



# To & Fro

A Publication of the Georgia Association of Nurse Anesthetists • Volume 61 • Winter 2009

## Certified Registered Nurse Anesthetists CRNAs

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### *Mission 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.

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## **GANA: Protecting Patients, Supporting Members**

*Barry Cranfill, CRNA, MHS, MBA, FAAPM • GANA President*



Where does the time go? 2009 is quickly coming to an end and we are now deep into the holiday season, eating turkey, buying trees, shopping for gifts, scurrying to parties, decorating our homes and fighting the crowds for that ever elusive, once in a lifetime shopping bargain. I love this time of year but it can often become hectic and stressful. In the midst of all of this madness, I often have to remind myself to pause and take time to really enjoy the company and love of my family and friends and give thanks for my many blessings and opportunities. In that spirit, I would like to take this opportunity to thank each of you for the wonderful honor you have afforded me as I serve as your GANA President for the 2009-2010 term. I am privileged to serve and I pledge to work diligently with the newly seated GANA Board of Directors to meet the challenges and opportunities that lie ahead.

Over the past few months, as I prepared for my time at the helm of our organization, I spent some time reflecting on the challenges of leadership. Throughout the ages, countless volumes have been written on the art and science of leadership. There have been endless debates on the best tactics, methods and styles of leadership... many of which are somewhat contradictory. As I sit in my office, my eyes are drawn to several of my favorite texts on this subject that sit upon my cluttered shelf. From my vantage point I can see the following dog-eared books: *The Art of War*, *The Servant Leader*, *Leadership Secrets of Attila the Hun*, *Leading Change*, *The Leadership Challenge*, *The U.S. Army Leadership Field Manual*, and the list goes on. The titles alone, illustrate the vast differences that many authors have regarding leadership and the skills required to best lead any endeavor.

However, the one resounding and consistent message found in each of these works is the importance of identifying a clear and concise strategic objective that will guide and drive all future tactical initiatives. In business vernacular this is typically identified as a mission statement. The GANA's mission is clear: Protecting Patients, Supporting members. All activities of the organization must be geared to this end. And with this in mind, the GANA 2009-2010 Board of Directors was seated during the GANA Fall Meeting in Hilton Head and has hit the road running...working hard to develop a set of initiatives that will best serve our organizational mission. It has been a busy couple of months!

One of our first initiatives was to launch a GANA PAC Fund-raising drive. The GANA PAC is woefully underfunded and it is

imperative that we strengthen our PAC efforts in anticipation of any pending legislative or regulatory issues that may negatively impact our ability to practice as full service CRNA practitioners and preserve our patients' access to CRNA services throughout the state. So be prepared to get a call from a GANA Board member seeking your donations. Please support your profession and preserve your practice rights as a Georgia CRNA by contributing to the GANA PAC.

Next, the BOD met for a leadership retreat at Callaway Gardens. The retreat was a resounding success and we emerged from the experience armed with a plan to guide the GANA for the coming year. Items on the horizon include:

- A comprehensive membership needs analysis and survey
- A survey to determine if any CRNA services are being denied payment by third party payers and the development of possible legislative or regulatory action to ensure provider non discrimination as it relates to payment
- Initiating a formal offer to the Georgia Society of Anesthesiologists (GSA) to collaborate on issues of mutual interest and assign a formal liaison with between the GANA and the GSA
- Targeted Public Relations efforts to include hospitals, Ambulatory Surgery Centers, surgeons, third party payers and patients
- Development of a GANA sanctioned "White Paper" that will provide relevant and comprehensive information regarding CRNA practice in Georgia
- Development of a legislative agenda that will protect CRNA practice rights by the Georgia Board of medicine or other regulatory bodies
- Selection and approval of an Audit Firm to conduct a financial audit of the GANA as requested by the BOD

Following the leadership retreat, several members were privileged to attend the AANA Fall Assembly of States in Tucson, Arizona. The meeting was informative and focused on the State leadership development processes and the essential elements of a productive state organization.

So as you can see, the GANA BOD has been very busy. We wish to thank each member for the opportunity to act in your service and on your behalf. We are privileged to serve you and we look forward to the challenges that lie ahead.

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## Message from the Executive Director

*Christy A. Dunkelberger, Esq.*

It is hard to believe that we are staring at 2010. The new GANA Board has been in place for almost three (3) months and the 2009 Fall Meeting at Hilton Head is past history. Immediate President Steve Smith has passed the baton to Barry Cranfill who has hit the ground running. Before we address all of the work that lies ahead for Barry, I would like to take a moment to say thank you Steve Smith for a year of hard work and multiple accomplishments in 2009. GANA is fortunate that Steve has made a commitment to remain active in GANA activities. He is a role model for both CRNAs and SRNAs.

### CRNA Arrested in Cobb County

GANA was very saddened and shocked to hear of the arrest of Paul Serdula, CRNA in November on charges of eavesdropping, videotaping and other inappropriate behaviors related to patients who were under anesthesia. GANA distributed a media release to Atlanta news outlets related to this situation. A copy can be seen by going to the GANA website at [www.gana.org](http://www.gana.org).

### What Lies Ahead in 2010

The GANA Board of Directors has ordered an audit of its financial records. Ahart and Associates, a CPA firm that works extensively with nonprofit organizations, has been retained to perform this audit. This firm has already begun collecting data and will be working with the GANA office and Treasurer over the next several weeks.

