the GANA PAC to protect and maintain your future as a CRNA.

Join the GANA PAC by using the coupon on page 13 and sending your check to:

Robbie Pope, GANA PAC Treasurer  
P. O. Box 887  
Tifton, GA 31798

You can conveniently use your credit card or PayPal to make your GANA PAC donation. Click on <http://www.gana.org/donate.shtml>

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The digitally remastered 25<sup>th</sup> Anniversary Lasershow Spectacular highlights new musical scores featuring well-known themes from *Star Wars*, *Pirates of the Caribbean*, *Indiana Jones* and *High School Musical*, along with many old favorites. With added displays of laser lights, graphics, characters and fireworks, this new show is bigger and better than ever.

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Profession: RN \_\_\_\_\_ APRN \_\_\_\_\_ Other (specify please) \_\_\_\_\_

(Mandatory for all donations greater than \$100)

# Needlestick Lessons Learned and Revisited

by Kay Argroves, CRNA, BSN  
GANA Practice Committee

CRNAs are bound by many sets of regulations to meet or exceed infection control standards set by local, state, institutional, and national organizations. OSHA and the EPA are set up to deal predominantly with protecting the healthcare worker in regards to infection control issues in the work place. The CDC as well as our own Georgia Board of Nursing has been charged with protecting the public. The AANA serves in both capacities. According to the AANA Infection Control Guide, “compliance with CDC recommendations is expected of all practicing CRNAs.” The AANA further specifies that “whenever more than one standard applies to any issue of performance and safety within any given jurisdiction, highest standard specification prevails.”

The AANA has an administration of drugs and solutions recommendation list on their website. Some of these recommendations include:

- Multiple dose vials should be limited to a single patient use unless strict aseptic technique is used and a new sterile syringe and access device are used each time the vial is penetrated. The danger of cross-contamination of multiple dose vials used for more than one patient must be weighed against any cost savings.” This is one of the areas identified as a source of transmission in the Las Vegas endoscopy center with the reuse of syringes on patients by using serially contaminated propofol vials.
- Properly dispose of all needles and syringes after use. Do not reuse needles and syringes. Once used, all needles and syringes are contaminated. They are single-use items.”
- Alternatives to the needle-stick test are available to determine the level of a regional anesthetic and include: a peripheral nerve stimulator, a tactile stimulation device, or a special temperature sensor. If needles are used, they must be considered contaminated and disposed of in the appropriate manner. (Writer’s note: I threw this in, because I was not aware of a special temperature sensor device available).

According to the CDC website, some safe injection practices include:

- IV.H.2. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use item; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
- IV.H.3. Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient’s intravenous infusion bag or administration set.
- IV.H.4. Use single-dose vials for parenteral medications whenever possible.
- IV.H.5. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- IV.H.6. If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
- IV.H.8. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- IVI. Infection control practices for special lumbar puncture procedures wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e. during myelograms, lumbar puncture and spinal or epidural anesthesia.

In our present reduced reimbursement climate, production pressure is a huge and often overlooked issue that relates to infections and their spread in many healthcare settings. According to the American Nurses Association, the finding of the 2007 Study of Injectable Medication Errors, an independent nationwide survey of 1,039 nurses, revealed that the most often cited factor contributing to injectable medication error in 78% of those queried was that they felt “too rushed/ busy environment.”

According to the CDC, problems relating to infection control that are identified in the course of outbreak investigations often identify the need for new recommendations or reinforcement of existing infection control guidelines to protect patients. All CRNAs need to remain up-to-date, vigilant, and conscientious in their pursuit of maintaining the highest standards of infection control practices to protect their patients, their families, and themselves. ■

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... “*whenever more than one standard applies to any issue of performance and safety within any given jurisdiction, highest standard specification prevails* ...”

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## **A Review of the 2008 Legislative Session**

by Steve Smith, CRNA, MA



I would once again like to take this opportunity to thank all of you that have assisted the Government Relations Committee (GRC) throughout the 2008 legislative session. A special thanks goes out to those of you who attended the government relations events and especially to the students from both MCG and MCGG who participated.

