



advancing quality anesthesia care, serving our members, promoting the nurse anesthesia profession



Phillip Kendrick, PhD, CRNA Named As Program Director of UAB Nurse Anesthesia Program

Effective July 1, 2008, Phillip Kendrick, PhD, CRNA assumed the position of Program Director of the UAB Nurse Anesthesia Program. Dr. Kendrick joined the faculty at UAB in June of 2005. He was named as the Interim Program Director in June of 2007. On behalf of the entire nurse anesthesia community, we wish to offer our congratulations to Dr. Kendrick. The following is Dr. Kendrick's Letter of Acceptance.

I am grateful and honored to serve as the new Director for the Nurse Anesthesia Program at the University of Alabama at Birmingham. I can only hope that my many years of experience dealing with doctors, nurses, and patients in the clinical setting will assist me as I gain more experience in the academic setting. I have thoroughly enjoyed these last three years teaching and it has been an immensely gratifying job. I am almost as excited as the student when they tell me about a job offer that they have received. Also, running into a new graduate at a meeting and listening to them excitedly talk about their new career is heart-warming.

The transition has been a painless one. I did not inherit a program in disarray. Our school is in great shape. We are a part of a major university with a nationally recognized reputation for excellence. The learning environment our students are exposed to is rich, varied, and second to none. Two knowledgeable staff members are dedicated to supporting both students and faculty. With five full time faculty members, we are totally committed to continuing the tradition of graduating competent, safe practitioners.

Ideally, we would like for all of our students to graduate with 4.0 GPAs and breeze through their board exam. Realistically, we want our graduates to be marketable. A prospective employer rarely asks a new grad what their graduating GPA was during a job interview. Most managers want to know three things from a new employee. 1) Will they come to work when scheduled? 2) Will they practice safe anesthesia? and 3) Will they get along well with others? Consequently, our students will be well served if we can assist them in developing a strong work ethic. We would like for our students to graduate with the mind-set of, "What can I do for the profession?" rather than, "What can the profession do for me?"

We, the faculty, look toward the future with guarded optimism. We are aware of the challenges ahead and our priorities are in the proper order. Our first priority will always be the student. The decision-making process will emphasize what is best for the student. Secondly, we will be devoting a lot of attention and energy to our upcoming accreditation visit within the next couple of years. Lastly, we want to continue to maintain a strong, positive working relationship with our clinical affiliates. Any program is limited by the number of sites available for training its students. Fortunately, the nurse anesthesia profession has a history of nurturing and protecting its young. Nurse anesthesia students receive a superior clinical education because CRNAs love to teach (and show off).

The Nurse Anesthesia Program at UAB is determined to continue to educate and graduate the next generation of CRNAs. We envision our graduates becoming productive members of society. We expect them to earn the respect of their peers and to be accepted into the nurse anesthesia profession with pride.

Volume 26, Number 3, 2008
Jim Henderson, Editor

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From the Office of the ALANA President Shannon Scaturro, MSN, CRNA

After exhausting the number of times I can slap the snooze button on my alarm, I stumble out of bed. Eyes closed, half asleep yet on my feet, I use the walls to feel my way to the shower. My wife, a human anomaly who is up at 0430 everyday, blesses my pitiful soul with a warm cup of coffee each day. Without her and the morning jolt of java, I would likely fall asleep in the shower. Mornings never come easy for me.

In addition to my labored morning ritual, I recently recall a particularly challenging day. While the golf ball sized rain that pelted my rooftop all night helped drift me peacefully to sleep, it was now responsible for knocking my alarm clock out. Thank goodness for the human anomaly. I quickly rolled out of bed, and yes, felt my way to the shower, knocked over my coffee cup and proceeded to scald the thin skin on the top of my feet. I was now wide-awake! Having no time to jump-start my batteries with a blast of caffeine, I shot outside to my car- the gas tank was empty. Running inside as if I were being chased by a team of lions, I blared in a panicked shout, "My foot is burnt, my car is empty, and I'm late for work! Help!" Thank goodness for the human anomaly.

After bumming a ride to work with my lead-footed wife and three startled kids, all still in their PJs, I was blessed to discover that I would greet the day with

**Our job requires us
to bring our
A-game ~
everyday...**

an ASA 4 CABG and valve replacement patient who had a 15% ejection fraction, severe aortic stenosis, COPD, diabetes, and two buzzards circling overhead. Despite the odds, I still delivered a perfect anesthetic.

Regardless of the obstacles, frustrations, and daily grind we face every day, we are called to be perfect- every

time. This is what separates our profession. We do not have the luxury of doing our job half-heartedly, discriminately, or inattentively. Regardless of the circumstances, our job requires us to bring our A-game everyday. For the past 77 years, CRNAs in Alabama have overcome many obstacles at work and as a profession. As a result, we have endured the test of time. However, as time goes on and a financial crisis in healthcare builds, we may face mounting obstacles to the provision of our services.

Forty million baby boomers have begun entering Medicare eligibility at a time when Medicare is already under monumental financial strain. As a result, all of our practices are likely to see our mix of Medicare cases increase and our mix of commercial insurance decrease. This shift in payer mix will exponentially compound the financial strain already on our practices, as well as the heavy financial burden on those who fund our practices.

Under the current system in Alabama, the financing of our professional services is under particular pressure. Hospitals, our largest employers, are principally the entity financially supporting our practice. While Alabama's CRNAs do receive direct reimbursement for their services from Medicare, Medicaid, and virtually

all commercial insurance carriers, Alabama's largest commercial carrier, Blue Cross Blue Shield of Alabama (BCBS), maintains a policy on the majority of their plans that does not directly reimburse CRNAs nor provide a payment methodology that allows our employers to easily identify a CRNA's ability to produce revenue when caring for their subscribers. This is problematic.

While most CRNAs reassign their benefits (reimbursement) over to their employer, the provider must still be eligible for payment or their employer may find it difficult to justify their existence. BCBS addresses this problem by holding the following policy:

"CRNA or AA Furnished Procedures

For services rendered to Blue Cross and Blue Shield of Alabama subscribers, reimbursement for anesthesia services provided by hospital employed CRNAs and AAs is made to the hospital when reported on the Blue Cross claim (UB92). Reimbursement of the anesthesiologist providing medical direction of the CRNAs and AAs is based on 30-minute units."

Blue Cross Blue Shield Anesthesia Manual, December 2004, page 5.

While BCBS's policy is to reimburse the hospital for a hospital employed CRNA's professional service, it has been communicated to us that hospitals have a difficult time identifying this payment, and many are unable to identify it at all. This is largely due to the methodology by which the payment is based. If this is the case, why not change the payment methodology to make it clearer? Would this help our largest employers identify our ability to produce noteworthy revenue? Additionally, if it is difficult to identify the amount received from BCBS for a CRNA's service, why not use an existing model that readily identifies this amount and is a proven model?

The Medicare model of payment is time-tested, proven, allows local decision of the most appropriate practice model, and openly identifies the amount for a CRNA's professional service. Most commercial carriers in the country use the

Medicare payment model for reimbursing CRNAs or their employers. Should BCBS of Alabama adopt a similar model? We strongly feel they should.

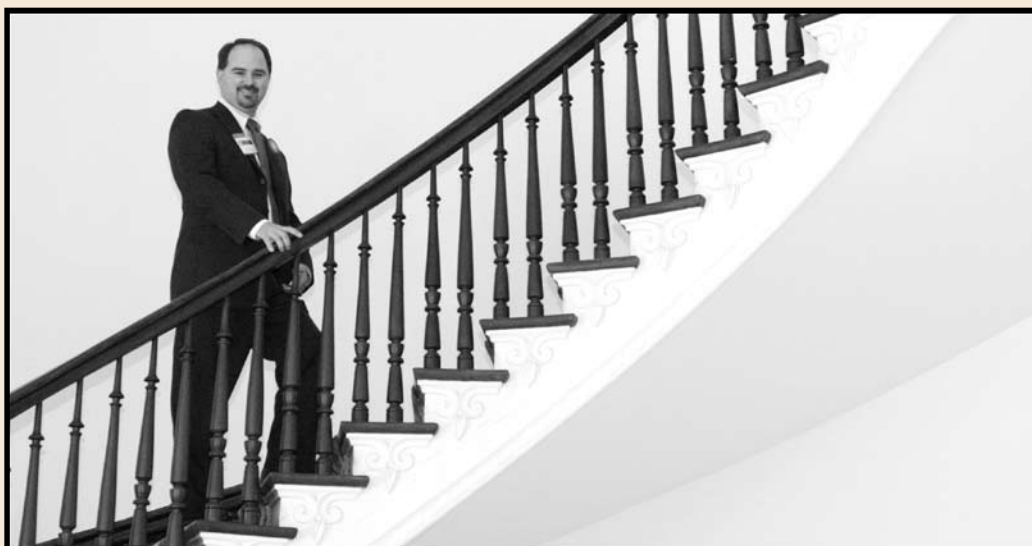
If they do not, CRNA practice in Alabama, and thus access to our care, is likely to suffer as time passes. Can Alabama's healthcare system sustain itself with major shifts in patient demographics and no improvement in BCBS's current policy? Alabama's CRNAs, and thus the communities they serve, must have an improved BCBS policy if they are to continue to provide their services to Alabama's citizens. Our practices, our employers, the service we offer, and access to anesthetic care will likely suffer without an improvement.

The inability of Alabama's CRNAs to receive noteworthy and identifiable reimbursement from the largest commercial carrier in the state is a top concern for the ALANA's members and a top priority for our association. Your ALANA leadership understands the absolute necessity for an improvement in BCBS's current policy, and we are continually working on your behalf to communicate the issue and work toward an equitable solution. We have recently held a high-level meeting with BCBS, shared your concerns, and communicated a potential solution. We continue to stay engaged with all stakeholders to work toward a solution that is equitable for all, and we simultaneously continue to expand our circle of friends who share our same interests.

Please continue to do your part. Stay engaged in this issue. Educate yourself more each day about the business of anesthesia and how it relates to your practice and your institution. Sit down with your hospital administrators and CFOs and openly discuss the finances of the anesthesia department and the revenue CRNAs are generating from various insurance carriers. Communicate your local issues to your ALANA leadership. If you do, I can comfortably say that your ALANA board and staff will bring you their A-game every time. Regardless of the obstacles, frustrations, and daily grind you face every day, I challenge you to do the same- clinically and professionally,

and when you stumble out of bed, drink that sweet morning nectar, and face a challenging day, do your part. Take on that clinical and professional challenge, educate yourself about the business of anesthesia, rally for your profession at all cost, bring your A-game, and give a perfect delivery ~ every time.