January 11, 2010 will be the beginning

of the Georgia legislative session. As expected, a large focus of this year will be on the budget and sources of revenue for the State. However, we will be watching for any legislative initiatives that would in any way affect CRNA practice. Also, because we are in the middle of a two (2) year session, any Bills that did not pass last year still have an opportunity to do so in 2010 before the close of the session. We hope you are available to join other GANA members for GANA Capitol Day on March 25, 2010.

One of your President's goals for 2010 is to enhance public relations for CRNAs both internally with its members and externally with other providers who are consumers of CRNA services. Towards that end, over the next several months the Board intends to gather member information by way of a survey regarding the interests you have as to what GANA offers its members. The goal is for the Association to focus better on the needs and desires of its members and keep true to the mission of "supporting our members". The Board also wants to engage in activities targeted towards hospitals, ambulatory surgery centers and other providers. In doing so, better and expanded relationships can be developed and enhanced. We look forward to better communications with you and others in the healthcare field and hope that you will be responsive and active in GANA during 2010.

I wish you all a wonderful holiday season. During 2010 please participate in GANA and help meet our mission of "Supporting our Members".

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## Honoring Service and Commitment

### *The Dan Ebald Memorial Lecture*

The Annual Dan Ebald Memorial Lecture is the first lecture given each year at the Georgia Association of Nurse Anesthetists' (GANA) annual meeting by a nurse anesthesia student or students from a Georgia nurse anesthesia program. It is in appreciation for the effort of Dan Ebald, CRNA in establishing a Nurse Anesthesia educational program in Georgia. The lecture at the 2009 GANA Annual meeting in Hilton Head, SC marked the 11th Annual Dan Ebald Memorial lecture.

A brief timeline of nurse anesthesia education in Georgia illustrates the importance and effort that went into establishing a school in the mid-1990s.

#### *1968 – 1985*

*Georgia Baptist School of  
Nurse Anesthesia Program  
Atlanta*

#### *1969 – Present*

*Emory University  
Anesthesiology Assistants Program  
Atlanta*

#### *1975 – Present*

*US Army Phase II Nurse  
Anesthesia Program  
Fort Gordon*

#### *1976 – 1980*

*Columbus Medical  
Center Nurse Anesthesia Program  
Columbus*

#### *1995 – Present*

*Medical College  
of Georgia Nurse Anesthesia Program  
Augusta*

#### *2005 – Present*

*Mercer University  
Medical Center Central GA  
Macon*

From 1985 until 1995, the only anesthesia providers graduating in Georgia were anesthesiologists, anesthesia assistants, and US Army CRNAs. In the late 1980s, the GANA Board was acutely aware of the need for a CRNA school in the state. It was during this time that Dan Ebald was active in the GANA, holding various board positions and committee appointments. His strongest stated goal was to get a nurse anesthetist program established in Georgia. The political and provider milieu at the time were not favorable for nurse anesthetists. Along with members of the GANA Education Committee, he lobbied not only Georgia state legislators, but also fellow CRNAs, anesthesiologists, and university provosts.

His contribution to nurse anesthesia in GA was also evident in his work life. He became the first CRNA employed by 3 formerly all anesthesiologists groups and was the chief anesthetist at each.

In 1993, Dan was on the GANA ballot for president-elect. His untimely death in February of that year from sudden cardiac arrest cut short a most promising career. He died before seeing the fruition of his efforts. The Medical College of Georgia in Augusta admitted its first student class for nurse anesthetists in 1995.

In 1997, the GANA Board of Directors established the Dan Ebald Memorial Lecture to honor the service and commitment that Dan gave to the CRNAs of Georgia. He is one of only 2 Georgia CRNAs that are recognized on a continuous basis by the GANA.

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# Supporting Our Members – Protecting Our Patients

## AANA Update - November 2009

Janice J. Izlar, CRNA, DNAP • AANA Region 2 Director • [jjizlar@aol.com](mailto:jjizlar@aol.com)



*Supporting Our Members – Protecting Our Patients* is the AANA motto. With this in mind, the AANA Board of Directors made the

decision to support health care reform. While Congress debates the attributes and obstacles of altering the system, it is the goal of the AANA to be seen as part of the solution. The measures we are seeking to include in any overhaul of the healthcare system include: greater access to CRNA services for all citizens; fair remuneration for CRNA services including reversing huge pending Medicare cuts; inclusion of provider nondiscrimination language; reversal of Medicare cuts for CRNA services in critical access hospitals; and workforce development for nursing and Advanced Practice Nurses. We also support tort reform. It is these changes to the current system that will aide the profession of nurse anesthesia to achieve the AANA vision, *Recognized Leaders in Anesthesia Care*. The AANA and CRNA-PAC are bipartisan and work with and offer support to individuals and organizations prepared to advance our practice. The healthcare debate is far from over, but the AANA is fighting on all fronts, partnering with other organizations such as AARP and working with legislators, regulatory agencies, and the White House to protect our patients and support our members. The final bill content is far from clear at this point and after finalization the work will continue during the regulatory implementation phase. We appreciate the

thousands of letters and phone calls made to Congress when CRNA advocacy alerts are requested. Please check the AANA website, [www.aana.com](http://www.aana.com), often for the latest information about healthcare reform and the actions of the AANA. Plan to join other CRNAs April 25-28, 2010 for the AANA Mid-Year Assembly in Washington, DC, to personally speak to your legislator about CRNA issues.

The regulatory implementation of anesthesia teaching rules legislation offered some positive gains, but still poses potential disincentives for nurse anesthesia clinical education. During the recent Fall Assembly of States, the decision was made to continue the fight until reimbursement barriers to nurse anesthesia education are removed, in accordance with Congressional intent.

