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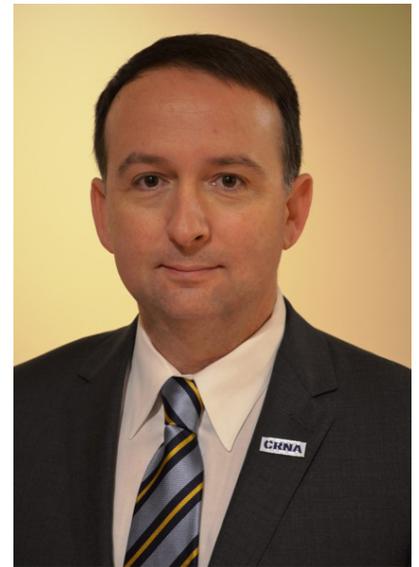
# 2018 WINTER NEWS BULLETIN

HAPPY NEW YEAR!



# PRESIDENT'S ADDRESS

First, let me thank you for the opportunity to serve as your President. I am lucky to have served with Michael Humber and look forward to working with him and the new ALANA Board to keep the ship sailing smoothly as we enter a new program year. The Board met in November to update our strategic plan and develop plans for the new year. Make sure you check out our calendar of events so you can save the dates. As I write this column, it is cold and wet here. Did I mention wet? I look forward to spring and being with my peers in sunny, warm Destin.



Our Spring Meeting is set for April 26 – 28, at the wonderful Hilton Sandestin Beach Golf Resort and Spa. They always exceed our expectations and help us draw CRNAs from 12 to 15 states. Our faculty for the meeting is one of the best we have ever assembled with AANA President Garry Brydges, AANA Treasurer Heather Rankin, AANA Region 2 Director Angela Mund, healthcare attorney David Vaughn, Dr. Brent Boyette, Ken Taylor and Peter Strube. My special appreciation goes to Krista Niedermeier, Justin Carroll and the Professional Development Committee for putting this agenda together.

The Spring Meeting features 21 Class A CE credits and 8 Pharm credits. If you register early, it is only \$350 for AANA members. Better yet, members can buy the complete CPC Core Module package for only \$175, a savings of \$224. I know, you don't want to deal with the whole CPC issue now, but it is coming and this is the best way to get ahead of the game.



Another challenge the ALANA Board discussed at our planning retreat was how to get our message to the Alabama Legislature. We will have 39 new members of the 140 member body. That's a lot of new faces. How many of them will know what a CRNA does? My guess is not many. We have an excellent lobbying team in Montgomery to promote our interests, but we need more CRNAs to get involved in the process. Seek out your House and Senate members and get to know them. They come from all walks of life, lawyers, insurance salesmen, car dealers, realtors, business men and women and a number of retired persons who have agreed to serve. They will be faced with some major issues when the session convenes in Montgomery on March 5th. The Board has asked former ALANA President Michael Humber to serve as our new State Political Director. In this role, Michael will be a regular at the State House in Montgomery and work in tandem with our professional lobbying team, Ryan deGraffenried and Susan Hansen.

So, if you want to get involved or if you are already involved, reach out to Michael, Ryan or Susan and let them know. We need CRNAs to help us defend and promote our profession. Can you help? Contact the ALANA Office at 334.260.7970 if you can.

Remember, we are here for you!

Very Respectfully,

*Ray Dunn*

Ray Dunn, MNA, CRNA, USN, Ret.  
President



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## STATE POLITICAL DIRECTOR UPDATE

**MICHAEL HUMBER,  
DNP, MNA, CRNA**

Greetings and Happy Holidays!

As we prepare for a new year, we enter a new quadrennium for our state legislature. Since the November election, the state political landscape has changed tremendously. The ALANA has many friends returning but many new friends to make. There are 24 new representatives and 11 new senators. Needless to say, I will work very closely over this upcoming session with our legislative liaisons, Susan Hansen and Ryan DeGraffenried, to educate these new legislators of the role we play in the healthcare system in Alabama. If you have any connections with ANY representative or senator, please let me know. With that being said, I want to extend a personal invitation for you to join me any Wednesday at the state house. It is intriguing to watch the process of legislation becoming law. You will see how fast things move, how fast things can halt, the negotiations behind the scenes, the hustle and bustle, testifying before committee, etc. After your experience I think you will be inclined to go back to work and encourage everyone to be a member of the ALANA. If we do not have people on the ground in Montgomery protecting our practice, we are simply at the mercy of legislators and those that do not have our best interest at heart.