In review, the Georgia General Assembly ran from January 14<sup>th</sup> through April 4<sup>th</sup> without any regulatory or legislative issues that directly affected the practice of CRNAs in Georgia. We are still awaiting word from the Georgia Board of Nursing regarding CRNA supervision of AA students. We hope to hear something by year's end.

HB 1041 passed and was signed by the governor into law which will require all new and transferring registered nurses to undergo criminal background checks before they are licensed in Georgia. We were one of only three states that did not have this requirement. As stated by Linda Herren, President of the Georgia Board of Nursing, "We had become a dumping ground for nurses that had run afoul of the law".

During the 2008 legislative session, the GRC along with CRNAs throughout the state and students from both Georgia CRNA schools, attended the signing of the GANA Proclamation by Governor Sonny Perdue, Georgia Nursing Association Lobby Day, the GANA Capitol Day. The GRC also presented the **"2008 Healthcare Advocate Award"** to Senator Johnny Grant for his support and sponsorship of SB222 in 2007.

Please mark your calendar for next year as both GANA Capitol Day and the Proclamation signing with the governor will be held on Thursday, January 29, 2009. This will all take place at the state capitol during CRNA week: January 25-31, 2009.

I am currently updating the "Advocacy" section of the [www.gana.org](http://www.gana.org) website. My goal for the membership is for anyone seeking any information on state or government affairs to be able to either find it here or be provided contact information to access it. As always I welcome any and all ideas to make the website a better place. Thanks for your support throughout the year.

In the next edition of the *To and Fro* I will present an article detailing exactly what the GRC is and does and the importance it has on your practice in Georgia. ■



## **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](mailto:ganaoffice@bellsouth.net).*

*Rosalie McDonald spearheaded the GANA in 1938. She was the first GANA President and the 6<sup>th</sup> 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.*

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## Government Relations Legislative Regional Map

The map below is divided into 12 legislative regions with their included counties. At least one CRNA per region as listed below will serve as a legislative contact and be responsible for legislative and regulatory matters.

### Region 1

Includes the following counties: Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, and Whitfield.

### Region 2

Includes the following counties: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, and White.

### Region 3

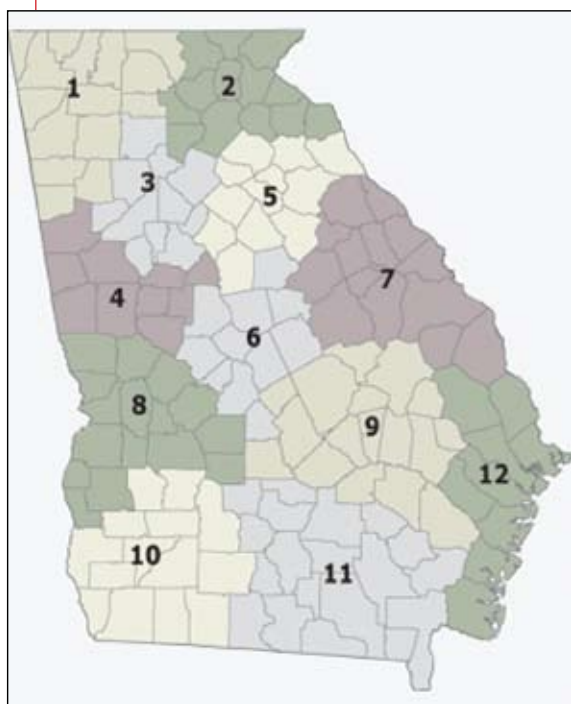
Includes the following counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, and Rockdale.

### Region 4

Includes the following counties: Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, and Upson.

### Region 5

Includes the following counties: Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe, and Walton.



### Region 6

Includes the following counties: Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs, and Wilkinson.

### Region 7

Includes the following counties: Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, and Wilkes.

### Region 8

Includes the following counties: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor and Webster.