Lisa J. Thiemann, CRNA, MNA, AANA Senior Director of Professional Practice, met with representatives of the Drug Enforcement Agency and Federal Drug Agency. The purpose of this meeting was to discuss substance abuse and diversion of drugs including propofol. The AANA recommended the agencies review the scheduling of propofol.

AANA and ASA leadership met in October. Some of the topics discussed were the removal of the Medicare payment cuts scheduled for January due to the sustained growth rate, both organizations' wellness programs, update of the Awareness brochure which will be available on both or-

ganizations' websites soon, and the development of a best practices document for anesthesia hand-offs.

My attendance at several fall state meetings and the AANA Fall Assembly of States has re-enforced my belief that CRNAs are a caring group of folks. You are passionate about the profession and possess the AANA core values of *Integrity, Professionalism, Advocacy, and Quality*. I have enjoyed listening to various conversations about the profession and encourage you to contact me at any time with any thought, concern, or question about the AANA and our profession.

Thank you for your continued support of the AANA. Membership renewal this year outpaced last year - on the renewal

deadline of October 31, 2009 there were fewer non-renewal CRNAs than in the previous year. If you did not renew, please reconsider. **Our greatest strength is a united front.** When times get hard it is not the time for retreat, rather the time for us together to meet the challenge. I am confident in the power of what can be accomplished when we are fighting as one. The Board does not take your membership for granted. Every decision is carefully weighed for what is best for the 40,000+ members and to achieve our mission of Advancing Patient Safety and Excellence in Anesthesia. The profession and AANA will face serious challenges in the future. However, as we have done historically, I know CRNAs will rise to the occasion. We will stand up and fight for our patients, our practice, and our profession.

## Message from the Government Relations Committee

*By James Masiongale, CRNA, MHS*

As the newly appointed Chair of the Government Relations Committee (GRC) for 2009-2010, I would like to thank and introduce those that have agreed to join me on the committee: Brent Dubois, Dewey Galeas, Melanie Marshall, Steve Smith, Seth Claxton (SRNA Mercer), and Emily Dollar (SRNA MCG). We anticipate a very active legislative year and look forward to closely monitoring any legislative or regulatory changes that could impact our practice as CRNAs.

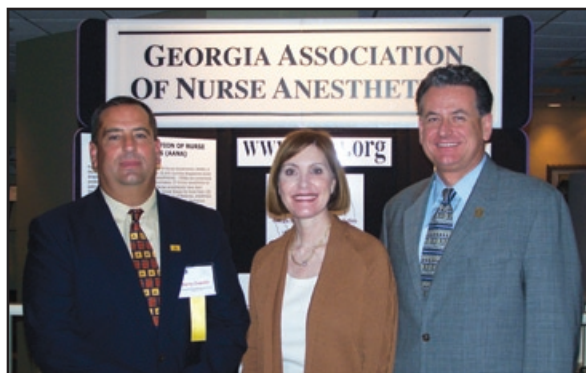
A meeting with GANA lobbyist Monty Veazey, GANA President Barry Cranfill, Executive Director/Legal Counsel Christy Dunkelberger, PAC Chair Carmen Simmons, Public Relations Chair Melanie Marshall, and I has been scheduled to discuss critical state and national issues for the coming year. We will formulate goals for the GRC for the upcoming year which I will share with you in my next report.

*Continued on page 12.*

## CRNAs IN ACTION!!!



Katie Truitt SRNA (Mercer) and Donna Sieber SRNA (Mercer) with 2008-2009 AANA President Jackie Rowles at the 2009 AANA Annual Meeting Student Luncheon



GANA 2009-2010 GANA President Barry Cranfill, AANA Region 2 Director Janice Izlar, and AANA 2009-2010 President Jim Walker at the GANA Annual Fall Meeting



GANAS (Georgia Association of Nurse Anesthesia Students) President Maegan Brass and GANA President Barry Cranfill



Tausher Westbrook SRNA (MCG), winner of the 2009 GANA Outstanding Student Nurse Anesthetist of the Year Award and Mary Flister CRNA, winner of the 2009 GANA Rosalie McDonald Award



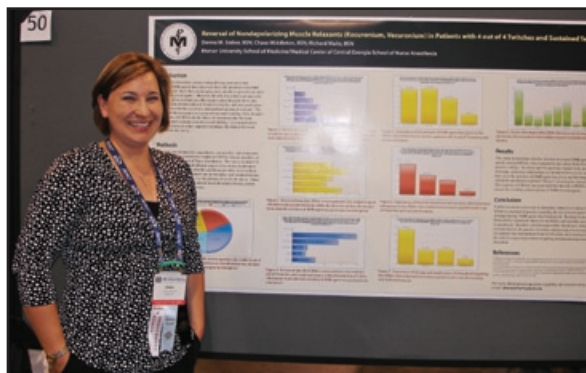
Leroy Groover, Carla Duffie, Lara Duncan, Katie Truitt, Sonia Magambo, Angela Hudson, Lauren Blond, and Kyle Jones, all SRNAs from MCG and Mercer at the 2009 GANS (Georgia Association of Nursing Students) Convention in Athens. They were exhibiting for the day on behalf of the GANA.