The following are some dates of interest for you to note:  
**Wednesday, February 6th** Nurses Day at the Capitol sponsored by the Alabama State Nurses Association  
**Tuesday, March 5th** First Day of Legislative Session  
**Wednesday, April 3rd** Legislative Day at the Capitol for CRNAs/SRNAs  
Typically Wednesdays are the committee meeting days.

What do we expect to see this session that will affect CRNAs?.....Well, that's a good question. I believe the Alabama Board of Nursing will reintroduce the loan repayment bill from previous years which will include CRNAs practicing in rural areas within two years after graduation. We may see some previous legislation that was killed last year as well. We will be on the defensive as usual but we are hoping to work toward some proactive offensive tactics over the coming years. I am really looking forward to serving in this new position and I hope to be an asset for the ALANA in Montgomery.

Sincerely,

*Michael Humber*

Michael Humber, DNP, MNA, CRNA  
State Political Director



Total knee arthroplasty (TKA) is one of the most common treatments for patients suffering from osteoarthritis.<sup>1</sup> Improvements in mobility, pain and quality of life are successful results of TKA.<sup>2</sup> Patients can experience severe postoperative pain after TKA; however, multimodal analgesia including peripheral nerve blocks may improve pain control and allow for less opioid consumption.<sup>3</sup> An adductor canal block (ACB) combined with infiltration between the popliteal artery and the capsule of the knee (IPACK) are promising pain management strategies as they can minimize postoperative pain and improve functional outcomes due to less muscle weakness.<sup>2</sup>

### Case Report

A 78-year-old female with a BMI of 27 presented for a right TKA secondary to osteoarthritis. Her past medical history included hyperlipidemia, hypothyroidism and an unremarkable anesthetic history. Preoperative vital signs included blood pressure 122/75 mm Hg, heart rate 53/min in sinus rhythm, respiratory rate 16/min and SpO<sub>2</sub> 100%.

While in the holding area, peripheral intravenous access was obtained and the plan for general anesthesia with regional anesthesia for postoperative pain management was discussed. Standard monitoring and O<sub>2</sub> 2 L/min via nasal cannula were applied. Propofol 50 mg was administered for sedation prior to the peripheral nerve block procedures. While supine, the patient's right knee was externally rotated for visualization of the femoral artery and the area was prepped per protocol. After a negative aspiration, ropivacaine 0.5% 20 mL was injected with ultrasound guidance lateral to the artery. Local anesthetic spread was visualized around the saphenous nerve in the adductor canal. The knee was then rotated internally for visualization of the popliteal artery and knee capsule. After prepping and a negative aspiration, ropivacaine 0.5% 20 mL was injected with ultrasound guidance into the interspace between the popliteal artery and posterior knee capsule. Local anesthetic spread was visualized in the interspace. The patient did not complain of pain or paresthesia during the procedures.

On arrival to the operating room, standard monitoring and O<sub>2</sub> 10 L/min via face mask were reapplied. Induction of anesthesia was achieved with lidocaine 60 mg and propofol 80 mg. A laryngeal mask airway (LMA) was inserted and spontaneous ventilation supported with 8 cm H<sub>2</sub>O pressure support. Dexamethasone 8 mg and ondansetron 4 mg were administered. Anesthetic depth was maintained with expired isoflurane 0.7%.

The patient's blood pressure increased to 149/79 mm Hg and respiratory rate increased to 20/min after tourniquet inflation and surgical incision. Fentanyl 25 mcg was administered and expired concentration of isoflurane was increased to 0.9%. The patient's blood pressure slowly decreased and remained within 20% of baseline throughout the remainder of the procedure. The respiratory rate decreased and remained at 10-14/min. At the conclusion of the procedure, the patient demonstrated spontaneous ventilations without support with tidal volumes of approximately 300 mL. With an expired concentration of isoflurane 0.9%, the LMA was removed. Adequate, spontaneous ventilation continued. Upon arrival to the post-anesthesia care unit (PACU), the patient's vital signs were within 20% of baseline and she was awake and alert with no complaints of pain. No additional analgesic medications were administered in the PACU.