Shannon Scaturro, CRNA
ALANA President
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In Memoriam

Larry Ray Womack, CRNA

at rest June 26, 2008

LARRY RAY WOMACK, of Pinson, AL passed away Thursday, June 26, 2008 after a short illness. A dedicated nurse-anesthetist for 37 years, Larry was employed by Anesthesia Resource Management Solutions and revered for both his teaching ability and consummate professionalism. Throughout his many years of practice, he served as a clinical instructor and touched the lives of many CRNAs who now practice throughout Alabama and other states. He worked throughout the Birmingham area and most recently practiced at The Surgery Center, Oxford, AL. He received his nursing degree from Carraway Methodist Hospital and his anesthesia degree from Duke University.

Although Larry's professional achievements were substantial, his devotion and joy lay in his family. An active member of Pinson United Methodist, scout leader for Troop124 in years past and youth softball coach, Larry strove to show his family the utmost love by involving himself as much as possible in their activities. He is survived by his wife, Sarah; two daughters, Wendy Cornelius (Jason) and Lea Eubanks (Chris); one son, Christopher (Beth) and six grandchildren; Chris and Mike Dorr, Molly, Ethan and Gage Womack and Liam Eubanks. He also leaves behind 6 loving brothers and sisters; Robbie Gann, Velma Lockridge, Lucille Miller, Jeanette Morris, Hoyt and Guy Womack (Ginger), as well as innumerable nieces, nephews, cousins and devoted friends. Larry's passing has left a hole in our lives that will never be filled, but we are grateful to God for allowing us to have him in our lives.

On Larry's passing, John Morris, CRNA had the following to say.

I will truly miss his daily companionship, his mentorship, his friendship and guidance – for until now I have never worked in an operating room that he was not part of. Please keep his family: wife Sarah; children–Wendy, Chris, and Lea; and his wonderful grandchildren; in your hearts and prayers through the coming sad and difficult days.

Larry, I will truly miss you.
John Morris, CRNA

The family would like donations to be made to:
Baptist Healthcare Foundation
Sue Cochran Nursing Scholarship Fund
P.O. Box 241647
Montgomery, Alabama 36126

News From the Alabama Board of Nursing

No More Paper ~ It's all Online

RENEW ONLINE! www.abn.state.al.us. You will NOT receive a paper renewal application in the mail.

- Any RN license issued before August 31, 2008 will lapse on December 31, 2008 if not renewed.
- Any Advanced Practice approval issued before August 31, 2008, will lapse on December 31, 2008, if not renewed.
- January 1, 2009: You are required to have your license card available for employer inspection.

FEES:

- \$75.00 Regular RN Renewal: September 1 – November 30, 2008
- \$200.00 Late Renewal: December 1 – December 31, 2008.
- \$125.00 Advanced Practice Renewal (RN + 1 Advanced Practice): September 1 – November 30, 2008
- \$250.00 Advanced Practice Late Renewal (Late RN + 1 Advanced Practice): December 1-31, 2008
- \$3.50 Transaction Fee for each online transaction

METHODS OF PAYMENT ONLINE:

- Credit Cards: VISA, MasterCard, Discover, American Express
- Debit Cards: VISA, MasterCard (Cardholder's name and address in the payment information must match bank records EXACTLY)
- Prepaid VISA or MasterCard Debit Cards: May be purchased at several locations: CVS, Rite-Aid, Walgreen's, Western Union, credit unions, etc. \$3.50 transaction fee should be included in pre-paid debit card total at time of purchase.
- Activate prepaid debit cards before using it to pay renewal fee
- SUBMIT payment info only one time! If you hit the SUBMIT button more than once, your credit/debit card may be charged more than once.

Questions about credit or debit card charges? Contact Alabama Interactive at 1-866-353-EGOV (3468) or the Board of Nursing at 1-800-656-5318, ask for licensing.

Not Renewed by Midnight, December 31, 2008: License lapses and you will have to apply for reinstatement! You cannot practice nursing until your reinstatement is reviewed by ABN staff and approved for renewal.

NAME AND ADDRESS CHANGES:

- Make changes online.
- Name Changes: Board staff reviews legal documents before a name change is confirmed. Legal documents can be sent via fax to 334-242-0541, or email attachment to abn@abn.state.al.us

CONTINUING EDUCATION

- Earning Period: October 1, 2006 – December 31, 2008: CE must be earned during this time frame.
- Number of Hours Needed:
 - 24 contact hours unless prorated from time of licensure.
 - Licensed by Examination during last two years: required to have four (4) hour mandatory Board-provided class in addition to pro-rated CE hours.
 - CRNA, CRNP, CNM: Required to have six (6) hours of pharmacology (as part of 24 hours). Graduate coursework required for initial APN certification cannot be used for APN pharmacology CE requirements.
 - If licensed during last two years, check the prorated chart on web site, www.abn.state.al.us, under "Continuing Education."
- CE Audit for RN Renewal: Will occur in January 2009.
- Verify your Individual CE Record NOW on the website, click on "online services", then click on "individual CE record." Only 24 contact hours are required.
- ABN-approved providers are required to submit attendance records electronically for all courses after January 1, 2006. Contact the provider if your course attendance record is not correct.
- You can input your CE at any time without paying a fee. At the time of renewal, you will not have to re-type your CE if entered into the individual CE record.
- CE regulations changed October 25, 2005. See ABN web site for details.

ADVANCED PRACTICE RENEWAL

- Current national certification is required for CRNA, CRNP, CNS and CNM approval and renewal. If your national certification expires during the renewal period (September 1-December 31, 2008) your Alabama APRN approval will not be renewed until the Board receives verification of recertification from your certifying agency. The certifying agency may send verification by email, fax or mail to the ABN. Attn: Charlene Cotton, charlene.cotton@abn.state.al.us; fax: 334-242-4360
- Any nurse practitioner or nurse midwife who has a national certification on file with the Board but not in collaborative practice may renew Qualification for the advanced practice category. You will receive a Certificate of Qualification. If not renewed, your Qualification for Collaborative Practice will Lapse. Reinstatement of APN carries an additional reinstatement fee of \$50.
- CRNP and CNM in collaborative practice at the time of renewal are required to renew the advanced practice approval. A wallet card representing the approval to practice with a new time period will be mailed after the RN license and advanced practice approval are renewed.
- Have you applied for first-time approval as Advanced Practice Nurse, but the application is incomplete? Renew your RN license promptly. Beginning September 1, 2008, an active RN license for 2009-2010 is required prior to advanced practice approval. Do not submit the AP renewal fee of \$50 if you have not received initial approval.
- First-time applicants for advanced practice nursing approval: Renew your RN license promptly. Submit the AP application for initial approval with \$150.00. Do not submit the AP renewal fee of \$50 if you are applying for the first time between September 1-December 31, 2008.

STATISTICAL QUESTIONS

- The Board established a Center for Nursing to collect, analyze and disseminate nursing workforce data
- Statistical questions are important to determine details about the nursing workforce in Alabama
- Failure to answer the statistical questions does not impact license renewal but may impact a true reflection of the nursing workforce
- Data is reported in the aggregate and not individually
- Please respond to the statistical questions!

VERIFICATION OF RENEWAL

- During the renewal period, you can check the status of your application online. Go to the web site and click on "renewal information." Enter the license number. The status of renewal will be listed.
- The plastic wallet card is printed in Chicago and takes 10 business days following renewal for delivery to your mailing address. If you change your address after renewing, change your address online. License cards are not forwarded and will be returned to the Board of Nursing.
- The regulations require each licensed registered nurse to have a wallet card available for employer inspection by January 1, 2009.

CE EARNED BETWEEN OCTOBER 1, 2006-DECEMBER 31, 2008 CAN ONLY BE USED FOR 2008 RN RENEWAL.

BEGINNING JANUARY 1, 2009, THE RN EARNING PERIOD FOR CONTINUING EDUCATION IS THE SAME AS THE LICENSE PERIOD: January 1, 2009-December 31, 2010.

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## AANA Hard at Work for YOU in DC

**if you are not at the table, you might be on the menu!**

*John Morris, CRNA*

### **Medicare Improvements for Patients and Providers Act (HR 6631) Overcomes Presidential Veto to Become Law**

In past articles I have encouraged you, my colleagues, to contact your congressional leaders regarding a variety of issues pertaining to the funding and practice of nurse anesthesia in Alabama as it is affected by legislation from Washington. I have attempted to summarize national articles and present the most pertinent and up-to-date information available at the time of submission of the articles and unfortunately sometimes it can be a bit outdated. This article, however, is timely and will be a report of some good news to us all. I thank all of you who contacted your national leaders when asked. Your efforts certainly helped influence the decision to halt Medicare payment cuts and reform the teaching rules for CRNAs and Anesthesiologists. The margin of passage was so large that Congress was able to override a presidential veto.

