



To & Fro

A Publication of the Georgia Association of Nurse Anesthetists • Volume 60 • Spring 2009

Report from the President

Safety First

by Steve Smith, CRNA, MA



The AANA has recently established **Position Statement Number 2.13: Safe Injection Practices for Needle and Syringe Use**. As stated by the AANA, **"All CRNAs and SRNAs are strongly encouraged to take to heart this important patient safety information and immediately apply it, without exception, in their practice."** We have included this position statement in the newsletter for you. I would suggest discussing this with your peers and spreading the word so that all CRNAs and students are in compliance. As we all know and our mission statement suggests; "safety is our number one priority". With safety an ever present issue, I would like to also bring to your attention the recent study (contained in this newsletter) done by Needleman/Minnick. It looked at 1.14 million OB patients and showed no difference when care was given at hospitals with only CRNAs versus those with only anesthesiologists. Way to go CRNAs! This is just one more study to prove what we have always known. There is no difference in the quality of care provided by CRNAs and their physician counterparts.

rights. We also discussed some public relations strategies for GANA. We received advice on how to increase and go about improving our grass roots efforts on spreading the word of the safety and cost effectiveness of CRNAs here in Georgia. With our economy and the healthcare system in the state it is, now is the time for CRNAs to think seriously how to better compete in the anesthesia market.

I would like for all of the membership to be reassured that we followed closely the daily activity of the Senate and House bills that could affect our practice along with any regulatory activity. We are all very fortunate for the "behind the scenes job" that our Executive Director/Legal Counsel, Christy Dunkelberger and our Lobbyist, Monty Veazey do on a day to day basis throughout the 40 day session of the Georgia General Assembly and the rest of the year.

The GANA had a very busy agenda during the month of January and February. January 10 we met at the GANA headquarters in Peachtree City for a productive BOD Meeting. We all celebrated National CRNA Week January 25-31. January 29, fifty plus CRNAs and SRNAs attended GANA Capitol Day and the Proclamation Signing with Governor Perdue proclaiming January 25-31 as Nurse Anesthetists Week in Georgia. We did something a little different this year by hosting a drop-in breakfast for all of the legislators. This provided us with some one-on-one time with them to make sure that they knew who we were and our importance, safety, and cost effectiveness in healthcare. In another grassroots attempt to spread the good work and cost efficiency of Georgia CRNAs Barry Cranfill, Taushera Westbrook (SRNA) and I attended the Georgia Society of Ambulatory Surgery Centers semi-annual trade show in Atlanta as exhibitors. Finally, on February 21, several of us on the Board of Directors attended a one day workshop on media training presented by Region 2 Director, Janice Izlar. This was a very worthwhile event and highly recommended by the AANA. Don't forget about the upcoming AANA and GANA events. The AANA Mid-Year Assembly will be held April 19-22 in Arlington, VA, the GANA ACLS/PALS course will be held in Atlanta on May 2-3, and the annual GPB-TV event will be held in June (date TBA). Please log on to www.gana.org to register for these events.

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Prior to the start of the Georgia General Assembly, Christy Dunkelberger, Barry Cranfill, Lisa Stephens, Sao Berkowitz, and I met with our GANA Lobbyists, Monty Veazey and Julie Windom. We discussed strategies on how to better approach any legislative or regulatory issues that could have a negative impact on our practice here in Georgia. We also identified several areas of concern dealing with practice

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It is a Time of Change

by Christy A. Dunkelberger, Esq.

The theme of the last presidential election was “Change”. Over the past several months we have all experienced change and we are currently living it everyday. Sometimes change is good and sometimes change hurts. In any case, change forces us to evaluate our situation and sometimes change course or plan differently for the future. It usually leads to a shift in the path we had been taking. As a professional association, the GANA needs to respond to and plan for the changes occurring in a way that best serves its members. The Board of Directors has already implemented some proactive measures on behalf of the association and it continues to look for ways to improve the association, and specifically to increase membership involvement.

Some very important goals have been accomplished by the Board over the past year.

(i) Financial management - The GANA retained a financial planner/manager to assist with oversight and direction of the GANA finances. This action brought a knowledge base and skill to the table not previously available or utilized. Based on this change, GANA now has more diversified and balanced investments. (ii) Communications – The website and the To & Fro have been updated and improved to better communicate with and serve the membership. The website has a special “Members” section reserved for information that is not for public dissemination. It has interactive capability for meeting registration and PAC donations. It also has connective links to other relevant sites. Take a look; it is full of useful CRNA information. The To & Fro has not only been improved, but we are now publishing a third edition this year in order to bring you more relevant and current information. (iii) Student Involvement – Through the efforts of GANA President Steve Smith, students from both MCG and MCCG have been much more involved in the activities of the GANA which is a bridge necessary for our future.