### Region 9

Includes the following counties: Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis, Johnson, Laurens, Montgomery, Tattnall, Telfair, Toombs, Treutlen, Wayne, Wheeler, and Wilcox.

## Need Volunteers to Serve as Legislative Contacts

Please look closely at the Government Relations Legislative Regional Map to the left and consider assisting the government relations committee (GRC) by volunteering to be a representative from your region by serving as a GANA Legislative Contact. Before you say no, just know that you would never be asked to do anything alone. I would personally assist you or someone from the GRC or board of directors would be by your side, if needed.

Just what would be expected of you? As a GANA Legislative Contact, you might be asked to personally deliver a contribution to an elected official within your region or to accompany us during a visit with the official or to make phone calls to other members in your region for assistance in legislative or regulatory matters. These are just three examples of some of the ways that GANA Legislative Contacts can be utilized.

This is a tremendous opportunity to get involved and learn about what the GANA and the GRC does for you, the individual member. As the map shows we are in desperate need of help in regions 1, 4, 7, 8, 9, 10, 11, and 12. We need at least two members in each region. If your region already has at least two volunteers don't let that stop you from volunteering. We can't have too many legislative contacts in any region.

As GRC chair and president-elect, I hope you will consider representing your region and will take the first step in getting actively involved with the GRC and the GANA.

Steve Smith CRNA, MA  
Government Relations Chair, President-Elect

### Region 10

Includes the following counties: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, and Worth.

### Region 11

Includes the following counties: Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, and Ware.

### Region 12

Includes the following counties: Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long, and McIntosh.

- |     |                |              |
|-----|----------------|--------------|
| 6.  | Sharon Twibell | 478-477-9214 |
|     | Eric Herrold   | 478-477-9355 |
| 7.  | Lisa Stephens  | 706-228-3743 |
| 8.  |                |              |
| 9.  |                |              |
| 10. |                |              |
| 11. |                |              |
| 12. | Martha Kral    | 912-897-3638 |

### **LEGISLATIVE CONTACTS:**

- |    |                       |              |
|----|-----------------------|--------------|
| 1. |                       |              |
| 2. | Cheryl McRae-Bergeron | 706-745-3599 |
|    | Matt Kervin           | 706-244-0282 |
| 3. | Steve Smith           | 404-429-8553 |
|    | Cecilia Morales       | 770-860-0484 |
|    | Sao Berkowitz         | 404-313-5958 |
|    | Beth Villanueva       | 770-498-6835 |
| 4. |                       |              |
| 5. | Barbara Waldron       | 706-227-0348 |
|    | Kay Argroves          | 706-207-4824 |



*Meeting with Congressman Barrow of the 12th District*



**Georgia  
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Nurse  
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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](http://www.gana.org)



## Proposed Amendments to the GANA Bylaws

*(To be voted on at the GANA Fall Business Meeting)*

### ARTICLE V GOVERNMENT

#### Section 3. EXECUTIVE DIRECTOR

##### A. APPOINTMENT:

###### As Reads Currently:

There may be an Executive Director employed by the Board of Directors. The Executive Director shall possess the authority and be subject to the limitations imposed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors. The Executive Director will not be considered an officer or director of the Association.

###### Proposed Changes:

There may be an Executive Director (~~delete -~~ employed by the Board of Directors) (~~insert - of the Association~~). The Executive Director shall possess the authority and be subject to the limitations imposed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors. The Executive Director will not be considered an officer or director of the Association.

###### To Read:

There may be an Executive Director ~~of the Association~~. The Executive Director shall possess the authority and be subject to the limitations imposed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors. The Executive Director will not be considered an officer or director of the Association.

###### Justification:

After review of the current IRS rules and regulations regarding contractor vs. employee status, and in light of the fact that the Executive Director works for the good of the entire association, the terminology was changed to reflect the actual relationship between the GANA and the Executive Director.