### **Senate Passed Medicare Legislation with Teaching Rules Provision: President Vetoes Bill, Congress Overrides**

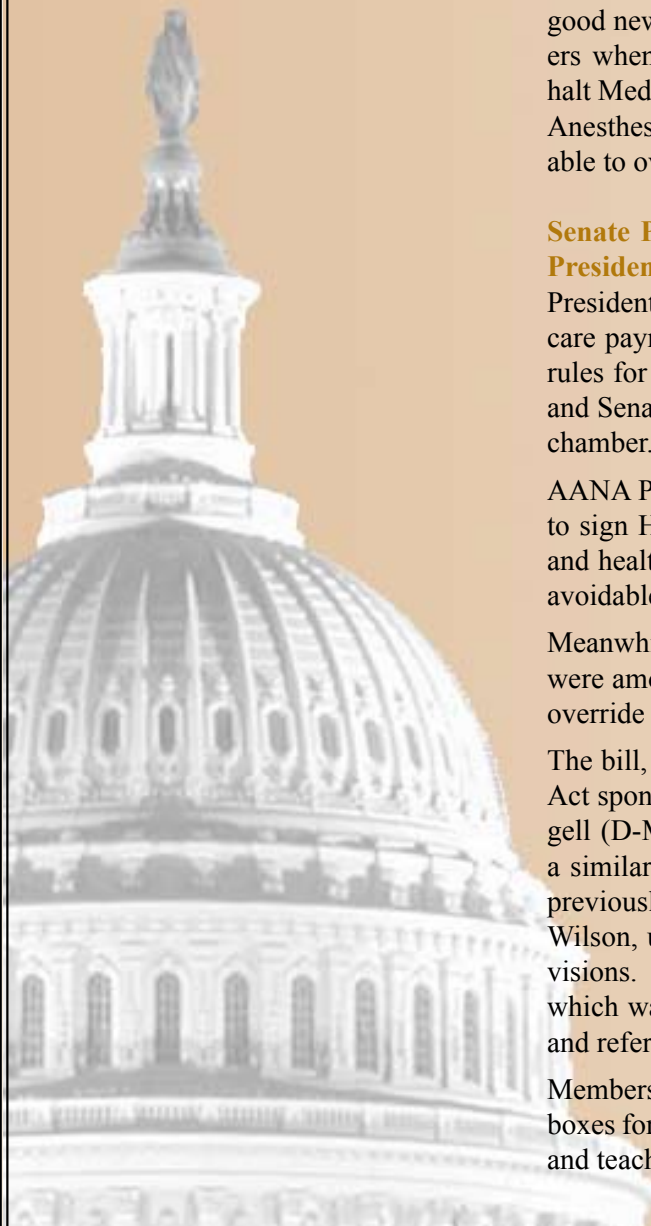
President Bush on July 15 vetoed legislation (HR 6331) reversing Medicare payment cuts and reforming Medicare anesthesia payment teaching rules for CRNAs and anesthesiologists, setting up attempts in the House and Senate to override the President's veto with a two-thirds vote in each chamber.

AANA President Wanda Wilson, CRNA, PhD, had urged President Bush to sign HR 6331, saying, "We hope you will permit Medicare, taxpayer and healthcare resources to be spent on healthcare and not on costly and avoidable disruptions to the public and private health sector.

Meanwhile, CRNAs were contacting key members of the Senate who were among those who voted 69-30 in favor of HR 6331, urging them to override the President's veto and make HR 6331 become law.

The bill, HR 6331, the Medicare Improvements for Patients & Providers Act sponsored by Representatives Charlie Rangel (D-NY) and John Dingell (D-MI), was adopted on a bipartisan 355-59 vote in the House and a similar 69-30 vote in the Senate. Thousands of AANA members had previously answered CRNAdvocacy calls to action from AANA President Wilson, urging their legislators to support the bill's CRNA-friendly provisions. In addition, the AANA submitted to the House a support letter which was taken into account by the office of the Speaker of the House, and referenced in floor debate by the Senate Majority Leader.

Members of the AANA should continue to stay tuned to their email inboxes for possible further CRNAdvocacy action on the Medicare payment and teaching rules issues.



### Senate Committee and House Subcommittee Reverse Cuts to Title VIII Advanced Nursing Education

The Senate Appropriations Committee recently passed its annual appropriations bill to fund health and education programs for FY 2009, reversing the President's cuts to Title VIII Advanced Education Nursing (AEN) grants. Nurse anesthesia educational programs apply for Title VIII AEN grants to help expand their programs and to increase providers in underserved areas. Title VIII also helps to offset education costs SRNAs incur while going to school.

Even though the President eliminated funding for Title VIII AEN grants in his budget, AANA members across the US have voiced their concern to Congress about these cuts. Those emails and phone calls have been effective.

The Senate appropriations bill provides \$167.7 million for nursing education, an \$11.6 million increase over the FY 2008 level, and the bill provides about \$63 million for Advanced Education Nursing programs, a \$1.1 million increase over FY 2008. The full Senate must still pass the measure.

Unlike the Senate, the House Appropriations committee mark-up was cut short, and it's unclear what Title VIII will actually receive in the House bill. Working in coalition with the Health Professions and Nursing Education Coalition, AANA DC has heard that the House LHHS Ap-

ropriations subcommittee provided \$62 million to AEN and \$174.4 million for all of Title VIII, which is an \$18.4 million increase over FY 2008. AANA DC will keep you updated as the process moves forward.

### CMS to Increase ASC Surveys Due to Hepatitis C Outbreak

The Centers for Medicare & Medicaid Services (CMS) plans to increase the number of Ambulatory Surgical Center (ASC) compliance, on-site surveys due to a Hepatitis C outbreak in Nevada earlier this year. According to CMS, there are 5,027 ASCs. Some 1,150 are accredited and 3,877 are not. CMS expects 100 additional new ASCs this year. In its letter to State Survey Agencies (SSAs) CMS outlined a series of safe injection practices that an ASC must establish to prevent infections, maintain a sanitary environment, and report results to the proper authorities. These injection practices were developed by the Centers for Disease Control & Prevention (CDC). The SSAs are required to send this letter to every ASC in its state.

In conclusion, I, again, thank all of you who worked to reverse the Medicare changes, but as always our national and state anesthesia leaders must stay vigilant regarding changes that could negatively impact the practice of our profession, and we as members must be ready and willing to act when asked.

Year after year, the ALANA Delegations to Washington, DC during the AANA Mid-Year Assembly have been delivering the same message advocating for change in our teaching rules (and other initiatives). Our visits to Capitol Hill, along with your contributions to the CRNA PAC, and your letters & e-mails to your elected officials finally paid us dividends ~ HR 6331 prevailed! Never give up on what we can accomplish when we work together!



The Class of 2010 will convene for the first time on August 15, 2008. The Nurse Anesthesia Program at the University of Alabama at Birmingham welcomes its newest class of students on that date. The one-half day on-campus orientation will be coordinated by Dr. Ingrid Oakley, Director of Admissions. Army Recruiters will be providing lunch. The educational process begins in earnest as Fall classes commence the following Tuesday, August 19th.

The faculty and staff are expecting 62 students to enroll into the program this fall. The new class is composed of students from six regional sites and one central (or Birmingham) component. Twenty-five students will be enrolled in the central component. The Dothan area will be contributing six students. Five students will be attending class from the Huntsville area. The Jackson, Mississippi area will be represented by seven students. The largest regional site this year is Mobile where nine students claim residences. Six students are coming to school from the Montgomery area. Finally, Tuscaloosa is represented by four students.



UAB Students in the Simulation Lab

All students attend classes daily at UAB for the first nine months. Along with an extremely rigorous academic load, students also attend clinical skills labs and simulation labs to better prepare them for the clinical portion of their training. After the first nine months, beginning the first of June, new students begin their clinical training four days a week and attend class one day a week. Once clinicals commence, central component students attend classes on campus while regional students view and participate in classes via teleconferencing. Senior students attend clinicals four and one-half days a week and attend class one-half day per week.

Students interested in applying for anesthesia school at UAB are required to complete their application by the October 1st deadline. Only those students that meet a pre-selected GPA based on a combination of six core math and science courses and the last sixty hours of college courses are offered an interview. Selection interviews are conducted each year in January. Candidates for the central component are interviewed by the UAB Nurse Anesthesia faculty. Regional site candidates are interviewed at their respective regional sites by anesthesia stakeholders from the area with a UAB representative presiding.



# Nurse Anesthesia Program News



Summer has been a busy and exciting time at Samford University. The Class of 2008 is completing their final rotations prior to graduation in October. Students in the Class of 2009 have started clinical rotations and are progressing well through their first rotations. The program thanks the entire dedicated clinical faculty who work to shape and mentor Samford students as they work towards becoming expert practitioners.

Several of our students have received outstanding accolades in the past few months. Congratulations to Allison Woolley, Class of 2008, who was one of only 15 post-baccalaureate nurses in the state of Alabama to be awarded the Post-Baccalaureate Nursing Scholarship from the Alabama Board of Nursing.

Cyndi Bass, Class of 2008 was the first recipient of the AANA Foundation Audra Underwood Lalian Memorial Scholarship sponsored by the Alabama Association of Nurse Anesthetists. Cyndi relates that this award was especially significant for her, as Audra served as a supportive colleague when Cyndi was a nurse practitioner. Audra provided Cyndi with direction and encouragement as she made the decision to pursue her dream of becoming a CRNA.

Congratulations to Brian Watson, Class of 2009, who was the recipient of the 2008 Funderburg Scholarship. The Funderburg Scholarship is awarded to the Samford Nurse Anesthesia student who has demonstrated a commitment to rural and underserved patients.

Fourteen Samford Nurse Anesthesia students will be attending the AANA Annual Meeting in Minneapolis in August. We are very proud that our students recognize the importance of becoming active members of our association and that they are eager to engage themselves in AANA events. Cyndi Bass, Class of 2008 will expertly represent the program in the AANA College Bowl. The generosity of the ALANA Board of Directors assisting with registration expenses has been especially beneficial to our students. Thank you!

The Health Resources and Services Administration (HRSA), Division of Nursing, awarded a three-year grant for \$766,000 to the Samford program to initiate and develop a simulation center for our school and community. The HRSA grant is highly competitive and extremely selective, so our selection is an honor and we are gratified to receive the grant. We are especially excited about the benefits simulation will provide our students and look forward to actively incorporating simulation activities into our curriculum.

A special thanks to Christine Carr, CRNA and David Sanford, CRNA, Class of 2006, who provided course lectures this semester. Our students appreciate all of the CRNAs who take time out of their busy schedules to share their expert knowledge.

The program is especially excited to welcome David Fort, Class of 2005 as a part-time faculty member in our program. David brings a wealth of didactic knowledge and clinical acumen that will enrich our students and our program.



## CIGARETTE SMOKING AND THE HAEMODYNAMIC RESPONSE TO TRACHEAL INTUBATION

Anaesthesia 2008;63:463-466

Cuvas O, Er A, Ikeda O, Dikmen B, Basar H

### ABSTRACT

#### Purpose

The purpose of this study was to describe the effects of smoking on heart rate and blood pressure following induction of general anesthesia and endotracheal intubation in men and women.