Kyle Jones SRNA (Mercer), Donna Godfrey, guest speaker at the GANA 2009 Fall Retreat and Maegan Brass SRNA (MCG)



GANA attendees at the AANA 2009 Fall Assembly of States meeting in Tucson, AZ, (L - R) Jim Masiongale, Amy Masiongale, Leslie Jeter, Barry Cranfill, Janice Izlar, Rose Synsmir, and Steve Smith



Donna Sieber (Mercer) presented a poster presentation during the 2009 AANA Annual Meeting along with participating in the College Bowl and was also the winner of the AANA Foundation's GANA Scholarship Award



Janice Izlar, Leslie Jeter, and Steve Smith respectively nominated at the GANA Annual Fall Meeting for 2010-2011 AANA Vice President, AANA Region 2 Director, and AANA Resolutions Committee.





## Riverdale Anesthesia Associates, P.C.

**Riverdale Anesthesia Associates, P.C.** is seeking a full time CRNA to join our vibrant group providing anesthesia services at three facilities in Metro Atlanta. We have an immediate need at our Southern Crescent locations. Our care team of 12 Anesthesiologist and 27 Anesthetists provides anesthesia care at 2 hospitals, 1 day surgery center, and 1 GI ASC. We provide services for a variety of anesthesia cases in a great working environment.

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## WINTER 2009 PAC REPORT

*By: Carmen Simmons, GANA-PAC Chair*



I am honored to have been elected to sit as a Director on the GANA Board. In addition, I serve as the GANA-PAC Chair and I realize that with this position I have big shoes to fill. Thank you to Sharon Twibell for her hard work and efforts in the past years by motivating members to participate in donations to encourage a push for the political agenda of nurse anesthetists in Georgia. I hope I can rise to the occasion and keep the torch burning. I want to clarify that the purpose of PAC is to raise funds, but it is also equally as important that you, our members, join in with the Board members in the various meetings and activities. We want to see your faces, hear the suggestions and perspectives of local CRNAs on the topics discussed, and hopefully implement your ideas.

There are so many opportunities for you to become involved, outside of the annual meetings. Our quarterly Board meetings are open to GANA members allowing the Board to get to know you better, learning how to serve you best, and additionally, helping to shed light on the issues, legis-

lative bills and proposals that potentially pose a threat on our profession so that we can collectively work towards the best solution.

On March 25th, we will be participating in GANA Capitol Day where there will be an opportunity for you and fellow CRNAs to visit your senator or representative. This will be a time for you to simply introduce who you are, identify what CRNAs do and briefly discuss the specific goals we have. The Mid-Year Assembly is another chance to be a mouthpiece for our profession to those holding office in the government.

Of course, everyone is not comfortable being as vocal as others so another opportunity is offered to make aware our profession to the public: showing up for the GANA GPB-TV day. This is a laid back occasion to partner with CRNAs, their families, and students and support the profession. With all of the changes occurring in health care, now more than ever is the time for nurse anesthetists to become educated on how "change" will affect us, and become active to show that we care about the future of our profession. I hope to see you throughout the year.



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## A Message to SRNAs

By: Maegan Brass, SRNA



Dear Students, First of all I want to wish each of you a Happy Holidays and congratulations to the graduating class of 2010! It is tough and stressful being a student and we have all worked hard for some time off to spend with our loved ones; enjoy it. Secondly, I want to talk to you about supporting the GANA Political Action Committee (PAC). Now before you flip the page, just hear me out. I know times are rough, especially for us students. Many of us are living on student loans and/or supporting our families on one salary, we have all learned how to do without. But supporting our PAC is something that we cannot do without! During these hard times donations are down and our PAC is struggling. For those of you who are unfamiliar with the PAC, let me tell you a little bit about it. The PAC works to raise money to donate to political candidates, and state legislators. The PAC donations may help to provide us access to our legislators to tell them about our profession. The money that is donated goes to help protect our right to practice and our scope of practice. So I am asking you, each SRNA in the state of Georgia, to please donate a one time gift of \$25 to the GANA-PAC. (If you think about it, it's really only the cost of one tank of gas or a couple of trips to Starbucks!). If each SRNA in the state of Georgia donate \$25, we the students could raise around \$2,000!

To donate to the PAC, please visit the GANA website and click on GANA PAC (under General Topics).

Have a great holiday Season and don't forget about National Nurse Anesthetists Week January 24-20!

## LET'S GET GEORGIA ON THE MAP!



By Leslie Jeter,  
CRNA, MS  
Georgia AANA  
Foundation Advocate

The AANA Foundation (AANAF) has introduced a new state challenge. Every time someone in our

state makes a donation through the AANA Foundation's annual giving fund, scholarship, tributes, planned giving cash gifts, or monetary donations, Georgia will get the credit.

Donations made from July 1, 2009 through June 30, 2010 will count towards the competition. Two winners will receive recognition awards and will be honored in both print and e-publications. Winners will be announced at the AANA's 2010 Annual Meeting in Seattle.

The Foundation website (aanafoundation.com) features the status of each state. In Georgia, we have our work cut out for us. Only 28 CRNAs out of 1,000 plus have made a donation.

The AANA Foundation will begin the kick-off of their 2010 Annual Fund Telemarketing Campaign during the last 2 weeks of November. If you didn't get the opportunity to make a donation at that time, please go the Foundation's website, click on Donate Now, and make a donation. The AANAF has set a goal of \$443,000. Let's help the AANAF reach its goal and get Georgia on the map!

In 2009, the AANAF funded over \$300,000 in anesthesia research and educational awards.

## Federal Political Director (FPD) Report

Steve Smith CRNA, MA



As your new Federal Political Director (FPD) it is an honor for me to take over the reigns from Martha Kral who has served in this position for the GANA for many years. Thanks

Martha for all of her hard work, dedication and devotion while serving in this very important position.