The biggest change still needed and yet to come for GANA is for more members to become involved and participative on the Board and in the leadership positions. The GANA has been blessed with fantastic leadership over the past years. However, there is an ongoing need to develop our leaders of tomorrow. Becoming a member of the Board is a starting place. As a new Board member, you will receive leadership training and learn about and participate in the operations of your association. You will also be able to better manage change instead of watching it from the sidelines. So invest in your profession by becoming active in the governance of the GANA.

2009 Georgia Legislative Session

April 3, 2009, was the 40th and final day of the 2009 Georgia legislative session. As expected, a large focus this year was on the budget and sources of revenue. However, there were several pieces of legislation introduced related to healthcare and or licensing laws of providers. The Bills we monitored were: SB 45 and SB 49, both amending the Nurse Practice Act to revise the requirements of nurse education programs for nurses and advanced practice nurses; and HB 475 amending the Nurse Practice Act to revise the requirements for nurse education programs related to nontraditional nursing education. These Bills were in response to the Georgia Board of Nursing taking the position last year that students from certain out of state nontraditional schools did not meet the standard for licensure in Georgia. The language from SB 45 and SB 49 was incorporated into HB 475 which passed both chambers.

(continued on page 4)

Submit Your Name as a Candidate for GANA BOD/Officer

by Cheryl E. McRae-Bergeron
Immediate Past President
Chair, GANA Nominating Committee

In these changing economic times, just how safe is your job? Can you envision being limited to where and how you can practice within our state? Do you know where GANA's portions of your AANA dues are spent? Every wonder why the same old faces appear in the "To and Fro"? It is because the same, familiar faces continue to shoulder shared involvement.

As with so much in life, if we are not directly affected, then we tend to sit on the sidelines. As a military officer, I learned a lesson with the simple phrase, "If you don't have a dog in the fight, then you're not all that interested." In other words, why bother getting involved by serving your profession as long as you draw a paycheck? Someone else will always shoulder the responsibility. That is why we pay our yearly dues ... to have others do the job for us.

As long as each of us picks up a laryngoscope, *each of us* has 'a dog in the fight'.

GANA's Nominating Committee is seeking candidates to run for the following offices: Secretary, Treasurer, two (2) Board of Director positions, Vice-President and President-Elect. (In order to become Vice-President or President-Elect, you must have served one full term as either a Board of Director or Officer). We are not looking for a life-long commitment ... at a minimum, just a few Saturdays of your time.

We will be glad to provide you with an outline that answers questions as to duties, responsibilities and limited financial reimbursement that come with election as a GANA Board of Director/Officer.

For further information, please get in touch with one of the members of the GANA Nominating Committee:

Cheryl McRae-Bergeron, cmb@windstream.net, 706-745-3599

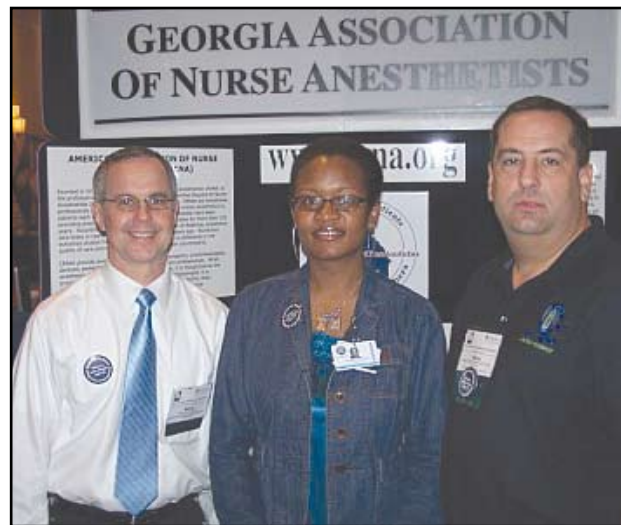
Sharon Twibell, twibell@cox.net, 478-477-9214

David Bobo, dqbobob@mchsi.com, 229-435-8566

CRNAs in Action ...



Proclamation Signing on January 29, 2009 at Capitol Day with Governor Perdue proclaiming January 25-31 as Nurse Anesthetists Week in Georgia



Steve Smith, Taushera Westbrook MCG SRNA, and Barry Cranfill exhibiting at the Georgia Society of Ambulatory Surgery Centers (GSASC)



Steve Smith (GANA President), Representative Gloria Frazier from District 123, Taushera Westbrook (MCG SRNA), Lisa Stephens (Assistant Program Director, MCG), and Representative William Quincy Murphy from District 120

Spring 2009 Financial Report

by Brent DuBois, CRNA



Well, it's not pretty! The GANA treasury has taken a hit just like the rest of America, actually the world. Our investments are down roughly 10% this year. And we are just in the first quarter. That's the bad news.

The good news is the rest of the financial world is down between 30-40%. So to keep it in perspective, the GANA's financial decline is not as deep as the average American portfolio. The Gibbs Financial Group is overseeing our financial portfolio, and attempting to minimize losses. The GANA has dispersed the rest of its funds in CDs and savings accounts. Overall, we are in pretty good shape.