#### Background

Cigarette smoking increases the risk for cardiovascular disease and sudden death. Cigarette smoke contains nicotine and carbon monoxide (CO). CO may reduce oxygen delivery to the heart. Nicotine has cardiovascular effects mediated by the sympathetic nervous system due both to increased release and duration of catecholamine effects. The half life of nicotine has been reported to be between 30 minutes and 2.5 hours. Sympathetically induced tachycardia and hypertension following induction and intubation may result in myocardial ischemia in at risk patients. The Rate Pressure Product (RPP = systolic BP x HR) has been correlated with increased myocardial oxygen requirement and ischemia in individuals with ischemic heart disease.

#### Methodology

This prospective study included ASA physical status I patients between 20 years and 49 years of age scheduled for elective surgery. Both smokers (&#8805; 10 cigarettes per day for &#8805; 10 years) and non-smokers were recruited. Those with hypertension, a body mass index (BMI) > 30 kg/m<sup>2</sup>, anticipated difficult intubation, cardiovascular disease, and those taking maintenance medications were excluded. Patients with a sustained systolic blood pressure (BP) > 160 torr or diastolic BP > 90 torr before anesthetic induction were also excluded. All patients were premedicated with diazepam 10 mg PO 60 minutes before induction.

Patients were divided into four groups by gender and smoking status (male smoker, male non-smoker, female smoker, female non-smoker). After baseline vital signs were recorded general anesthesia was induced with pentothal 4-5 mg/kg and fentanyl 1.5 µg/kg. Vecuronium 0.1 mg/kg was administered prior to intubation. Anesthesia was maintained with sevoflurane 2% and 50% nitrous oxide with ETCO<sub>2</sub> maintained between approximately 34 and 38 torr. All patients were intubated using a Macintosh 3 laryngoscope blade. A 7.5 mm endotracheal tube was placed in women and an 8.5 mm ETT was placed in men. Vital signs were recorded for three minutes before intubation and five minutes after intubation by an observer unaware of the patient's smoking status.

## Result

Duration of intubation was similar in all groups. The number of cigarettes smoked each day and the number of hours since the last cigarette was similar between smoking groups.

Heart rate and Rate Pressure Product increased in all groups after intubation. Male smokers experienced the greatest increases. Mean heart rate (HR) increased 30% in male smokers ( $P < 0.05$  compared to female non-smokers). RPP increased 40% in male smokers ( $P < 0.05$  compared to male and female non-smokers). Following intubation, changes in HR and RPP were most similar between male non-smokers and female smokers. Female non-smokers had the smallest increases in HR and RPP following intubation.

## Conclusion

Smokers, especially male smokers, are at increased risk of increases in HR and RPP following intubation. Increased HR and RPP may increase the risk of myocardial ischemia in at risk patients.

## Comment

We are all aware that induction and intubation is a critical time during which heart rate and blood pressure may increase. In patients at risk for myocardial ischemia we are especially careful to prevent increases in HR and BP during intubation. Of course, we stand a better chance of attenuating increases in HR and BP when we can identify patients who are more likely to respond to the sympathetic stimulation of intubation. This simple study with appropriate statistical analysis shows that not only are HR and BP changes following intubation different between smokers and non-smokers, they are also different between men and women. When I look at the graphs of HR and RPP before, during, and after intubation I see three different patterns.

The male smokers are up there by themselves with the largest increases in HR and RPP. The male non-smokers and female smokers have amazingly similar post intubation changes in vital signs. They could almost be the same group. Then comes the female non-smokers in a class all by themselves. Their average HR and RPP went up less than 10% after intubation. This study has improved my awareness of the risk of increased HR and BP following intubation in smoking males. I can put this awareness to work for my patients by taking extra steps to prevent increases in HR and BP in patients at risk for myocardial ischemia. (This is the essence of quality improvement.)

It is interesting to note that none of the smokers included in this study were "hard core" smokers. The average number of cigarettes smoked per day was about 14. The maximum number of cigarettes smoked per day by any smoker in the study was only 20, one pack per day. It would be interesting to know if the effects of chronic smoking on changes in HR and RPP following intubation were greater in people who smoked three or four packs per day. While perhaps not a linear relationship, I suspect that big time smokers are prone to greater increases in HR and BP following intubation.

Just as an aside, I used to think that if my intubation technique was good enough I could minimize the hemodynamic effects of intubation. But, as it turns out, the greatest stimulus to increased HR and BP is not laryngoscopy and placement of the endotracheal tube but inflating the cuff of the ETT. (This seems a bit counterintuitive but the data supporting it are quite convincing.) So unless I can inflate the cuff "better" than everyone else, this study will probably help me identify patients who will benefit from extra measures to prevent hypertension and tachycardia during intubation.

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Michael A. Fiedler, PhD, CRNA

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# Anesthesia Alert

## How Long Before You Subsidize Anesthesia?

*Barry Cranfill, CRNA*

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If your facility has dodged this bullet and your anesthesia vendor provides the quality coverage you demand without any form of subsidization, consider yourself lucky. But for how long? Recent surveys by the American Society of Anesthesiologists and the Medical Group Management Association found that almost 80 percent of the responding anesthesiologists were receiving some form of facility subsidization. Nearly 40 percent of the subsidized practices reported an annual subsidy amount between \$500,000 and \$2 million. As you'll see in this article, how you design and incentivize subsidization can have a huge impact on your operational efficiency.

### **Facility-employed non-physician providers**

One of the most common arrangements is when a facility employs such members of the anesthesia service team as CRNAs or AAs and independently contracts with the physician anesthesiologists on a fee-for-service basis, individually or as a group, without directly subsidizing the physicians.

Here, the anesthesiologist group often acts protective of its revenue data while insisting that the facility provide, recruit and retain enough personnel to put a provider in each anesthetizing location. The facility foots the bill for highly compensated non-physician providers and offsets the costs with the portion of the professional services revenue that payors allocate to these practitioners.

It seems innocent enough until you realize that how anesthesia professional services are billed and collected provides a disincentive for the best use of available manpower. In the case of Medicare and Medicaid, the anesthesiologist usually tries to ensure that he bills for his services as "medical direction" of up to four CRNAs or AAs. The facility will bill for the non-physician provider's portion of the anesthetic professional service charge. Assuming all the requirements are met and documented, and there were no more than four concurrent cases under the direction of the anesthesiologist, the physician will

collect 50 percent of the federal payor fee and the facility will collect 50 percent of the fee on behalf of the employed providers.

In a worst-case financial scenario, the anesthesiologist can medically direct four concurrent cases. He collects 50 percent of four cases to offset the expense of providing that service with one anesthesiologist. The facility collects 50 percent of the four cases as well, but also must offset the cost of four providers with those payments.

Billing for "medical direction" once carried a financial incentive. Before the late 90s, this service was reimbursed at 120 percent of the normal, single provider Medicare rate. But then the federal government removed that premium payment and now reimburses "medical direction" at the same 100 percent rate as a single physician or non-physician provider, which removed the economic enticement of billing separately for the staff's services and the physicians' services.

The revenue trail isn't so clear for commercial carriers. Facilities rarely have trouble negotiating their 50 percent of federal charges from the carriers, but many facilities never see their portion of that revenue from commercial carriers. Since many of these companies don't require anesthesia services to be billed with anesthesia modifiers, they may have no way of

allocating the revenue to the facility.

In other cases, the carrier will only pay one provider for the entire portion, regardless of anesthesia modifiers. The anesthesiologist's group submits its bill and often receives 100 percent of the payment for the services, even though the services were provided by the facility-employed non-physician anesthetists. Facilities often have no contractual arrangement to offset this financial disparity.

So the facility gets 50 percent of the Medicare/ Medicaid lowest fee schedule payor, which may not cover the cost of the provider, and usually loses the chance to collect any portion of the higher reimbursement commercial carrier cases even though it covered most of the costs for providing those services. If you have four lucrative concurrent commercial cases, the facility may get nothing and the anesthesiologist may get 100 percent of all four cases. Obviously, some anesthesiologists will do all they can to protect that income stream.

Yet you can argue that this subsidization model actually creates an operational disincentive for anesthesiologists to get the most from the staffers. Anesthesiologists actually lose revenue when they provide the service alone, because they only get paid for 100 percent of one case instead of a percentage of several cases. So if the anesthesiologist demands more anesthetizing locations, the facility is expected to provide an additional anesthetist. But if all of the anesthesia expenses and revenue flow into a single entity, the incentive is to provide that service with the most economically efficient staffing model possible.

Bottom line: If your facility has independent anesthesiologists, but employs the CRNAs or AAs who actually do the anesthesia, you're subsidizing the anesthesia department and possibly creating a disincentive to maximally efficient staffing. It's in your best interest to be sure your facility gets full credit for all services that the employed practitioners

provide by auditing the facility anesthesia case collection data of both federal and commercial payors. You may be surprised when you see what you're not collecting for your facility-employed providers.

### **Other forms of subsidization**

Subsidization comes in many shapes and sizes. Another form of subsidization occurs when the anesthesia vendor simply asks for facility payment or co-payment for specific less profitable services or coverage. The vendor may demand a stipend for these services in isolation without letting the facility view the economics of the practice environment as a whole. When dealing with an anesthesia vendor who claims that he's providing any service at a loss, you must ensure that these losses aren't isolated issues that could be financially covered by other, more profitable services that the vendor has access to within the contracted services arrangement with your facility.

Income guarantees are another form of subsidization. These come in many forms, but the goal is for you to promise that the group will collect an agreed-upon amount for a specific level of coverage. In most income guarantee models, the anesthesia vendor provides details of the total cost of providing the requested services (with appropriate allocation for billing management and overhead costs), which is offset by a full disclosure of anesthesia service revenue from all sources. The facility covers financial shortfalls. Again, the anesthesia provider should give the facility open access to its revenue sources and expense so that you can be sure that the subsidization is warranted.

### **The right model for you**

You need to think about anesthesia subsidization objectively and intelligently because it's becoming a reality in the market. Anesthesia providers understand that facilities often have to make operational strategic decisions, such as opening extra anesthetizing locations with an inadequate caseload, that will have

a negative financial impact on the anesthesia vendors' bottom line. Quite naturally, they want protection from losses.