##### B. DUTIES

###### As Reads Currently:

The Executive Director shall work under the direction of the Board of Directors. The duties of the Executive Director include, but are not limited to: manage office operations; custodian of records; attend meetings of the Board of Directors; recommend and participate in decision making and policy formulations; negotiate contracts on behalf of the Association; speak on behalf of the Association; promote the positions of the Association in accordance with its goals and objectives and act as liaison with lobbyist on legislative matters and serve as support to all committees as requested by the President of the Association.

###### Proposed Changes:

The Executive Director shall work under the direction of the Board of Directors. The duties of the Executive Director include, but are not limited to: manage office operations; custodian of records; (~~insert -~~) ~~when possible~~ attend meetings of the Board of Directors; recommend and participate in decision making and policy formulations; negotiate contracts on behalf of the Association; speak on behalf of the Association; promote the positions of the Association in accordance with its goals and objectives, (~~delete and~~) act as liaison with lobbyist on legislative matters (~~insert -~~), ~~act as liaison with the legal counsel~~, and serve as support to all committees as requested by the President of the Association (~~insert -~~) or committee chair.

###### To Read:

The Executive Director shall work under the direction of the Board of Directors. The duties of the Executive Director include, but are not limited to: manage office operations; custodian of records; ~~when possible~~ attend meetings of the Board of Directors; recommend and participate in decision making and policy formulations; negotiate contracts on behalf of the Association; speak on behalf of the Association; promote the positions of the Association in accordance with its goals and objectives, act as liaison with lobbyist on legislative matters, ~~act as liaison with the legal counsel~~, and serve as support to all committees as requested by the President of the Association ~~or committee chair~~.

###### Justification:

The Executive Director's position should have the same flexibility as other board positions, ergo a requirement to attend all meetings is not always plausible. In the event that the Association ever contracts with an Executive Director who is not also the Legal Counsel, the relationship must be spelled out similar to that between the ED and lobbyist. Lastly, the Executive Director should be able to assist all committees without the requirement of a request from the Association President.

## GANA Board of Directors Meeting

*(Meeting is OPEN to all GANA members)*

**Saturday, August 23, 2008 • 10:00 a.m.**  
**Medical College of Georgia**  
**Health Sciences Building**  
**987 St. Sebastian Way • Augusta, GA**

Info? [cmb@alltel.net](mailto:cmb@alltel.net)



## Nurse Anesthetists' Perspective on Music in the Operating Room

by Ann Jinks, CRNA



Music in the operating room (OR) was first noted in 1914 and was used as a method to calm and distract patients from the fear of the surgery they were about to undergo. It was also described as a “soothing medium” for the operating staff to relieve their anxiety and stress which ultimately to improved patient care (Koch et al, 1998).

Within the last ten years the availability of music in the OR has greatly increased with the advent of new technology. For such a commonplace aspect of the OR environment there is little information regarding the influence of music on the nurse anesthetist (Hawksworth et al, 1997). In July 2007, after obtaining an institutional review board approval at the Medical College of Georgia, a survey of 23 questions was sent to 300 randomly selected Certified Registered Nurse Anesthetists (CRNAs) in the United States. The response rate was 47%. The purpose of the survey was to find out how much music was played in the OR, if there were any limits to the volume and timing of music, and if CRNAs felt it could be distracting.

With regards to when music is played, the results of the survey showed that music is played almost 50% of the time during the induction phase of anesthesia, with an increase to 93% during maintenance. During emergence, 56% stated that music is played. Only 40% of nurse anesthetists stated they have a choice as to type of music played, and 77% admitted that they usually do not determine the times when music is played. Most agreed that the volume of the music is more distracting than the type of music. Over 60% agreed that music in the OR can make it difficult to hear the monitor alarms or auscultate breath sounds. Yet in general terms, over 80% enjoyed music in the OR. An overwhelming majority stated that playing music in the OR did not distract them from vigilance during an anesthetic, yet felt it was their responsibility to control or moderate the music playing in the OR to ensure the safety of their patient.

Here are a few written comments from nurse anesthetists about music in the OR:

“I think the lack of music in a long case can be distracting due to overwhelming boredom; the mind seeks refuge somewhere, just as a long drive without music tends to lead to sleepiness, so does an OR in which the only sound is the rhythmic beeping of the pulse ox. But music that it too loud is much, much worse.”