As all of you are aware, we are facing perhaps some of the most challenging issues (health reform, scope of practice issues, Medicare teaching rules, Medicare reimbursement, pain management, and education funding) that we have collectively been faced with in the history of our existence as CRNAs, with health reform being number one on the list. The AANA supports health reform to expand access to high quality healthcare services that we can all afford. Regardless of your personal feelings on this issue, the AANA urges support for provi-

sions that lower federal barriers to CRNA practice rights, provider nondiscriminatory reimbursement, Medicare payment reform, education funding, tort reform and health insurance reform.

Please take time to log on to [www.aana.com](http://www.aana.com) (you must be a member to access complete information). Once you are signed on click on government relations and you will have access to all federal and state government affairs issues. Finally before you leave the website visit "Anesthesia E-ssential". This was recently started up by the AANA in an effort to keep all members up to date on current affairs affecting us all. It is updated every two weeks.

It is not too early to start planning to attend the 2010 AANA Mid-Year Assembly in Washington, D.C. scheduled for April 25-28. If you have never attended you are missing out on the best and single most educational meeting offered by the AANA. You will learn all the legislative and regulatory issues facing CRNAs and then get the opportunity to personally present and discuss them with our 13 Congressmen and 2 Senators from Georgia.

If you have not yet given to the CRNA Po-

litical Action Committee (CRNA-PAC) this year I encourage all of you to give at least \$50.00 in order to strengthen our voice in Washington, D.C. The CRNA-PAC makes contributions to the federal political campaigns of CRNA friendly candidates for the US House and Senate, and to federal legislators particularly influential on healthcare issues important to CRNAs and their patients. Go to [www.aana.com](http://www.aana.com) to learn more about donating and the "Beat the Clock Campaign". Here in Georgia the CRNA-PAC has donated \$1000.00 each to Johnny Isakson and John Barrow for their next upcoming federal election cycle.

In my next To and Fro report I will focus on the new "AANA Key Contact Program" which is an organized, proactive and strategic grassroots advocacy program. Its purpose will be to build a strong on-going relationship with key congressional members in positions important to the policy goals and objectives of the organization. In the mean time your new Government Relations Committee (GRC) Chair, Jim Masiongale and I will be busy working on updating the [www.gana.org](http://www.gana.org) "Advocacy" site in an effort to bring you the most updated and useful information concerning government affairs.

# 77th Annual Meeting

American Association  
of Nurse Anesthetists



Seattle, WA  
August 7-11, 2010





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# To & Fro

**The objective of GANA is to promote the best interests of  
its members, cooperate with the American Association of  
Nurse Anesthetists (AANA), facilitate cooperation  
between nurse anesthetists and the medical professions.**

**We are asking for your advertising support to help make  
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# No Provisional Licensure for Georgia SRNAs

*Barry Cranfill, CRNA, MHS, MBA, FAAPM • GANA President*

The GANA has been inundated with comments and pleas for assistance from graduating SRNAs seeking initial licensure from the Georgia Board of Nursing (GBON). Recently the GBON adopted a policy that they would no longer issue provisional licenses. This action was reportedly in response to the fact that new computerized testing practices allowed new graduates to immediately sit for their certification exam and that the provisional licensure was no longer feasible based on the expected shorter time period from graduation to certification examination.

Prior to the adoption of this policy, Georgia still had significantly more stringent documentation requirements than other states. Some states will issue provisional licensure based solely on a letter from the candidate's school. This was not the case with the GBON even prior to this new policy. Currently the GBON will not issue provisional licenses and will only complete the licensure once the certification exam scores have been reported.

However, based on the numerous complaints of delayed licensure (sometimes over 60 days) the GANA conducted a survey and investigation of the licensure process to determine what steps in the process were responsible for the delays and determine what, if anything, could be done to streamline the process.

The results were somewhat surprising. Given the survey responses (which primarily included those that experienced a delay in licensure) the average time from graduation date to licensure was 62 days. The average time from graduation date to examination date was 41 days (66% of waiting period due to school processing, AANA processing, and student scheduling of exam)

The average time from examination to licensure was 21 days (34% of waiting period due to state processing).

This data shows that 2/3 of the waiting period is due to factors outside the direct con-

trol of the GBON and that 1/3 of the waiting period is due to GBON processing of the application once the examination was successfully completed. However, it is clear that the GBON's mandated processes combined with the removal of the provisional licensure, has had a negative effect on SRNAs obtaining timely initial licensure from Georgia as compared to other states in the region. In a perfect world, the GBON would simply issue provisional licensure to graduates based on documentation from the graduate's school, but this is not the process that the GBON currently utilizes.

At this time, it does not appear that the GANA will have any success pushing for the reinstatement of the provisional licensure. But we will continue our efforts to help remove barriers to initial licensure wherever we can.

In the meantime, here are some practical suggestions for new graduates:

1. Complete your GBON application as early as possible.
2. Work with your school to get your graduation materials to the AANA as soon as possible.
3. Prepare and schedule for your exam as soon as practical following graduation. Consider scheduling your exam at the center with the soonest available date even if you have to travel to sit for the exam.
4. Diligently follow up with the GBON on the status of your application once it has been submitted.
5. Budget your finances accordingly for the extended period following graduation.

Although not perfect, these strategies should help to minimize the time you may be required to wait before you can begin your new career as a CRNA!



# President-Elect Report:

## Rose M. Synsmir, CRNA



Hello GANA members. What an exciting time to be a part of the Georgia Association of Nurse Anesthetists and I am honored to serve as your President-Elect. As such, I look forward to working with each of you to continue building a strong state association that will support our mission and vision.