We will continue to be diligent in managing the membership's revenue and protecting Georgia's CRNAs. ■

Report from the Executive Director

(continued from page 2)

HB 509 amended the Medical Practice Act, which as you know contains protocol language for advanced practice nurses. Old section 43-34-26.1 is the protocol section for advanced practice nurses who do not have prescriptive authority, such as CRNAs; and old section 43-34-26.3 is the protocol section for advanced practice nurses who wish to practice with prescriptive authority (remember CRNAs were written out of the prescriptive authority legislation). There were no material changes to old 43-34-26.1, the protocol section which affects CRNAs.

For more information on any of these Bills, go to the Georgia General Assembly website at www.legis.state.ga.us/legis/2009 or feel free to contact the GANA office.

Mark Your Calendars

Plan now to attend the 2009 GANA Fall Annual Meeting at the Hilton Oceanfront Resort, Hilton Head, South Carolina on October 2-4, 2009. For more information, go to gana.org. ■

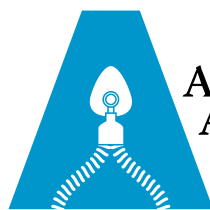
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Is the Recession Getting You Down?

by Barb Waldron, CRNA



Is the recession getting you down? Don't let it. Here are ways to reduce your stress as suggested by Dr. Ted Mitchell:

Exercise. Don't say you don't have time. You can do it in 10 minute segments. Get out in the garden. **SPRING CLEANING** will really reduce the stress. Have a yard sale with what you find and it doesn't cost anything (it lessens spending).

Control Spending. I make deals with myself, such as, this week I will only put gas and food on charge card. Sometimes I won't make a money transactions on Wednesday.

Organize your Life. This can put you back in the driver's seat. I started this when gas prices were so high by organizing my errands. I have now applied it to other aspects of my life. It makes me feel good at the end of my day.

Put People First. Volunteer to do something for your community, your church or for your favorite charity. You will get a good feeling from helping those that have less than you do.

Eat and Sleep Well. "You are what you eat" – have you heard that saying? A high sugar or high fat diet will result in you feeling bad and possibly making bad decisions.

SIMPLIFY your Life. This is self explanatory. Learn ways that you can live with less. I just called my cable TV

Peer Assistance Hotline
800.654.0183
Anesthetists in Recovery (AIR)
215.635.0183

provider and cut back to basic cable, which immediately increased my book list.

Don't depend on drugs and alcohol to reduce your stress.

Be well. Stay mentally, spiritually, and physically fit. There are people out there who depend on you. ■

GANA Lobbyists Meet with Board Members



Steve Smith, lobbyist Julie Windom, Lisa Stephens, lobbyist Monty Veazey, Executive Director Christy Dunkelberger, Sao Berkowitz, and Barry Cranfill



Nominations for the 2009 Rosalie McDonald Award Now Being Accepted

GANA is seeking nominations for a CRNA to receive the 2009 Rosalie McDonald Award. Please nominate a worthy CRNA for this prestigious award. All nominations must be submitted by August 1st 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 at Hilton Head on October 3.



Communication – a Two-Way Street

by Janice J. Izlar, CRNA, MS

Have you checked out the AANA Website, www.aana.com, lately? Many new items are being added in an effort to make more information available to the member. I encourage you to sign up for the members section and check the site frequently, looking for new additions and the latest news. Information is posted concerning how to submit a resolution and how to propose an amendment to the AANA Bylaws and Standing Rules. The *State Update* is posted, providing the latest information about CRNA issues and practice in each state. President Rowles is moving many items to *Open Sessions* of the AANA Board meetings and minutes from these sessions are posted. The Region 2 state websites are each unique in design and a great resource to members. You may link to each state website from the AANA website.

The AANA website is being used this spring to help you be a more informed voter in the AANA election. There will be a moderated, on-line forum for members to ask questions to the candidates. Please use this forum to learn more about the candidates and their views for nurse anesthesia practice and the AANA. Make your voice heard by voting for the candidate of your choice.

Communication is one of the most critical aspects of leadership. Without good communication, leaders can fail no matter how good their intentions may be. The most effective leaders know when to stop talking and start listening. The best way for me to represent you and your ideas is for you to communicate with me. I appreciate the emails and calls sharing your concerns and point of view. Communication takes effort; but, it is an effort well spent.

After being your Regional Director for 6 months, the question most frequently asked is, "How is it being a Regional Director?" It has, at times, been overwhelming and the learning curve steep. As a board member, you are faced with thinking about finance and the global economy one minute, patient safety and helping members improve care through position statements the next minute and improving technology within the AANA system the next. It is a broader view than committee work and you know, "the buck stops here." Decisions must be made with knowledge of what is right for 40,000 members, our patients, and future generations of CRNAs. Decisions are not always easy because many times what is good for some member has potentially negative consequences for other members. For me to make the best decisions about issues that effect your position as a CRNA and the profession, I need to hear from you. Only together can

we realize the full potential for the future of the AANA and the profession of nurse anesthesia.