“I find playing music in the OR not particularly distracting. What I do find far more distracting in the OR is personal conversation among OR staff (surgeon, anesthesia personnel, OR techs, nurses, etc.) Conversation requires active listening in order to engage in meaningful communication with others. Active listening, necessarily, distracts. Listening to music, usually a passive activity may or may not distract.”

“If the music is too loud, I’m responded to very positively when I ask for it to be turned down a little.... I make sure I treat them respectfully and they respond back respectfully.”

“The type of music can be distracting but the volume of the music presents the problem. I find myself turning the alarm buttons higher to override the volume of music.”

“Moderating the music or refusing to play DJ adds animosity and stress. I am viewed as a non team player.”

“Music is played in some rooms 100% of the time way up loud by surgeon preference and in other rooms there is never music, nor conversation unless absolutely necessary. As you grow with your anesthesia career you will find that your patient is your primary focus and the background noise, whether music, conversation, instruments, all fade into the background. I’m not really paying attention to the extraneous noise. I’m doing my constant circle of patient, vent, monitors, IV bag, propofol pump, etc. over and over.”

In conclusion, nurse anesthetists have an important voice in the operating room because they must be able to hear their monitors. If music continues to be an integral part of the operating room environment, CRNAs need to be prepared to accept the potential risks to their patient, as well as the effect that music might have on the rest of the operating room team. Nurse anesthetists are professionals. They use their knowledge, experience, and all of their senses to assess each situation. It is crucial to evaluate each situation with regards to risk classification, individual competency and fatigue, type of procedure, etc. and initiate a plan of care setting priorities and establishing a safe practice for yourself as well as for your patients. As one CRNA stated, “I believe music provides a much more enjoyable environment in the OR when used responsibly.”

### References

- Hawksworth, C., Asbury, A.J., & Millar, K. (1997). Music in theatre: not so harmonious. *Anaesthesia*, 52, 79-83.
- Koch, M., Kain, Z., Ayoub, C., & Rosenbaum, S. (1998). The sedative and analgesic sparing effect of music. *Anesthesiology* 89, 300-306.

*About the author: Ann Jinks, CRNA was a student at the Medical College of Georgia when she developed the survey “Nurse Anesthetists Perspective on Music in the Operating Room” for her capstone project. This article is a brief summary of her findings.*

## Frances Tucker Austin Awarded AANA Foundation's GANA Scholarship



Frances Tucker Austin is a senior student in the Mercer University/MCCG CRNA program. She received a BA in English from UGA in 1993, and a BSN from MCG-Athens in 2002. While in nursing school, she was a teaching assistant for Anatomy

& Physiology labs at UGA under the guidance of Dr. Deloris Wenzel. Tucker did her ICU training at Duke University Hospital and at the Medical Center of Central Georgia. As the mother of two boys, she hopes to return to Athens with them after graduation in December. Tucker would like to thank the members of the GANA and the AANA Foundation for this scholarship and to thank her parents for helping make this achievement possible.

## Senator Johnny Grant is First Recipient of the Healthcare Advocate Award

Senator Johnny Grant has been chosen as the first recipient of the Healthcare Advocate Award presented by the GANA. Senator Grant resides in Milledgeville, GA and represents District 25 which is composed of ten counties in Central Georgia. As a member of the Health and Human Services Committee, he sponsored Senate Bill 222 which was signed by Governor Perdue on May 24, 2007 and went into law on that date. Thanks to Senator Grant, CRNAs in Georgia who graduated prior to January 1, 1999, can practice without the requirement of a Masters or other graduate degree here in Georgia. In attendance at the Capitol on March 4, 2008 for the presentation of the award were CRNAs Cheryl McRae-Bergeron, Steve Smith, and from the Senator's district, Kay Argroves.



*Kay Argroves, Senator Johnny Grant and  
GANA President Cheryl McRae-Bergeron*

### Need Malpractice Insurance?

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*To & Fro*

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