If you're moving into a subsidization situation, examine your anesthesia vendor's staffing and practice model to determine if you can make adjustments to cut the facility's exposure to expenses and align the economic drivers to maximize efficiency. Here are some ways to do that:

- Work with your vendor to find any global operational issues that could be adjusted so they won't need — or at least need less — subsidization.
- To prevent confusion in professional service fee allocation, be sure all anesthesia professional service revenue is directed into a single entity and that expenses are paid first, with the remainder covered by the facility. This removes the difficulties associated with fair fee distribution and lets the facility get the full benefit of all payment for professional anesthesia services.
- Insist on access to all anesthesia service revenue data so you can justify the expense of subsidization. Anesthesia requests for supplementation should mandate transparency.
- Consider and explore the option of billing for the CRNAs as "non-medically directed." This removes the problems associated with meeting the restrictive guidelines for "medical direction" reimbursement requirements and may let the facility increase the CRNA-to-anesthesiologist ratios to more than 4:1 without losing revenue. This could leave you needing fewer anesthesiologists and possibly reduce how much subsidization the anesthesia group needs. Remember to check with commercial carriers, state regulations and facility bylaws to be sure this is a viable option for your facility.

#### **Economic realities**

Unlike many other specialties, anesthesia service providers are typically subject to market vagaries over which they have little, if any, control. The typical anesthesia vendor is a facility-based practitioner with no material control over the type and number of cases, the payor mix, the required scheduling of cases or the appropriate use of operating suites. Most providers attempt to influence some of these variables in an effort to minimize costs and maximize revenue, but facilities and surgeons often demand anesthesia coverage that is financially unsustainable.

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# Member in the Spotlight

## Captain Forrest Neese, MNA, CRNA

*Rick Naylor, CRNA*

### Heroes Among Us

We go through our lives searching for someone to admire, someone to look up to. Our country has always been infatuated by its heroes. Sports figures, actors and actresses, and even politicians have surfaced throughout the years. I have come to the conclusion that we've often looked in the wrong place. The heroes we have sought so fervently are sometimes working at our very side.

The real heroes among us are the CRNAs who serve our military in times of peace and times of war. People from all over the world are shown the compassion and clinical expertise we have to offer. My friend and co-worker Captain Forrest Neese is one such CRNA.

Forrest started his career receiving a Bachelor of Science in Nursing at the University of Mobile in 1996. He worked in intensive care and in the emergency room until acceptance into anesthesia school. Forrest completed his Master's in Nurse Anesthesia through the University of Alabama in Birmingham in 2002. Upon completion of anesthesia school he was activated and served in both Kuwait and Iraq during the initial invasion of Operation Iraqi Freedom in 2003. During this time, Forrest served as the Chief Nurse of a medical company in addition to performing clinical anesthesia in a less than optimum environment. Upon his return to the States, Forrest resumed his role as a staff CRNA in Mobile, AL while also remaining in the Army National Guard/Reserve. In 2006 Forrest was again mobilized and deployed to Landstuhl, Germany for Operation Enduring Freedom. There he performed anesthesia on wounded soldiers coming in from Iraq and Afghanistan and on local base personnel. Forrest currently serves on a Forward Surgical Team in the Army Reserves.

When not deployed, Forrest practices nurse anesthesia at the University of South Alabama Children's and Women's Hospital in Mobile, Alabama. Forrest leads a team of CRNAs in providing a "Full Service" to a wide and diverse patient population, ranging from neonates to a 24-7 epidural service. Forrest currently has at his disposal all the modern technology necessary to provide a first class anesthetic. This is not always the case when working on foreign soil. He is often times faced with adverse conditions and less than optimum equipment. The character, integrity and leadership skills that Forrest exemplifies can be attributed to his experiences in the "Military Arena."

Forrest is currently preparing for his third tour of duty in the Iraq war. He will leave the comfortable confines of his home, his wife and children, not because he is a CRNA but because he is a soldier. Remember him and all the CRNAs who serve, not for themselves, but for each one of us.

Captain Neese is a tremendous asset to our Anesthesia Department. He is also a tremendous asset to our military and to the soldiers and civilians for whom he cares for.

Billy Mills once said "Your life is a gift from the creator, your gift back to the creator is what you do with your life."

When looking for a hero, sometimes all you have to do is look over your shoulder.

Captain Forrest Neese, CRNA – Someone you should know.



My name is Captain Forrest Neese

I'm the nurse anesthetist who will be  
administering your anesthesia today



## *introduce yourself*

The goal of every public relations campaign is to inform the public about who we are, what we do, and why they should care. We could spend thousands of dollars each year on print ads, billboards, TV spots, and radio ads to promote our profession ~ yet none of these could be near as effective as simply telling each patient that we are nurse anesthetists. Just think ~ we have more than 1000 members who each administer about 600 anesthetics per year. In just one year's time, we can get our message out to more than 600,000 patients. It has been said that Certified Registered Nurse Anesthetists are the best kept secret in all of healthcare. Well, it is time to let the cat out of the bag! It is time to get the word out.

When our patients know who actually administers their anesthetic, when our legislators know who actually administers anesthesia, when the general public recognizes us for the outstanding job we do every day with every anesthetic ~ then our public relations goal is met!

Take pride in advancing your profession ~ introduce yourself as a nurse anesthetist.

take pride in  
your profession



introduce yourself  
as a nurse anesthetist



My name is Captain Forrest Neese

I'm the nurse anesthetist who will be  
administering your anesthesia today

Our thanks to Captain Forrest Neese, CRNA for his participation in the Introduce Yourself campaign.

These posters will be on display at our meetings and will be published in future issues of the ALANA NewsBulletin. If you would like to be our next volunteer or know someone who would, please contact Jim Henderson at 706-882-5658 or e-mail at [sandman3@charter.net](mailto:sandman3@charter.net). Help us spread the word.



# Student Representatives to the ALANA Board of Directors

*Cyndi Bass & Chera Oliver*



It seems like a short time ago that we were preparing for our interviews and awaiting the acceptance letter! Now, the class of 2008 is awaiting graduation and are preparing for Boards!

As we near the completion of our term as your student representatives, we would like to thank all of you for the privilege of serving you in this role. We wish every student had the opportunity to serve as we did on the board. The experiences of the past year have provided us with a great foundation and fueled a passion for our new profession. From the very beginning, the officers and staff of our state association have challenged us to reach beyond our student role and gain a true understanding of the role of our profession. Beginning with the Fall Board retreat, the student representatives were expected and encouraged to be more than a spectator. As the weekend unfolded we realized we had embarked on a journey that was far more than what we ever anticipated.

As the year progressed, we maintained communication with the Board and our committee members through emails. It is amazing to see the work that has been accomplished by the members of our Board!

The Spring took us to Washington D.C where we participated in the Mid-Year Assembly. This was truly a motivational booster to all in attendance! Every day was filled with new insight of our organization, its leadership and the diligent efforts of its membership.

The Spring meeting of the ALANA is always great fun and this year was no exception! We were happy to report that the first Student Break-out session was deemed a success by all of you who were in attendance!

The Summer has brought junior students into the clinical sites. What appears to be a sometimes overwhelming situation will become painless as you grow in your confidence and abilities. As seniors, this is a great opportunity to provide encouragement to those following in our footsteps. It also affords us the opportunity to reflect and be proud of our achievements as we see what a difference a year can make!

Many of us will have chosen to attend the 75th AANA Annual Meeting in Minneapolis. A big Thank You to the State association for contributing funds to each school to

help students attend this conference!

Finally, we would like to take the time to extend a heart felt Thank You to all the clinical sites and CRNAs who have assisted us over the past year. As we enter the home stretch of this incredible journey, it is the CRNA at the bedside who has inspired us and helped us grow to where we are today. Without the encouraging and firm guidance received by you daily, we would not be nearing the completion of this exciting journey!

Again, we would like to thank you for the opportunity to have served as your student representatives. We encourage all of you to remember to give back to this great profession we are entering. Continue to support your national and state organizations as we jump over the last hurdle and become certified registered nurse anesthetists! Good luck to all!

Cyndi Bass & Chera Oliver

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# ALA-CRNA PAC

*the voice of the nurse anesthesia profession in alabama*

## **What is the ALA-CRNA PAC?**

The ALA-CRNA PAC was established to increase the political influence of Alabama's CRNAs in Montgomery and throughout the state. Since non-profit organizations like the ALANA are not permitted to engage in significant political activity and are restricted from making campaign contributions to political candidates, we established the ALA-CRNA PAC. It operates on the state level just like our National CRNA-PAC operates on the national level.

## **Why do Alabama CRNAs need to have political influence?**

Alabama State Law defines our practice. Those who wish to change our practice use their political influence to change state law. Without political influence of our own, we have no chance of success in preventing legislative or regulatory changes that threaten our practice. We need this influence to defeat, change, or introduce legislation that affects our practice in Alabama. The ALA-CRNA PAC helps CRNAs elect and re-elect leaders in Montgomery who understand our industry and support our profession.

## **How does the ALA-CRNA PAC earn political influence?**

Generally, political influence is achieved by having a personal relationship with an elected official, being able to deliver a substantial number of votes during an election, or making a substantial contribution of money to an election or re-election campaign. The ALA-CRNA PAC is effective through its use of the latter of the three methods.

## **How does the ALA-CRNA PAC receive its funding?**

The ALA-CRNA PAC is funded solely through the voluntary contributions of Alabama's CRNAs. Since funding is not manda-

tory, the leadership of the ALA-CRNA PAC Committee must continuously solicit contributions. These contributions are used only for political contributions and nothing else. Member dues do not go to the PAC, only your generous contributions.

## **How are the ALA-CRNA PAC Funds distributed?**

During the election cycle, the PAC Committee carefully reviews each candidate. We fund those candidates who are interested in our issues, have voted with us in the past, and are likely to do so in the future. We are completely non-partisan with regard to political party affiliation. The decision about how the contributions are spent is made not only by studying the candidates but also through your recommendations. Since this is your PAC, we listen to you about how the contributions are distributed.

## **What can I do to help?**

The best way to help is to make a substantial contribution to the ALA-CRNA PAC and to inform the ALANA leadership of any personal or professional relationship you have with an Alabama legislator. We have a monthly credit card draft program that makes giving easy, painless, and convenient. We also accept single contributions by personal check or credit card. Every Alabama CRNA benefits from the efforts of the ALA-CRNA PAC and every Alabama CRNA should fund these efforts. Please do your part today to place importance on your profession and to get involved in your professional career. To donate to the ALA-CRNA PAC and to inform the ALANA leadership of a relationship you have with a state legislator, please fill out and return the form below or visit [www.ala-crna.org](http://www.ala-crna.org) and follow the link to the ALA-CRNA PAC. Thank you for donating to the ALA-CRNA PAC and recognizing the importance of your professional involvement!