Did you know Region 2 ties Region 6 as having the most nurse anesthesia educational programs in a Region? Congratulations to the educators in the classroom and clinical areas of our region. Thank you for a job well done. You are securing our future. ■

www.gana.org

The GANA Board of Directors would like to encourage all of the membership (which is over 1000 members strong now and growing) to take 1 minute to signup on the "members only" side of the website. You can do this by clicking on the red "members" tab at the top of the webpage. After filling out the brief information please allow us a few days to complete the signup. You must be an AANA/GANA member to qualify. We also encourage all of you to signup on the AANA "members only" site. These sites offer information that we do not want accessed by the general public or others.

Once you have access to the GANA "members only" side please go to the bottom of the page. Here you will find the **Mailing List**. You can subscribe or unsubscribe from our secure mailing list. We would like to encourage all of you to make sure you are subscribed. If you have not received an email from the GANA in the last month or you are unsure, just enter your email address and follow the easy directions.

While visiting the website you may have noticed that we have now become a proud supporter of the (APSF) Anesthesia Patient Safety Foundation, which is a good thing. It's for an extremely worthy cause and important to our membership. Also, we have made it very easy for you to donate to (PAC) Political Action Committee online (see link on lower right corner of the homepage). These donations are separate from the AANA and stay here in Georgia to help protect our practice rights. Please consider signing up for Pay Pal and giving \$10.00 a month. We can all afford it but really can't afford not to.



Spring Has Sprung

by Martha Dukes Kral, CRNA

Spring has sprung – that was on March 20. Besides the beautiful flowers and mild temperatures being significant, spring is also significant to CRNAs, because this is the time of year when the AANA Mid Year Assembly is held in Washington, DC.

It is the time of year for all of us to go to the Mid Year Assembly and learn about the political process and about issues that affect CRNA practice. It is a perfect time for us to establish a relationship with our elected officials. We establish relationships with people every day with people who are not necessarily our “friends”, but with whom it is important to have contact. We might need to communicate with them about something that is important to us, or utilize them to get our needs or our patients’ needs met. This person might be a surgeon with whom we are working, our own personal physician, our child’s teacher, an auto mechanic, our employer, our employee, etc. Most of the times, this relationship is mutually beneficial.

The circumstances are no different with our legislators. Many times they can help us with our issues, and in return we can help them. We can help them, not only by voting for them, but also by educating them and providing them with information related to nurse anesthesia. Sometimes they may not support our issues, and therefore we need to work on an ongoing basis to ensure they understand our perspective on issues. We also have the privilege and the right to vote, which is our expression of support. However, just because a legislator does not support us on one issue does not mean we should discount him or her. He or she may be very supportive on another one of our issues, thus we need to maintain the relationship.

April 19-22, 2009, CRNAs from across the country will be traveling to DC to address issues that affect CRNAs. The following topics are on this year’s agenda:

- CRNAs are Part of the Solution in Health Reform. Recognizing that health reform is a major issue in Washington, AANA members will educate legislators on what CRNAs do, and how CRNAs work with the Medicare program and are vulnerable to the threatened 20% payment cut coming 1/1/2010;
- For Patients’ Access to Safe Care, CMS Must Implement

Congress’ Teaching Rules Reforms Equitably. With Congress having enacted the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) Sec. 139 (Medicare=20anesthesia teaching rules reforms), AANA members will advise legislators that CMS is undergoing a summer 2009 regulatory process to carry out these rules. We will ask legislators’ willingness to be helpful on ensuring that CMS adopts equitable reforms in the interests of patient safety, access and quality of care.

Support CRNA and Nursing Workforce Development Funding. AANA members will be joining the broader nursing community in supporting an increase in Title 8 funding. We will be underscoring its value to patients’ access to high quality healthcare, especially in rural and medically underserved America.

Also, we will have a Reel Politics vs. Real Politics CRNA-PAC event on Sunday, April 19. These events are always a lot of fun, and they are fundraisers for our PAC.

We need CRNAs from Georgia to participate in this meeting in order for us to get our message to the Georgia legislators. It is not too late to register. You can register at Mid Year Assembly Registration or go to www.aana.com under AANA Meetings for more information.

Contact me anytime for more information.

Martha Dukes Kral, CRNA

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Robert H. (Bob) Jiminez, CRNA, Maj, USA-NC (Ret)

Robert H. (Bob) Jiminez, CRNA, died at his home from sudden cardiac arrest on March 22, 2009. A graduate of the U. S. Army School of Anesthesia, Bob served as a Navy Corpsman attached to the Marines, as a medical technician in the U. S. Air Force, and retired as a Major from the U. S. Army with over 22 years of military service. He then worked for 14 years with Westside Anesthesia Group in Augusta, GA. After moving to Blairsville, GA, in 1995, he continued to provide anesthesia relief finally retiring in 2000. His wife Joy, five children and two grandchildren survive him.