### Discussion

The number of TKAs performed annually is increasing by 6% worldwide.<sup>4</sup> In the United States, the number is predicted to increase by 600% to 3.5 million by 2030.<sup>5</sup> This increased incidence of TKA can be attributed to increased longevity and a higher prevalence of obesity.<sup>5</sup> Approximately 15-20% of TKA patients report dissatisfaction postoperatively with pain as the primary cause.<sup>4</sup> Pain negatively affects a patient's quality of life and rehabilitation efforts, which can negate the foundational indications for the surgery.<sup>2</sup> Acute postoperative pain can

## COMBINING PERIPHERAL NERVE BLOCKS FOR TOTAL KNEE ARTHROPLASTY PAIN MANAGEMENT



SHELLEY FOWLER, BSN  
SAMFORD UNIVERSITY

be severe and can result in the development of chronic persistent pain.<sup>5</sup> Pain that exists after 3 months post-operatively is considered chronic and the prevalence of chronic pain may be as high as 20%.<sup>6</sup> Chronic pain often involves prolonged opioid use which can lead to addiction.<sup>4</sup>

A femoral nerve block and sciatic nerve block offer excellent pain control by blocking sensory innervation but also cause motor deficits, which can lead to poor rehabilitation efforts with limited ambulation and increased risk of falls.<sup>3</sup> The ACB offers analgesia similar to the femoral nerve block with coverage of the anterior and medial knee without the subsequent quadriceps muscle weakness. The ACB offers analgesia due to sensory blockade of the saphenous and medial femoral cutaneous nerves while sparing the motor branches of the femoral nerve.<sup>1</sup> Authors of a recent meta-analysis report that the ACB was comparable to a continuous femoral nerve block for improved pain control, decreased opioid consumption and shorter length of hospitalization after TKA. However, patients who received an ACB ambulated earlier, which supports a functional advantage of the ACB.<sup>1</sup> Goals of pain management after TKA include minimized postoperative pain and improved functional status, both of which the ACB provides.<sup>2</sup>

With only the ACB, the posterior knee is left without analgesia and requires supplemental opioid consumption. The IPACK block offers analgesia of the posterior knee similar to the sciatic nerve block without causing motor deficits as the IPACK block covers only the terminal branches of the sciatic nerve.<sup>3</sup> The combination of ACB and IPACK block offers sensory coverage and analgesia for both the anterior and posterior knee after TKA. Researchers have found support for the efficacy of the IPACK block for decreasing opioid consumption and for the ACB with the IPACK block for improving physical therapy performance, which leads to a shorter hospitalization.<sup>3</sup> The combination of ACB with IPACK block leads to better pain control and a significant improvement in range of motion and ambulation distance when compared to the ACB alone.<sup>2</sup>

In conclusion, TKA is a standard surgical intervention although it is often associated with severe postoperative pain. Pain management with multimodal analgesia and regional techniques is an excellent option for minimizing postoperative pain and supporting functional status and rehabilitation efforts. The combination of an ACB and an IPACK block is effective in providing analgesia due to sensory blockade with minimal motor blockade. In addition, in light of the current opioid epidemic, anesthesia practitioners should be exploring and utilizing opioid sparing techniques whenever appropriate.

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# UAB UPDATE



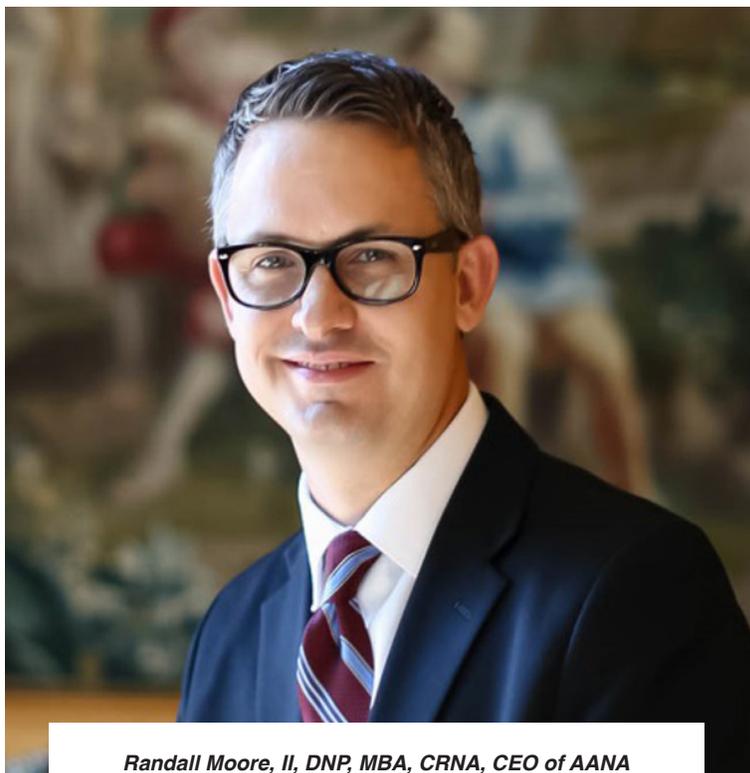
Fall 2018 has been extremely busy for the University of Alabama at Birmingham Nurse Anesthesia Program. In addition to some exciting events that both students and faculty have attended and presented, we have been diligently preparing students in three separate cohorts for various milestones.