To that end, we have gotten off to a great start. Our fall meeting was held at the beautiful Hilton Oceanfront Resort in Hilton Head Island, SC on October 2 - 4, 2009 and was a great success. Thank you to all who attended and participated. For those who were not able to attend, we look forward to seeing you at our next meeting. Here is a recap of our latest meeting:

- *IPGE provided a twenty-credit continuing education course which updated members on a variety of topics, including OSA, diabetic pharmacology, business, anesthesia economics, and future trends. Moreover, presentations on various topics were given by students from the US Army, MCG and MCCG Nurse Anesthesia programs in honor of the Annual Dan Ebal Memorial lecture series.*

- *A lively reception was held and included supporters from eleven exhibitions and several sponsors – quite an accomplish-*

*ment given these trying economic times.*

- *Leslie Jeter, CRNA and Mary Flister, CRNA gave a well received presentation on Rosalie C. McDonald, CRNA. We are looking forward to hearing more from Leslie and Mary on this informative topic at the AANA Annual Meeting.*

- *Various bylaw changes were addressed and several members were recognized as "Great" CRNA's and SRNA's for their leadership and pioneering efforts in the profession.*

- *President James Walker, CRNA, DNP was in attendance. Also, Immediate Past President Steve Smith, CRNA, MA; Region Two Director Janice J. Izlar, CRNA, DNAP; and Executive Director/Legal Counsel Christy Dunkelberger, Esq. coordinated a student breakout session, which provided the students with a wonderful opportunity to explore the many innovative advancements in the field of Anesthesia.*

The Board of Directors and Program Committee are currently organizing our next annual meeting, which will be held on October 1 - 3, 2010 at the Crowne Plaza Ravinia, Atlanta Georgia. Please mark your calendars and plan to attend.

Finally, please feel free to contact me with your thoughts and ideas and let's make

**National Nurse Anesthetists Week**  
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**go to [www.gana.org](http://www.gana.org) for  
information and promotional items**

# My Tour in Iraq 2008

By: Kurt Ochsenknecht, CPT, AN

My name is Kurt. I graduated from the Nurse Anesthesia Program at Medical College Of GA. I joined the United States Army Reserves a year after graduating MCG. In the time I've been a member of the Reserves, I have been deployed to Landstuhl Medical Center, Germany, Martin Army Community Hospital, Fort Benning, Columbus, GA, Task Force Medical Falcon, Camp Bondsteel, Kosovo, and most recently as part of the 325th /345th Combat Support Hospital, Camp Speicher, Iraq. As a CRNA, I am deployed for a 90 day rotation in theater.

My deployment started with a trip to Ft. Benning. There I was issued all appropriate equipment for the Iraqi combat zone. This comprised about 250 pounds of gear including uniforms, cold weather gear, combat packs, body armor, sleeping bags, a 9 mm pistol, etc. Many of the items I was issued, I never used. All the providers being deployed had to weigh the "better to have it and not need it" mentality against having to carry 4 duffle bags of gear from GA to Iraq and back.

At Ft Benning, I was given classes on general military operations, weapons qualifications, and generally processed onto active duty. After an intense week, I boarded the Freedom Flight to Kuwait. I spent a few days in Kuwait doing more specific training for deployment to Iraq. This included learning the army medical computer system and improvised explosive device (IED) recognition.

From Kuwait, I flew on a fully loaded C-130 military transport to contingency operating base (COB) Speicher near Tikrit. A short orientation at the 325th CSH later, myself and the group of doctors and CRNAs replacing the previous group were ready to care for friend and foe.

Our caseload consisted of emergent, in theater, cases. We did an external fixator for a soldier having broken his femur playing football on uneven ground and

continuing care for Iraqi citizens under our care.

I was involved in care for wounded soldiers that were greater than the number of patients our facility was able to care for at one time. The Army calls this situation a Mass Cal. Gratefully, I was only involved in one such situation. I was truly grateful for the low number of casualties I cared for. I also cared for a detainee that was apprehended during a combat event. The detainee was given the same care as anyone brought to us.

After 6 weeks at Speicher, I was attached to a small unit south of Baghdad. In my time there, I cared for a 6-year-old snakebite victim. She was the daughter of a local police officer. She was bitten by a viper with hemolytic venom and needed a fasciotomy. We cared for several other Iraqi and American civilian personnel while I was there.

I feel that I was able to provide a service to my country and make a small contribution to the effort we make in Iraq. When called upon again, I will gladly answer.





**The Medical Center of Central Georgia (MCCG)**, located in Macon, is Central Georgia's only community hospital. Our large 637-bed hospital system has been the choice for generations of Central and South Georgians and contains the areas only dedicated Children's Hospital, Level II Nursery, as well as the only Level I Trauma Center.

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# Difficult Airway: Be Prepared

*Barry Cranfill, CRNA, MHS, MBA, FAAPM • GANA President*

Pilots are taught that when they push the throttle forward on an aircraft, they are engaging a deadly weapon. Any unanticipated emergency at takeoff speed, low to the earth can be terribly unforgiving and they are taught to respect the task and plan for contingencies accordingly. Most anesthesia providers regard the induction of anesthesia with the same respect. Why? Because immediately following induction, the patient has put their hands completely in the hands of the anesthetic "pilot." The patients' lose their protective reflexes and are often given drugs that will immediately prevent them from protecting their own airway and make it impossible for them to breathe on their own. Any unanticipated difficulty in securing a patient's airway can also be terribly unforgiving. The potential danger and the required vigilance and preparation during the takeoff of an aircraft or the induction of anesthesia should never be underestimated.