Be Inspired for Your Association

by Barry Cranfill, CRNA



Inspiration often comes from the most unlikely sources. A few nights ago, my kids selected the Dr. Seuss book, *Oh, the Places You'll Go!* for our nightly bedtime ritual. As we read the book aloud and talked about the story, we found ourselves discussing the future, the opportunities and obstacles they will face and how their attitudes and daily decisions will shape their lives. Pretty hefty stuff for a five and nine year old! But they got it!

The book is unique, in that it is written in the second person and future tense, so it focuses on “you” and the “future.” It begins:

*“Congratulations!
Today is your day.
You’re off to great places!
You’re off and away!
You have brains in your head.
You have feet in your shoes
You can steer yourself
any direction you choose.
You’re on your own. And you know what you know.
And YOU are the guy who’ll decide where to go.”*

That night, with the kids tucked in, I reflected on the message of the book and how it relates to our Association. In less than 600 words, Theodore Geisel’s alter ego, Dr. Suess, reveals a message filled with healthy optimism, confusion, procrastination, perseverance, careful judgment and difficult decisions that can and do shape our successes and failures. As an organization, we know what we know and we are the folks who will decide where to go!

The future of healthcare is in a constant state of flux. Confusion abounds throughout the industry and we are stuck in the “waiting place” waiting for the next move to reveal itself. No one can predict with certainty what our system may look like in five years. However, we can forecast probabilities and capitalize on opportunities if we are diligent in our environmental scanning, leave our minds open to innovation and position ourselves to make good decisions.

As CRNAs and patient care advocates, we tend to focus our talents and daily efforts on our all important clinical duties. The patients we serve should always be our primary concern, but we must not ignore the big picture lest we fail to see the forest for the trees. While CRNAs vigilantly serve patients, day in and day out, others in the industry are endeavoring to restrict our practice, limit our autonomy and deprive patients, surgeons, facilities and payers of our

professional services. CRNAs have to emerge from the O.R. and make a conscious decision to engage at the strategic level. Advocating for our profession IS advocating for our patients and every CRNA member can bring something of strategic value to the game. Remember, doing nothing IS a decision...

Many CRNAs contend that leadership, strategy and business concepts are not within their purview. Nothing could be further from the truth. The skill set that a CRNA brings to the operating suite is easily transferrable to the board room. This fact was clearly demonstrated in Chicago last month during the AANA sponsored State President-Elect Leadership Boot Camp. The program was outstanding and the participants were treated to a full three day conference focusing on strategy, leadership, management and decision-making. Additionally, the AANA provided an introduction to the myriad of resources available to each state from our national Association. The conference was well received and I was continuously impressed by the organizational talents and strategic aptitudes represented by the CRNAs in attendance.

So folks, if you haven’t figured it out yet, we are recruiting for leaders like you. Don’t wait for someone to ask ... step up and take the lead. Contact anyone in the GANA leadership and we can put your leadership talents to work. People make the difference. Future tense and second person ... YOU! According to Dr. Seuss,

*“You have brains in your head.
You have feet in your shoes.
You can steer yourself any direction you choose.”
And will you succeed?
Yes! You will, indeed!
(98 and 3/4 percent guaranteed.)
KID, YOU’LL MOVE MOUNTAINS!”*

Come move a mountain or two. You will be glad you did. ■

Need Malpractice Insurance?
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1-800-343-1368 or obtain insurance
information from the AANA website.

Evaluation of the Anti-inflammatory Effects of Ellagic Acid

Stephanie Corbett RN, BSN
Janice Daniel CPT, RN, BSN
Rachael Drayton CPT, RN, BSN
Melanie Field RN, BSN
Rebecca Steinhardt RN, BSN
James Wilson CPT, RN, BSN

Affiliation: US Army Graduate Program in Anesthesia Nursing

Introduction: Inflammation is well established as a leading contributor to pain¹ and atherosclerotic disease², two leading causes for patients seeking medical care. Studies suggest that ellagic acid, a derivative of pomegranate juice, may possess anti-atherosclerotic properties related to its anti-oxidant characteristics³. The anti-inflammatory property of ellagic acid is not known. Few studies have investigated the anti-inflammatory properties of ellagic acid and no published studies have examined the effects of ellagic acid in combination with anesthetic adjuvants.

Methodology: 54 Sprague-Dawley rats were assigned to one of six groups and were administered the following compounds: (1) vehicle; (2) ketorolac and vehicle; (3) meloxicam and vehicle; (4) ellagic acid and vehicle; (5) ellagic acid, ketorolac and vehicle; (6) ellagic acid, meloxicam and vehicle. Groups 5 and 6 investigated interactions between ellagic acid and COX inhibitors. All rats received one intraperitoneal injection in equivalent volumes. Paw inflammation was measured using the plethysmometer.