## ALA-CRNA PAC CONTRIBUTION FORM

### Single Contribution

Amount: \$ \_\_\_\_\_

- Check (enclosed)  
 Credit Card

### Monthly Credit Card Program

- Buck-a-Day (\$30.00/month)  
 Two Bucks-a-Day (\$60.00/month)  
 Three Bucks-a-Day (\$90.00/month)  
 I have a personal/professional relationship with an elected official



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

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

City/State/Zip: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

### Credit Card Information

MC  Visa

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Mail to: ALA-CRNA PAC, Susan Hanson, 4120 Wall Street, Montgomery, AL 36106

# Highlights of the ALANA Annual Fall Meeting

**M**ake your reservations now for the ALANA Fall Meeting at the Wynfrey October 24-26. The caliber of our faculty this year is unsurpassed. Headlining our meeting is Dr. James Boyce and Dr. Judith Briles. The meeting will commence on Friday with an ACLS course in the morning and a PALS review course after lunch.

We are honored and privileged to have Dr. James Boyce lead our airway management workshop Friday evening. Dr. Boyce is a professor of Anesthesiology at UAB Hospital. His academic appointments have included: Director of Resident Education, Director, Office of Student Affairs, Director of the Anesthesia Services Division and Interim Chair of the Department of Anesthesiology at UAB. Dr. Boyce has been honored as a Top 10 best teacher every year from 1986-2004 and was the recipient of the teacher of the year award in 1984 and 1985. Dr. Boyce has been published in every major anesthesia related journal and has authored chapters in books on airway management. Dr. Boyce is known throughout the state as the preeminent "Airway Guru" and is responsible for the advanced airway training of countless anesthesia residents and nurse anesthesia students. We urge you to take advantage of his expertise while learning valuable skills to care of your patients.

Saturday morning will kick off our Leadership Development Series. We are very excited to have teamed with Samford University's Funderburg Lectureship Series to co-sponsor Dr. Judith Briles. Dr. Briles has been published in 16 countries. She is featured frequently on several Internet sites. She has been a featured guest on over 1000 radio and TV shows including Oprah, GMA, John Gray, CNN and MSNBC. She is the Financial Expert on Denver's CW2 Television station and has received widespread coverage in USA Today, Newsweek, The Wall Street Journal, Time and People. Dr. Briles is an engaging lecturer who has addressed many health care groups around the country on topics including leadership, conflict resolution and dealing with change. If you are a CRNA leader or are dealing with change or conflict in your work place, you don't want to miss this exciting offering!

Our semi annual business meeting will take place Saturday after lunch with President Scaturro presenting his "State of the State" address. Election results will be announced and the gavel will be passed to President-Elect Brown to begin his term. Saturday afternoon will culminate with the presentation of student papers by Nurse Anesthesia Graduate students from Samford University and UAB. On Sunday, we will be treated to lectures from faculty members of both schools of anesthesia. We are grateful to have Captain Pete Strube present a lecture on combat anesthesia. Captain Strube is a mobilization officer for the 114th Combat Support Hospital. He was activated in 2003 for operation Enduring Freedom/Iraqi Freedom. Captain Strube was awarded medals for his work on the war on terrorism and his tour of duty in Iraq. This should prove to be informational and inspiring. Lastly, we will conclude on Sunday with two more paper presentations from Nurse Anesthesia Graduate Students.

In all, 23 CEUs, 7 hours of pharmacology, and an opportunity to participate in YOUR state association. We hope to see you at the Wynfrey.



# ALANA 2008 - 2009

## Candidates and Election

The ALANA Nominating Committee, under the direction of Kyle Vanderford, Nominating Committee Chairman, is pleased to announce the candidates for the ALANA 2008-2009 election. The slate of candidates was approved by the membership at the ALANA Annual Spring Business Meeting in Destin, FL. On behalf of the ALANA Board of Directors, our thanks to Mr. Vanderford for the excellent job he has done in assembling this slate of candidates. In addition, our thanks to each of the candidates for their willingness to serve the Alabama Association of Nurse Anesthetists. Service on the Board of Directors is an enjoyable and rewarding way to give back to the profession and to shape the future of nurse anesthesia in Alabama and beyond. Congratulations to each of the candidates and best wishes for success in the coming election. Each candidate was given an opportunity to prepare a brief biographical sketch, a position statement, and submit a photo to be included in this issue of the ALANA NewsBulletin. Please read through these position statements carefully as you prepare to vote in the election.

The ballots will be mailed to each active member of the ALANA on record as obtained from the most recent mailing list of active members from the AANA. The ballots will be mailed to the last address of record on September 1, 2008. Head Teller for this year is Farlie Templeton, CRNA of Rainbow City, Alabama. Should you not receive a ballot or need a duplicate ballot, Mr. Templeton can be reached at 256-458-4086 or e-mail at farliet@bellsouth.com. Mr. Templeton will be assisted by Terry Busenlehner, CRNA and Don Mullinax, CRNA. Ballots must be returned in the enclosed envelope and received by the tellers no later than October 3rd. The results of the election will be announced at the ALANA Annual Fall Business Meeting at the Wynfrey on October 25, 2008 at 12:00 noon. Newly elected members will be inducted at that time. All active members of the ALANA are welcome to attend this business meeting, even if not registered for the educational sessions.

### ALANA 2008-2009 Candidates

#### President Elect

select one

Michael Fiedler  
Bruce Von Hagel

#### Treasurer

select one

Frank Saliba  
(unopposed)

#### Board of Directors at Large

select four

David Fort  
David Hambright  
Matt Hemrick  
Jennifer Overton  
Kyle Vanderford  
Joe Watkins

#### Nominating Committee Chairman

select one

Megan Glass  
Andrew Morris

## President-elect

### Michael A. Fiedler, PhD, CRNA



Michael A. Fiedler, PhD, CRNA

Helena, Alabama

Self employed

#### Education:

Indiana Wesleyan University, BSN, 1979

Baylor College of Medicine Graduate School, MS, 1985 (Anesthesia Education)

University of Tennessee Health Science Center, PhD, 2002

#### Professional Service:

ALANA Board of Directors, 1994-96, 2006-08

Editorial Reviewer for the AANA Journal 1989 – 2008

AANA Foundation Research Committee 2003-2006

Associate Scientific Editor, AANA Journal 1990 – 1992 & 2002 – 2005.

Member AANA Technology Ad Hoc Committee, 1997-1998.

Member of the Academy of Item-Writers for the Council on Certification of Nurse Anesthetists 1990 – 1997.

Co-Editor Alabama Assoc. of Nurse Anesthetists News Bulletin 1994 to 1997.

Voluntary consultant to AL. Board of Nursing. Wrote curriculum published by board as meeting educational requirement for new practice area, 1996.

#### Position Statement:

Early in my anesthesia career I was a staff CRNA in a community hospital. For most of my career I have been a nurse anesthesia educator and program director, spending one day a week delivering anesthesia in a trauma center. Since leaving my most recent academic position in 2006 I've been working as a self employed CRNA and starting an anesthesia related business. During that time, I've provided anesthesia in an office based setting; in a one OR rural hospital with only a surgeon, a circulator, and a scrub tech; in a freestanding outpatient surgery center; and in a major urban hospital. I've worked as a solo anesthesia provider and in the more common anesthesia care team. While many of you are no doubt more polished clinicians than I, over the last two years I've given anesthesia in enough settings that it's a pretty good bet I understand what it feels like to live in your clinical shoes.

It is pretty difficult to predict with any certainty what the most pressing issues facing the Alabama CRNA will be one and a half to two years from now. Declining reimbursement or even getting reimbursed in the first place, safeguarding our practice, and dealing with the ever changing healthcare environment will probably always be issues. Rather than

trying to address everything in the span of a brief position statement I'd like to talk about two areas that I believe can be transformational for every CRNA in Alabama. The solution to whatever issues are before us at the time flows from two general areas, knowledge and influence.

Over the last two decades, great strides have been made in anesthesia safety due to better equipment, supplies, drugs, anesthesia education, and vast increases in anesthesia knowledge. At the same time, government regulators, insurance companies, and patients have increased their expectations for superior outcomes and reduced their tolerance for complications. Scientific evidence, when it exists, presented in a balanced and unbiased way is crucial to high quality low complication clinical anesthesia. This concept of "Evidence Based Practice" is emerging as the standard with which to develop practice norms and upon which to base practice decisions. Basing practice upon the best available evidence will advance quality anesthesia care. But as simple as Evidence Based Practice sounds, it can be difficult to find the information needed, critically evaluate its worth, and translate good information into practice. It is even harder to do all this in a reasonable amount of time when more and more demands are placed on our time in

## President-elect

### Michael A. Fiedler, PhD, CRNA

clinical practice. The ALANA should coordinate all its resources: publications, meetings, and programs, to assist members in the transition to Evidence Based Practice. With the knowledge that evidence based practice brings, we can not only serve our patients better but exercise greater control over our practice environment.

It is impossible to truly control anything that affects our practice. The things we want to get done, get done as a result of influence. The farther outside our own organization our influence spreads, the more likely we are to accomplish our goals. Right now we employ a lobbyist to help us exercise influence over the legislative process. Our lobbyist is an essential tool and we should continue to retain one. I believe, however, that the key to achieving our goals is to attain much wider influence. To do so we must participate and provide leadership outside of the ALANA and outside of nursing. We must set our sights on insurance boards, regulatory agencies, government, and hospital and other healthcare institutions. The broader the influence the greater the opportunity to achieve our goals. Many Alabama CRNAs have tremendous leadership ability and many have skills outside clinical anesthesia. We can increase our influence, and achieve goals we've been working on for years, if we allocate some of our CRNA leaders to positions outside the ALANA. From external vantage points these "outside leaders" can establish credibility and influence in other agencies, associations, and institutions. From there, they can accomplish much more than is possible from within the ALANA alone.