However, unanticipated airway difficulties do arise, and anesthesia providers and the facilities that they serve must be fully prepared.

The first step to avoiding difficult airway scenarios is prevention! Complete and careful preanesthetic evaluation of the airway is the best way to predict and hopefully avoid or properly prepare for a difficult airway. If an airway is identified as possibly problematic, the anesthesia provider can take the appropriate measures to avoid losing control of the patient's airway. The anesthetic can then be tailored to minimize the risk that the difficult airway may present by the utilization of different anesthetic techniques (regional anesthesia), awake intubation, or through the use of an appropriate airway device that will assist in the proper securing of the airway. Forewarned is forearmed!

However, what about the unanticipated difficult airway? Almost all anesthesia providers have been surprised by an otherwise normal airway that, after induction, becomes quite the challenge. As vexing as this situation can be, all is not lost as long as the patient can be ventilated in some manner. As long as the patient can be ventilated and oxygenated, the situation is rather easily manageable. But let that airway become a scenario where the patient cannot be ventilated in any way and the pucker factor begins to peak!

In response to this ever-present dilemma, the ASA developed the Difficult Airway Algorithm to help guide decision making and provide a basis for procedural steps to be followed in the event of a difficult airway situation. Anesthesia providers are very well versed in this decision tree tool, but it is important for the rest of the perioperative team to be familiar with the algorithm as well. Once a difficult airway situation has been declared, the need for personnel and assistance increases dramatically. It is always desirable if the folks coming to help are trained to actually anticipate the needs of the anesthesia provider. That's why we frequently do difficult airway drills in our facilities. Additionally, it is wise to encourage anesthesia providers to attend difficult airway workshops as part of their required continuing medical education.

Additionally, it is incumbent upon the facility and the anesthesia providers to ensure that the facility has an adequate armamentarium of adjunctive airway devices and tools to help facilitate the successful outcome of a difficult airway emergency. It is not be necessary to have every available airway management device stored in your difficult airway cart/box. But it is important to work collaboratively with the anesthesia providers to determine which devices and equipment may be best suited for your particular environment.

So please, be prepared...Establish a preoperative system that includes a full airway evaluation for every patient, ensure that you have the equipment needed to handle the airway emergencies that may present in your facility, train your anesthesia providers and staff and run drills frequently!

Barry Cranfill, CRNA, MHS, MBA, FAAPM

Mr. Cranfill ([bcranfill@sentryanesthesia.com](mailto:bcranfill@sentryanesthesia.com)) is a practicing CRNA, a principal of Sentry Anesthesia Management in Newnan, Ga., and an adjunct faculty member for both the Medical College of Georgia and the Medical University of South Carolina Nurse Anesthesia Programs

Partial Reprint from Outpatient Surgery Magazine



## Looking for Rosalie ....

Every year since 1988, GANA has presented the Rosalie McDonald Award “to an outstanding CRNA practitioner in Georgia, recognizing sustained support of the GANA, and a contribution of excellence to the practice of nurse anesthesia”. Many of the early recipients knew Rosalie McDonald personally. Later recipients know of the offices she held at the state and national level, but few details of her history were readily available. This past May the AANA History Society and GANA President Steve Smith each requested an in-depth presentation of the life, professional achievements, and contributions of GANA’s first president Rosalie McDonald.

Leslie Jeter, CRNA and Mary Flister, CRNA accepted the challenge of searching for and discovering Ms. McDonald’s life details. What first seemed a challenge soon became exciting detective work. It then blossomed into admiration for the multitude of accomplishments of Rosalie McDonald and a respect for the maintenance of archives.

The presentation given at this year’s GANA Fall Meeting, entitled “Rosalie C. McDonald – GANA and AANA Pioneer”, was harvested from many sources including the AANA archives; GANA archival text, pictures, and media; US Census Statistics; genealogical searches; oral histories; and library and newspaper searches. Both Leslie and Mary enjoyed a number of “Eureka” moments such as finding the original signature list of the GANA charter from 1937; the 1998 videotape of the GANA Pioneers roundtable in which Rosalie McDonald was described in a number of roles by people who knew her; receiving a picture of her headstone from Wichita Falls, TX; and reading the research publications authored by Ms. McDonald.

The preparation of the presentation is also remarkable for all of the present day “tech” abilities that are available. Information and photos sent by email were inserted directly into the text saving postal and printing costs. This technology was not available,

or even dreamt of, in Mrs. McDonald’s era. This makes the accomplishments of the “founders” more remarkable for the persistence and foresight that was part of their character. The fundamentals of professionalism, planning, patient advocacy, and sound scientific principles are evident because of the enduring legacy that is still relevant today.