Results: ANCOVA suggested there was a significant difference among the groups at 4 hours post intraperitoneal injection ($F = 689.72$; $p = 0.00$), 8 hours ($F = 496.09$; $p = 0.00$) and 24 hours ($F = 410.56$; $p = 0.00$). Post hoc analysis (Least Significant Difference) suggested that ketorolac was the only compound to significantly reduce paw edema from a 3% carrageenan injection at 4 hours ($p = 0.019$). At 8 hours post intraperitoneal injection ellagic acid significantly reduced paw edema. Ellagic acid may have a longer onset of action compared to ketorolac ($p = 0.038$). At 24 hours, only ellagic acid was effective, suggesting that ellagic acid may have a prolonged duration of action ($p = 0.01$).

Conclusions: Our findings show that ellagic acid may be effective against inflammation and may have a prolonged duration of action. To our knowledge, this study is the first to find that ellagic acid may prolong the effect of ketorolac.

Source of Funding: American Association of Nurse Anesthetists Foundation.

¹ Basbaum A I: Spinal mechanisms of acute and persistent pain. *Reg Anesth Pain Med* .1999; 24: 59-67.

² Pearson T A, Mensah G A, Alexander R W, et al: Markers of inflammation and cardiovascular disease. *Circulation*.2003; 107:499-511

³ Hannum S A: Potential impact of strawberries on human health: A Review of the Science. *Critical Reviews in Food Science and Nutrition*. 2004; 44: 1-17

The Students' Corner

by Chase Middleton, SRNA
President, Georgia Association of Nurse Anesthetist Students

2009 has brought about a very busy schedule so far for the GANAS. On January 10th, we attended the first Board of Directors meeting in Peachtree City. I was joined by Taushera Westbrook, Sonia Magambo, Mary Ellen McMellion, and Brady Barnes for a great learning experience. The Board of Directors meetings are open to all students that would like to attend. It is a great opportunity to get out and participate in your state organization. I would really like to see more students in attendance. January was a very productive month for GANAS. We celebrated Nurse Anesthetist's week from January 25-31 and then ventured up to the capitol to meet with Sonny Perdue on the 29th. I would like to thank everyone that made the trip to the capitol. It was an exciting time that allowed us to promote the great profession of Nurse Anesthesia.



There are several important events coming up in the near future that we need to place on our calendars. Mid Year Assembly will be April 19-22. This will be great opportunity to visit Capitol Hill and further your knowledge on how our national organization fights for our rights as CRNAs on a daily basis. The annual Georgia Public Broadcast Telethon is also scheduled for the spring. Once we have a finalized date, I will forward the date and time to everyone. On March the 6th, Donna Sieber and Carmen Potts represented the GANAS at Mercer's Medical School Open House. They were able to talk to future students about the Nurse Anesthesia profession.

We are proud to announce that Mercer has a new program director. Sheree Wolfenden took over the helm this past January. We are very fortunate to have such a great leader in place. Not only is Sheree a CRNA, but she also has her Juris Doctorate. Sheree has over 25 years of experience as a CRNA and most of that time was spent as the Chief Nurse Anesthetist at Henry Medical Center in Stockbridge. Sheree is well respected at the Medical Center and has already made several improvements in our program. Thanks Sheree for stepping up to the plate!

I would like to congratulate all of the past seniors from both programs that passed the certification exam. All of your hard work has paid off! I know you will make great CRNAs. I would like to thank everyone for all of the support you have shown for the GANAS so far this year. Keep it up! We are looking forward to a great year. ■

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Report from the President

(continued from page 1)

Elizabeth Ann Thompson, two time president of the GANA and currently a member of the AANA Resolutions Committee will be running for a seat on the AANA Nominating Committee in the upcoming AANA election. You can expect another all out grassroots effort by the GANA and SRNAs of Georgia to support Ms. Thompson. We appreciate your support in last year's election that resulted in a significant percentage increase in turnout for our state that was much greater than the national average. I encourage all of you to take advantage of this year's new AANA site "Online Forum for Candidates for the AANA Board of Directors". You can access this site by signing on to the members' side of www.aana.com. This is an opportunity to be directly involved in the process of deciding who will be making decisions for you in the coming 1-2 years. In my opinion, this is one of the most important functions you can do as a member of the AANA. Choose your candidate and vote for who you want to lead your organization.

I am extremely proud of our student involvement this year. I would like to give a special thank you to Chase Middleton from the MCCG program and Taushera Westbrook from MCG. They are both serving as this year's Student Liaisons to the GANA. Each is heavily involved in the GANA and without a doubt will be future leaders of the GANA. With their support and others we have had record student participation at Capitol day and CRNA Week. We expect a big turnout of students from both schools at this year's Mid-Year Assembly in Washington D.C. Currently, we have seven different students serving on five different committees of the GANA. Stephanie Corbett (SRNA) and five other SRNAs from the US Army Graduate Program in Anesthesia Nursing here in Georgia have completed their study on the "Evaluation of the Anti-inflammatory Effect of Ellagic Acid". We have included their abstract for you in this edition of the *To and Fro*. The students will be presenting their study at the AANA Fall Meeting in San Diego and at the GANA Fall Meeting. Their research was supported by the AANA Foundation. Good job guys!