Finally, I want to leave you with this thought. Anesthesia practice is intellectually and physically demanding. It is hard to do a good job clinically every day and keep watch over everything else that affects our practice from legislation to the board of nursing to the board of medicine to the joint commission. Officially, the mission of the Alabama Association of Nurse Anesthetists is to: Advance Quality Anesthesia Care, Serve our Members, and Promote the Nurse Anesthesia Profession. But there is one important mission of the ALANA that really doesn't fit on a published mission statement. "CRNA, we've got your back." As president, I will use all my influence to make sure the ALANA has your back to the greatest extent possible.

Michael A. Fiedler, PhD, CRNA  
Candidate for President-Elect  
mfiedler@mac.com

## President-elect

### Bruce Von Hagel, CRNA



**Bruce Von Hagel, CRNA**  
Birmingham, Alabama  
Chief CRNA  
Anesthesia Services Division  
University Hospital  
Birmingham, Alabama

#### Education

University of Alabama at Birmingham School of Nursing, BSN, 1984

UAB School of Nurse Anesthesia, 1994

Samuel Merritt University, MSN Candidate

#### Service:

ALANA Board of Directors

ALANA Program Committee

#### Position Statement:

I am honored to be nominated as a candidate for ALANA President-Elect.

Regardless of your preferences, Please Vote! Our Association has met many challenges over the past years and will face more in the future. Participation in your state association is important to the strength and influence of the ALANA. Voting in this election is one way of participating. Your vote does count!

Not long after graduating from nurse anesthesia school, I served my first term on the ALANA Board of Directors. It was baptism by fire, having our profession threatened in Montgomery with proposed legislation to restrict how CRNAs practice in this state. I then learned how important this Association is to OUR practice. I also saw how few of us are actually involved in OUR Association. It was a sobering sight.

After my term on the board, I continued to stay intimately involved with the ALANA and the many issues that were facing our association. I joined many in visiting and attending legislative meetings in Montgomery. I then volunteered to coordinate our association's biggest events, the ALANA Spring and Fall Meetings. This position has given me the opportunity to work closely with the ALANA BOD on a daily basis as well as with the membership. This has given me insight into the strengths and weaknesses of our Association and membership - something I hope will help me better serve our members.

Who are we? We are the best kept secret in healthcare. But our future in the professional arenas depends on our identity. In the recent past, our Association has done a great job of increasing awareness of who CRNAs are. We must continue this process in our workplace, our communities, and with our elected officials. We must NOT remain as the best kept secret in healthcare. We must promote our profession by proactively educating the public and our patients about our profession and protect our practice. We can help do this by providing safe, high quality care to our patients and pursuing excellence on a daily basis.

As CRNAs, we should explore our own position regarding personal goals, livelihood, and profession. We should each ask ourselves, "What does my profession mean to me? What can I do to help? Am I content to let others fight without me for my future?" There is a place in this Association for anyone wanting to contribute their time, ideas, talents or financial support. We are all important.

Why is our profession, which provides as much service as we and with a membership as large as ours, fighting a lack of respect and recognition? Respect is strengthened by active participation and each of us should consider ways to contribute. It can be as simple as associational membership, PAC contributions, committee participation, or running for office. Active participation by ALL of our members reinforces our argument that we are "professionals" and should be respected.



## **President-elect**

### **Bruce Von Hagel, CRNA**

My goal if elected is to continue the excellent work of those who have come before me in educating our professional colleagues and communities in who we are and what we do. I will continue to look for ways to strengthen our position in the legislature as well as with other healthcare providers. The ALANA should continue to provide its members with the support and information needed to administer the safest and best care possible. I encourage each of you to look at your profession and your Association and think of its importance to you. Are you doing all that you can to help? Our Association's greatest resource is its members and we need everyone's contribution. Get started now by voting in this year's election.

In doing so, I hope that you will give me the opportunity to serve you and our Association as President-Elect.

Thank you,

Bruce Von Hagel, CRNA  
Candidate for President-elect  
bvonhagel@uabmc.edu

## Board of Directors at Large

*select four*

**David Fort, David Hambright, Matt Hemrick, Jennifer Overton, Kyle Vanderford & Joe Watkins**



**David Fort, MSN, CRNA**  
Hoover, Alabama  
Staff CRNA  
Anesthesia Services of Birmingham  
Brookwood Medical Center  
Birmingham, Alabama

**Education:**

University of Alabama at Birmingham, BSN 1988  
Samford University Nurse Anesthesia Program, MSN 2005

**Professional Service:**

ALANA Nominating Committee Chairman 2006-2007  
Member: ALANA Blue Cross Blue Shield Ad hoc Committee  
2007-2008

**Position Statement:**

I am honored to have had the opportunity to serve the CRNAs of this state in the past. I am also appreciative for the many CRNAs that continue to serve the anesthesia community in the various roles within the ALANA. I would very much like to once again be a part of this organization and have the opportunity to work hard to help CRNAs achieve the same level of success we currently enjoy in this wonderful profession.

Many challenges lie ahead and motivated service-minded individuals are needed to accomplish the aggressive goals put forth by those who have served in the past. If elected to a Board of Director position I will work hard to promote CRNA involvement within the ALANA which is vitally necessary if we expect to maintain our current level of practitioner autonomy. The ALANA has a history of serving its members as well as non-members in a diligent manner promoting and protecting our profession and ensuring our practice concerns and issues are addressed satisfactorily and timely. There is much work to be done and I would be grateful if you would allow me the opportunity to be a part of that effort.

Thank you,

David Fort, CRNA  
davidfort8@aol.com



**David Hambright, CRNA, MSN**  
Montgomery, Alabama  
Staff Anesthetist  
Premier Anesthesia  
Baptist Hospitals East and South  
Montgomery, Alabama

**Education:**

Jefferson State Junior College, ASN, 1985  
University of Alabama in Birmingham, BSN, 1988  
Samford University Nurse Anesthesia Program, MSN, 2005

**Position Statement:**

With so many significant issues that have directly impacted the anesthesia profession, I am grateful for those that have sacrificed time and family to so effectively represent the Nurse Anesthesia community at both the state and national level. I recognize that the opportunities and rewards of the profession that have been afforded me did not come without those sacrifices. Although the issues that face Nurse Anesthetists may seem considerable, I believe my background in management, detailed knowledge of governmental and private anesthesia billing and broad nursing experience provide the framework to be a problem-solver. I feel privileged to be considered as a candidate for the ALANA Board of Directors and would look forward, if elected, to serving the anesthesia community in Alabama. I do not take for granted the trust that patients place in me as I care for them as their anesthesia provider. Likewise, I would take your trust in me no less seriously should you place your vote for me for this position.

Thank you,

David Hambright, CRNA  
fhambright@hotmail.com

## Board of Directors at Large

*select four*

David Fort, David Hambright, Matt Hemrick, Jennifer Overton, Kyle Vanderford & Joe Watkins



Matt Hemrick, CRNA, MSN  
Birmingham, Alabama  
Staff Anesthetist  
Anesthesia Resources Management  
St. Vincent's Hospital  
Birmingham, Alabama

**Education:**

The University of Alabama, BSN, 2001  
The University of Maryland  
Nurse Anesthesia Program, MSN, 2007

**Position Statement:**

As the student representative for the Maryland Association of Nurse Anesthetists, I realized how government relations are vital to sustaining and improving the nurse anesthesia practice. Monitoring governmental actions as they pertain to the nurse anesthesia practice is crucial to the future of our profession. If elected to the ALANA BOD, I will help to build relationships and inform the CRNAs of Alabama about pertinent governmental issues and the importance they play in our profession.

Thank you,

Matt Hemrick, CRNA  
mhemrick@gmail.com



Jennifer Overton, CRNA, MSN  
Birmingham, Alabama  
Staff Anesthetist  
Anesthesia Resources Management  
St. Vincent's Hospital  
Birmingham, Alabama

**Education:**

The University of Alabama, BSN, 2003  
Samford University Nurse Anesthesia Program, MSN, 2007

**Position Statement:**

As we are all aware, healthcare seems to be in a constant and tremendous state of change. With improving technology, surgical techniques, and new drugs, more lives are being saved. However, as CRNAs, we find ourselves in a state of constant struggle. Medicare reimbursement regulations repeatedly dictate our actions and the manner in which they are done. All too often, the lost victims of this calamity are the ones who we all have devoted our lives to- the patients. From our beginnings as a profession, CRNAs have been a different breed from other healthcare professionals altogether. We have a very unique perspective with regards to patient care. Our profession has repeatedly come under scrutiny both within the state of Alabama and nationwide. However, there is always hope for our future. We are strong when we work together. If elected to a directors position on the ALANA BOD, I will strive to ensure that our profession, our practice, and our patients remain protected.

Thank you,

Jennifer Overton, CRNA  
jennifer.overton@gmail.com

## Board of Directors at Large

*select four*

**David Fort, David Hambright, Matt Hemrick, Jennifer Overton, Kyle Vanderford & Joe Watkins**



Kyle M. Vanderford, CRNA, MSN  
Pelham, Alabama  
Staff Anesthetist  
Anesthesia Resources Management  
St. Vincent's Hospital  
Birmingham, Alabama

**Education:**

University of Southern Mississippi, BSN, 2002  
Samford University Nurse Anesthesia Program, MSN, 2006

**Professional Service:**

ALANA Nominating Committee Chairman, 2007 - 2008  
ALANA Welcoming Committee Co-chairman, 2007 - 2008  
ALANA Advocate to the AANA Foundation, 2007 - 2008

**Position Statement:**

It has been my pleasure and honor to work with the current board and President Scaturro over the past year as your ALANA Nominating Committee Chairman, Welcoming Committee Co-Chair, and AANA Foundation Advocate. During my term, I have seen firsthand how important service is in maintaining and securing our ability to provide anesthesia services within the full scope of our practice. As a candidate for a Director position, I am committed to serve you in any way that I can to fulfill the mission and to advance the vision of the ALANA. I would appreciate your vote this fall for Director so that I can continue my service for you.

Thank you,

Kyle Vanderford, CRNA  
eaglekick29@hotmail.com



Joe Watkins, CRNA, MSN, MNA  
Winfield, Alabama  
Watkins Anesthesia Services, Inc.  
Contract and LT Assignments in Alabama  
and Mississippi

**Education:**

Shelton State Community College, ADN, 1996  
University of Alabama, BSN, 1997  
UAB Nurse Anesthesia Program, MNA, 2000

**Position Statement:**

Over the eight years of my anesthesia career, I have worked in a vast array of anesthesia positions in various locations. Some have been as a hospital employee, while others were contract or LT assignments. This has given me the opportunity to talk with numerous anesthesia providers. Two constants have emerged from these encounters: Most people have professional issues they would like addressed on a state and national level, and they do not have the time to become politically active. This has led to my decision to do more for our profession than just contributing to the PAC. I feel it's my time to step up and take an active role in shaping our profession. Addressing the issues facing our profession has never been more important than it is today. We must maintain the strides we have made while constantly advocating the advancement of our practice. With your votes and support, I will represent the interest of my fellow CRNAs at the state level.