### ***Rosalie McDonald – Just the Facts***

- Born on January 19, 1891 in Alvarado, Texas
- One of 8 children
- Father and paternal grandmother were from Georgia
- Attended St. Mary’s Hospital School of Nursing in Galveston, Texas
- Received nurse anesthesia training from Washington Park Hospital, Chicago, Illinois, graduated in 1924
- Began professional career at Emory Hospital July 1924, becoming chief nurse anesthetist until retirement in 1964
- Researcher, published author, speaker
- Presented “Carbon Dioxide Filtration Method of Anesthesia” at the First Annual Meeting, National Association of Nurse Anesthetists (1933)
- Instrumental in the organization of the Georgia Association of Nurse Anesthetists (1937)
- Served as first President of GANA
- Served in a variety of GANA offices and on many committees from 1937-1962
- Participated in the organizational years of the AANA
- Served as the 6th President of the AANA (1942-1944)
- Active in AANA offices and committees from 1934-1944
- Honored by the GANA on August 18, 1962 for her untiring efforts towards her profession and community
- Worked forty years at Emory
- Retired at the age of 73 to Texas
- Died on January 30, 1973, aged 82 years
- First Rosalie McDonald Award presented at the GANA’s 50th Anniversary Meeting in 1988 to Nell Livingood, CRNA
- Rosalie McDonald’s legacy – The Georgia Association of Nurse Anesthetists

## **Mary Flister Receives the 2009 GANA Rosalie McDonald Award**

*By Leslie Jeter, CRNA, MS*

The 2009 GANA Rosalie McDonald Award was presented to Mary Flister during the GANA’s Annual Business Meeting in Hilton Head. As evidenced by her accomplishments, Mary is very deserving of this award.

Mary has been involved with the GANA for the past twenty years. She has served in a variety of offices including Trustee, Director, Vice President, President-Elect, and President from 2001-2002. In addition, Mary has served on the Georgia Board of Nursing’s Advanced Practice Registered Nurse Committee and on the Prescriptive Authority Coalition. She was active on the search committee that hired Christy Dunkelberger as GANA Legal Counsel and ultimately GANA Executive Director.

Mary has most recently served as Parliamentarian, Historian, and GANA Archivist. Along with Teresa Hennings, Mary has worked to collect and catalogue hundreds of documents and historical items for the GANA. As a GANA member, Mary has regularly attended GANA Board meetings and GANA fall and spring annual meetings.

Mary has been a faithful and careful steward of CRNA practice in Georgia. The assurance of her practiced hand and logical mind has served as solace for many a GANA President who has followed in her footsteps. Mary’s selfless and sustained contribution to the practice of nurse anesthesia embodies the true spirit of Rosalie McDonald, GANA founder and nurse anesthesia pioneer.

## **2009 GANA Outstanding Student Nurse Anesthetist of the Year Award**

Taushera Westbrook of MCG is the 2009 recipient of the GANA Outstanding Student Nurse Anesthetist of the Year Award. She won for her excellence in academics, exemplary clinical practice, leadership capability in the GANA, potential for future contribution to the practice of nurse anesthesia, contribution to the professional body of knowledge and contribution to the GANA/GANAS as a student nurse anesthetist.

Since Taushera’s arrival as a student at MCG she has attended 6 GANA Board meetings, 2 GANA Fall meetings, and last year’s GANA Fall Retreat. On the national level she has attended the Mid-Year Assembly in Washington D.C. and the AANA Annual meeting in San Diego this past year. She has also participated in 2 Capitol Days where this year she was on the student committee that organized and made the GANA information folders for the legislators. She has served as Treasurer of the Georgia Association of Nurse Anesthesia Students and was the MCG student liaison to the GANA.

Ms. Westbrook accomplished all of this while raising 2 young girls, ages 4 and 6, with her husband serving in the US army on active duty in Korea. Finally, Taushera serves as a First Lieutenant in the US Army Reserves.

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## **GANA Calendar of Events**

### **GANA Board Meetings:**

Board of Directors' meetings (BOD)  
begin at 10AM unless otherwise noted.

- February 6, 2010 in Fayetteville
- May 8, 2010 at MCCG in Macon
- August 21, 2010 at MCG in Augusta

### **GANA Events**

- National Nurse Anesthetist Week on  
January 24-30, 2010
- GANA Capitol Day and  
Proclamation Signing with  
the Governor on March 25, 2010
- Georgia Public Broadcasting – TV  
Telethon in June 2010 TBA
- GANA Annual Meeting in Atlanta on  
October 1-3, 2010 (location TBA)

### **AANA EVENTS**

- Assembly of School Faculty in San  
Antonio, TX on February 25-27, 2010
- Mid-Year Assembly in Washington,  
D.C. on April 25-28, 2010
- AANA Annual Meeting in Seattle,  
WA on August 7-11 2010

### **Continuation of the “Message from the Government Relations Committee”**

Georgia General Assembly starts on January 11, 2010 and  
runs for 40 calendar days

National Nurse Anesthetist Week January 24-30, 2010

Proclamation signing with Governor Perdue and GANA  
Capitol Day: Thursday March 25th, 2010 at the Georgia  
State Capitol

Mid-Year Assembly: April 25-28, 2010 in Washington,  
D.C.

We will keep you informed of these events by way of the  
GANA website [www.gana.org](http://www.gana.org) and email via the listserv.  
Also under the “Advocacy” section of the website are  
both government and federal political affairs information.  
Please refer to the following sites when accessing legis-  
lative lookup and general assembly information: [www.congress.org](http://www.congress.org) [www.vote-smart.org](http://www.vote-smart.org) and [www.legis.state.ga.us](http://www.legis.state.ga.us)

Healthcare reform is the hottest topic in the nation at this  
time. I would like to encourage each of you to closely  
monitor via the GANA and AANA websites as legisla-  
tors battle out what may have a tremendous impact on our  
profession, and act when asked to contact your elected  
officials.

The phrase “Now more than ever” is often over utilized,  
but:

“Now more than ever” your involvement in your State  
and National organizations are paramount. Change is  
coming to healthcare; if we sit by silently we will have  
no voice in this change. I encourage each of you to get  
to know your State and U.S. representatives and let your  
voice be heard.

“Now more than ever” your contribution to the GANA  
PAC fund (can give online at the GANA website) is need-  
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