For those of you who haven't heard the good news, Sheree Wolfenden CRNA, JD, is the new program director for the CRNA program at the Medical Center of Central Georgia in Macon. I have had the honor of knowing and working with Ms. Wolfenden for over 20 years now. She will make an excellent program director. GANA wishes Sheree, her staff and the students the best.

The communications/public relations committee was able to complete a newly redesigned and updated GANA brochure before Capitol Day. It will serve as an invaluable PR tool for all grassroots efforts we are involved in over the next couple of years. Lastly, you may notice more advertising in the *To and Fro* and on the GANA website. These increased Ads are one way we are attempting to increase our non-dues revenue, which will help offset some of our expenses.

As always, please feel free to contact me at (404-429-8553) or (slldt@comcast.net) with any concerns or questions you may have as a practicing CRNA here in the state of Georgia. ■

2009 GANA Calendar

GANA Board Meetings:

August 22

Augusta at MCG

Other Meetings and Events:

April 19-22

AANA Mid-Year Assembly
Arlington, VA

May 2-3 • GANA ACLS/PALS Course
Atlanta, GA

June (date tba)

GANA at GPB-TV

August 8-12

AANA Annual Meeting
San Diego, CA

October 2-4

GANA Fall Meeting
Hilton Head, SC

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National Study Confirms CRNAs and Anesthesiologists Provide Equally Safe OB Anesthesia

This is another study that every practicing CRNA needs to be familiar with. It looks at 1.14 million OB patients and shows no difference when care is given at hospitals with only CRNAs vs those with only anesthesiologists. Here is the full reference.

1. Needleman, J. and A.F. Minnick, *Anesthesia Provider Model, Hospital Resources, and Maternal Outcomes*. HSR: Health Services Research, 2008.

Objective. Determine the ability of anesthesia provider model and hospital resources to explain maternal outcome variation.

Data Source/Study Setting. 1,141,641 obstetrical patients from 369 hospitals that reported at least one live birth in 2002 in six representative states.

Study Design. Logistic regression of death, anesthesia complication, nonanesthesia maternal complication, and obstetrical trauma for all patients and those having cesarean deliveries on anesthesia provider model, obstetrical and anesthesia, and patient variables.

Data Collection/Extraction Methods. Data was assembled from information given by hospitals to state agencies and from a 2004 survey of obstetrical organization resources.

Principal Findings. Anesthesia complication rates in anesthesiologist-only hospitals were 0.27 percent compared with 0.23 percent in certified registered nurse anesthetist (CRNA) only hospitals. Rates among other provider models varied from 0.24 to 0.37 percent with none statistically different from the anesthesiologist-only hospitals. A similar pattern was observed for rates of other outcomes. Multivariate analysis found no systematic differences between hospitals with anesthesiologist-only models and models using CRNAs. There was no consistent pattern of association of other hospital or patient characteristics with outcomes.

Conclusion. Hospitals that use only CRNAs, or a combination of CRNAs and anesthesiologists, do not have systematically poorer maternal outcomes compared with hospitals using anesthesiologist-only models. ■



MCG Class of 2008

Front Row: Jessica Bane, Jennifer Christenberry, Paella Miller, Micaela Ireland, Demetria Goodwin, and Mandi Davidson. Second Row: Jennifer Jones, Lindsey Rogers, and Dadonna Marshall. Third Row: Daniel Dell, Eugene Pikus, and Robert Ware



Mercer/MCCG Class of 2008

(L to R): Tucker Austin, Zac Barr, Ginger Hamilton, Star Kepner, Kristy Savage, Tonya Stevenson, Rebecca Veal, and Lee Wilcox.

Safe Practices for Needle and Syringe Use

Standard IX of the American Association of Nurse Anesthetists (AANA) *Standards for Nurse Anesthesia Practice* states that Certified Registered Nurse Anesthetists (CRNAs) shall take precautions “to minimize the risk of infection to the patient, the CRNA, and other healthcare providers.” Further, the AANA *Code of Ethics* states that every member of the AANA “has a personal responsibility to uphold and adhere” to the ethical standards contained within the Code of Ethics document. Specifically, item number 3.2 of the AANA *Code of Ethics* states that the “CRNA practices in accordance with the professional practice standards established by the profession.” The AANA historically has taken a strong stance concerning infection control behaviors, and the AANA’s *Infection Control Guide* has served as a valuable resource to CRNAs on this issue for many years.

Despite attempts to educate healthcare providers regarding the public hazards of syringe and needle reuse and other unsafe injection practices, transmission of bloodborne pathogens continues to occur in the United States. According to one recent report, there have been 33 different outbreaks involving transmission of the Hepatitis B or C viruses which placed over 60,000 patients at risk for contracting bloodborne infections within the past 10 years.