Thank you,

Joe Watkins, CRNA  
joewatkinscrna2@yahoo.com

# Nominating Committee Chairman

*select one*

**Megan Glass & Andrew Morris**



**Megan Mallory Glass, CRNA, MNA**  
Montgomery, Alabama  
Baptist Medical Center South  
Staff Anesthetist  
Continuing Education Coordinator

**Education:**

University of Alabama at Birmingham, BSN, 2004  
University of Alabama at Birmingham, MNA, 2007

**Position Statement:**

As a recent graduate, I am beginning to understand that it is an honor and a privilege to be part of the profession of Nurse Anesthesia. Having served last year as a member of the nominating committee, I realize that leadership and a strong state organization is vital to the protection and advancement of the profession. As Chairman of the nominating committee, I will work with the other members of the ALANA Board of Directors and the state membership to identify individuals willing to serve their profession. I will strive to present the strongest and most geographically diverse slate of candidates to our members. I understand the importance of proper representation and the need for our leaders to share our views and values. I know that working together we can continue to have one of the strongest state organizations in the nation.

Thank you,

Megan Glass, CRNA  
meganmallory@yahoo.com



**Andrew H. Morris, CRNA, MSNA**  
Birmingham, Alabama  
Anesthesia Resources Management  
St. Vincent's Hospital, Birmingham, AL  
Staff Anesthetist

**Education:**

University of Alabama at Birmingham, BSN, 2000  
Samford University Nurse Anesthesia Program, MSNA, 2007

**Service:**

ALANA Student Representative, 2006 - 2007

**Position Statement:**

It is commonly said that the Nominating Committee chairman is a good way to step into other positions within the ALANA. However, I firmly believe that the future of the Association lies in finding qualified anesthetists to serve in office. I am fully committed to the belief that candidates should be chosen from a wide variety of practice situations, experience levels, and geographic locations. The strength of our Association comes from the strength of our candidates. It is the duty of the Nominating Committee chairman to find the most qualified and committed candidates possible. I promise to fulfill this duty.

During my time as Samford Student Representative, I had a first-person look into what our Association does for the Nurse Anesthesia community. I was able to see just how much our Association does for us. Those experiences have made a lasting impression and have inspired me to seek office. Finally, in my short time as a CRNA, the anesthesia community has given me so much. I would like to begin to give back by being your next Nominating Committee chairman. I would appreciate your vote and promise nothing less than my best efforts.

Thank you,

Andrew H. Morris, CRNA  
ahmorris@samford.edu

# ALANA FALL MEETING

This is YOUR Meeting

## INFORMATION

You are cordially invited to attend the 2008 ALANA Annual Fall Meeting, held each year in Birmingham at the luxurious Wynfrey Hotel. The ALANA offers the absolute finest in nurse anesthesia continuing education. We've earned this reputation by offering excellent speakers, table seating, complimentary continental breakfast and beverage service, complimentary Saturday Luncheon, and a variety of exhibitors ~ all of which make for a first-class meeting at a very affordable price. The Wynfrey has proven to be the perfect venue, offering comfortable accommodations, excellent meeting rooms, great dining, and convenient shopping within and around the Riverchase Galleria.

Back by popular demand is our ACLS Refresher Course and PALS Refresher Course in a Special Friday Session. These courses are specially designed for the learning needs of CRNAs! This special session has sold out every year and has limited enrollment, so early registration is highly recommended.

Our most requested workshop topic is management of the difficult airway. This year, in a Friday night Special Session, we will offer a Difficult Airway Workshop led by one of the nation's top experts in the field, Dr. James Boyce, Professor of Anesthesiology at UAB. Known as the "airway guru," Dr. Boyce will give two hours of lecture followed by an extensive hands-on practicum to hone your advanced airway skills.

Once again, we will host the Funderburg Lecture Series, sponsored by the Alumni of the Samford University Nurse Anesthesia Program. We are delighted to present Dr. Judith Briles as our Funderburg Lecturer for 2008. Dr. Briles keynotes national and international conferences with an emphasis in the healthcare field focusing on conflict resolution, creating confidence, thriving with change and communicating. Dr. Briles will lead our ALANA Leadership Development Conference. Don't miss this opportunity to participate in this cutting-edge program.

## FACULTY

**Sara Allgood, BSN, SRNA**  
Nurse Anesthesia Program  
Dept of Clinical and Health Sciences  
School of Health Professions  
University of Alabama in Birmingham

**James Boyce, MD**  
Professor of Anesthesiology  
UAB Department of Anesthesiology  
Birmingham, Alabama

**Terri Cahoon, CRNA, MNA**  
Assistant Professor  
Department of Nurse Anesthesia  
Ida V. Moffett School of Nursing  
Samford University  
Birmingham, Alabama

**Charles Harvey, BSN, SRNA**  
Department of Nurse Anesthesia  
Ida V. Moffett School of Nursing  
Samford University  
Birmingham, Alabama

**Todd Hicks, BSN, SRNA**  
Nurse Anesthesia Program  
Dept of Clinical and Health Sciences  
School of Health Professions  
University of Alabama in Birmingham

### 2008 Funderburg Lecturer Judith Briles, PhD

President, The Briles Group, Inc.  
CEO, Mile High Press, Ltd  
Denver, Colorado

Bestselling Author  
Zapping Conflict in the Healthcare  
Workplace

The Confidence Factor

Stabotage: Dealing with Pit Bulls,  
Snakes, Scorpions & Slugs  
in the Workplace

Award winning Keynote Speaker  
[www.briles.com](http://www.briles.com)

**Donna Karr, RNFA**  
**Scott Karr, MS, NREMT-P**  
Medical Education Associates of Alabama  
Sumiton, Alabama

**Ingrid Oakley, CRNA, DVM**  
Assistant Professor  
Nurse Anesthesia Program  
Dept of Clinical and Health Sciences  
School of Health Professions  
University of Alabama in Birmingham

**Shannon Scaturro, CRNA, MSN**  
President  
Alabama Association of Nurse Anesthetists  
Mobile, Alabama

**Capt. Peter Strube, CRNA, MSNA**  
Enduring Freedom & Iraqi Freedom  
President & CEO Strube Anesthesia  
Assoc Professor Rosalind Franklin Univ  
Assoc Professor St. Mary's University  
Mt. Horeb, Wisconsin

**Vanessa Tulao, BSN, SRNA**  
Department of Nurse Anesthesia  
Ida V. Moffett School of Nursing  
Samford University  
Birmingham, Alabama

# THE WYNFREY

October 24 - 26, 2008

## REGISTRATION

Reservations should be made directly with the Wynfrey Hotel to insure you get the group rate. Rooms blocked for the ALANA are at a discounted group rate of \$144 per night single/double and \$174 for Chancellor's Club. Cut-off date for hotel reservations is September 23, 2008. **Please identify yourself as a member of the ALANA when making reservations at the Wynfrey Hotel or code 1AW5GT.**

1-800-WYNFREY

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Home Phone

\_\_\_\_\_

E-mail address

\_\_\_\_\_

Place of Employment

\_\_\_\_\_

AANA Number

Do you plan to stay at the Wynfrey?

Yes  No

Method of Payment:

Checks payable to: ALANA

Credit Card:  MasterCard  Visa

Card Number: Expiration:

\_\_\_\_\_

Signature:

\_\_\_\_\_

This year the ALANA will be providing ACLS and PALS in Special Sessions on Friday. These sessions will have limited enrollment so early pre-registration is highly recommended. ACLS/PALS books are available for purchase. Pick-up your book at the registration desk or we will mail yours to you shortly after submitting your paid registration fees.

“The Handbook of Emergency Cardiovascular Care for Healthcare Providers”

The Difficult Airway Workshop will be held in a Special Session Friday Night. Select the Special Sessions and Regular Sessions you wish to attend.

| Pre-registration deadline September 23, 2008                    | CEUs                     | Fee       |
|-----------------------------------------------------------------|--------------------------|-----------|
| All Sessions, ACLS, PALS, & Airway                              | <input type="checkbox"/> | 23 \$450. |
| <i>ala-cart</i>                                                 |                          |           |
| All Regular Sessions (Sat & Sun)                                | <input type="checkbox"/> | 11 \$275. |
| ACLS                                                            | <input type="checkbox"/> | 4 \$100.  |
| PALS                                                            | <input type="checkbox"/> | 4 \$100.  |
| Difficult Airway Workshop                                       | <input type="checkbox"/> | 4 \$100.  |
| Saturday Only                                                   | <input type="checkbox"/> | 6 \$150.  |
| Sunday Only                                                     | <input type="checkbox"/> | 5 \$125.  |
| ALA-CRNA PAC Contribution                                       | <input type="checkbox"/> |           |
| ACLS/PALS Book (Pickup at Registration)                         | <input type="checkbox"/> | \$15.     |
| ACLS/PALS Book (Mail to Home Address)                           | <input type="checkbox"/> | \$20.     |
| Total (enter total CEUs and fees)                               |                          |           |
| See website for late registration and on-site registration fees |                          |           |

Send completed registration form and payment to:

Bruce Von Hagel  
1731 Mountain Laurel Lane  
Hoover, Alabama 35244

Refund Policy: Refunds on tuition will be honored upon receipt of a written request prior to October 5, 2008, subject to a \$50.00 cancellation fee.

For those with special needs or questions about the meeting, contact Bruce Von Hagel at 205-902-9600 or E-mail at [bvonhagel@uabmc.edu](mailto:bvonhagel@uabmc.edu).

# ALANA

THE WYNFREY  
BIRMINGHAM  
OCTOBER 24-26

## FALL MEETING



Alabama Association of Nurse Anesthetists, Inc.  
4120 Wall Street  
Montgomery, Alabama 36106

Periodical Postage  
Paid  
LaGrange, Georgia  
and additional mailing  
office