Preventing the transmission of infectious agents involves many considerations and best practices on the part of the anesthesia professional in order to be successful. This position statement is intended to address aspects of anesthesia care which involve the use of needles and syringes when administering intravenous medications.

The following statements reflect current safe practices for needle and syringe use by CRNAs:

- **Never administer medications from the same syringe to multiple patients, even if the needle is changed.**
- **Never reuse a needle, even on the same patient.** Once a needle has been used, it is considered contaminated and must be discarded in an appropriately identified sharps container. Needles are single-use devices. For example, when injecting a dose of medication from a syringe through an intravenous port, the needle may enter the port only one time and then must be discarded. If additional medication dosages are to be administered from this syringe, a new sterile needle must be utilized for each injection.
- **Never refill a syringe once it has been used, even for the same patient.** Syringes are single-use devices. Once the plunger of a syringe has been completely depressed in order to expel the syringe contents (i.e., intravenous medication), the internal barrel of the syringe is considered contaminated and must be discarded in an appropriate fashion. A syringe must only be used **once** to draw up medication, and must not be used again even to draw up the same medication, from the same vial,

for the same patient. CRNAs should weigh the risks of possible syringe contamination (e.g., from anesthesia workspace contamination) which may occur when repeatedly connecting and disconnecting a medication-filled syringe from an intravenous infusion set.

- **Never use infusion or intravenous administration sets on more than one patient.** Infusion and intravenous sets are single-patient use items and must be used according to applicable policies and guidelines. These devices are to be used on one patient only, and must never be used between patients.
- **Never reuse a syringe or needle to withdraw medication from a multidose medication vial.** A new sterile syringe and needle are required each time a multidose vial is accessed. Practitioners should avoid using multidose vials if at all possible. If a multidose vial must be used, the practitioner should consider using that multidose vial on only one patient. Although multidose medication vials contain a preservative, they still may become contaminated with infectious agents due to unsafe practices. Using a new sterile needle and syringe each time a multidose vial is accessed reduces the possibility of contamination.
- **Never reenter a single-use medication vial, ampoule or solution.** It is not appropriate to prepare multiple flush syringes for multiple patients from the same single-use intravenous solution bag or bottle (e.g., normal saline). It is not appropriate to prepare multiple fentanyl, midazolam, or propofol syringes for the same or multiple patients from the same single-use medication vial, ampoule or solution.

Every patient deserves to receive anesthesia care that is free from risk of infection. CRNAs have an obligation to ensure that the care they render reduces the risks posed to their patients and themselves from infectious agents. Therefore, using a new sterile needle, a new sterile syringe, and a new single-use medication vial is required to minimize the inherent risks of injection practices. Syringes and needles must only be used once. ■



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Nominating Committee



Elizabeth Ann Thompson
Atlanta, Georgia

Education:

Nurse Anesthesia Diploma, Ohio State University School of Allied Health, Columbus, OH, 1978
Diploma in Nursing, Lynchburg General-Marshall Lodge Hospitals, Lynchburg, VA, 1970

Member of AANA Since 1978

AANA Committees:

Resolutions, 2008-09 • Bylaws, 2002

State Offices:

Georgia Association of Nurse Anesthetists (GANA), Secretary, 2004-05;
President, 1990-91, 1992-93; President-Elect, 1989-90;
Secretary-Treasurer, 1988-89

State Committees:

GANA Government Relations, 1990-91, 1992-93; Program, 1990-93;
Public Relations, 1990-93; Bylaws, 1986-88

Other Leadership Activities:

Representative, Georgia Council of Nursing Specialty Organizations, 1990-94; Council Secretary, 1993-94; Georgia Board of Nursing Task Force on Advance Practice Nursing, Representative, 1991-94; AANA Student Mentoring Forums, 2002-05; GANA Rosalie McDonald Award, 1997

Current Employment:

Staff Nurse Anesthetist, Riverdale Anesthesia Associates, Southern Regional Medical Center, Riverdale, GA

SRNA Students at Graduation and Beyond ...



MCG graduates Daniel Dell, Mandi Davidson, Lindsey Rogers, and Robert Ware.



MCG Program Director Corey Peterson, Assistant Program Director Lisa Stephens, Director's Award Winner Eugene Pikus, and professors Jim and Amy Masingale of MCG



*Mercer/MCCG Class of 2008
Front Row: Ginger Hamilton, Zac Barr and Star Kepner. Second Row: Kristy Savage, Rebecca Veal, Tonya Stevenson, Lee Wilcox and Tucker Austin*



Medical College of Georgia SRNAs at Capitol Day



Mercer SRNAs at Capitol Day



CRNAs Zalphia Daffin, Josian Allen, Steve Smith and Ann Thompson in attendance at the Mercer/MCCG graduation

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To & Fro

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