First, however, we would like to invite UAB alumni and other CRNAs to attend the University of Alabama at Birmingham Nurse Anesthesia Continuing Education Update, from February 1-2, 2019 at the UAB School of Nursing. **This year, it is our pleasure to announce that Randall Moore II, DNP, MBA, CRNA, Chief Executive Officer of the American Association of Nurse Anesthetists, will be the keynote speaker!**

Ten continuing education credits (5 pharmacology) are offered for attendees, with various topics presented by clinical experts. Each year, the attendance for the CE Update increases as CRNAs realize the value of our conference. You do not want to miss out on Dr. Moore's speech or the other topics presented, so please register soon! You may register online at <http://www.uab.edu/nursing/home/crnaupdate> prior to January 25, 2019 or on site at the conference.

**UAB was honored, this November, with the opportunity to host the 1st Annual Congress of the Society of Opioid Free Anesthesia (SOFA).** SOFA

was formed to promote and educate anesthesia professionals on providing the very best pain management for their patients. The first-ever Congress was held at UAB School of Nursing's new facility from November 10-11 and had over 150 attendees, including 75 UAB students. Attendees were delighted to hear as experts in opioid-free care, including Tom Baribeault, MSN, CRNA (Founder of SOFA), Jan Mulier, MD, PhD, and others, presented the testimony, science, and techniques of opioid free anesthesia. In today's healthcare environment there is an obvious needed initiative to decrease consumption of opioids by clients and at UAB we recognize the value of an organization like SOFA and encourage our students to become active members.



*Randall Moore, II, DNP, MBA, CRNA, CEO of AANA*

As always, the UAB Nurse Anesthesia students are encouraged to participate in both their state and national organization. Leslie Hackbardt, SRNA has concluded her year of service as the UAB student representative to ALANA. Her successor, Kallie Beretta, SRNA has already begun to work with the new ALANA Board and will continue to represent UAB and the UAB student interests in future meetings of the Board of Directors. If you see Mrs. Beretta at a future meeting, please thank her for her service. Kallie, and approximately 50 other UAB students were active participants in the ALANA Fall Meeting in October.

At the 2018 AANA Annual Congress, the UAB Nurse Anesthesia Program was honored to have two students, Jordan Doss and Wesley Waldrop, selected to participate in the College Bowl! Additionally, Andre Miller was selected as an alternate. Mr. Waldrop's team finished as Runner-Up, while Mr. Doss's team finished third. In the words of Jordan Doss, SRNA, "being chosen to participate in the College Bowl was a memorable experience that gave me the opportunity to meet and network with fellow nurse anesthesia students from around the country while collectively coming together to compete as a team." We are very proud of the UAB NA students who traveled to Boston to represent the Blazers!

This August, during AANA 2018 Annual Congress, Dr. Susan McMullan presented her research, "The Psychometric Analysis of an Instrument to Measure CRNA Workload", as a part of the AANA Foundation



**Tom Baribeault, MSN, CRNA welcomes attendees to the SOFA Annual Congress, UAB SON**

prestigious Agatha Hodgins Award for Outstanding Accomplishment as voted by didactic and clinical faculty. The Larry G. Hornsby Nurse Anesthesia Good Citizenship Award, which is presented to the UAB graduate that most meritoriously serves the nurse anesthesia profession and furthers the reputation of UAB as a premier educational program across the nation, was granted to Josh Baker. Leslie Hackbardt received the Alumni Award for her service to ALA-NA. The Class of 2018 chose to honor four CRNAs as Outstanding Clinical Instructors of the Year, these include: Andy Blackburn, CRNA (Eliza Coffee Memorial Hospital, Florence, AL); Randy Lee, CRNA (Walker Baptist Medical Center, Jasper, AL); Cathy Smiley, DNP, CRNA (Gwinett Medical Center, Lawrenceville, GA); and Josh Thomas, CRNA (Grandview Medical Center, Birmingham, AL). Thanks to all of our clinical coordinators and clinical preceptors – we could not provide high quality education to our students without you!

The Class of 2020, our first doctoral class, is now 5 months into their clinical education, and undoubtedly

State of the Science exhibit. Dr. Bryan Wilbanks presented his study “Transfer of Care” Dr. Edwin Aroke presented “Pharmacogenomic Considerations for Postoperative Pain Management”, a component of his research of pharmacogenomics in anesthesia.

The Class of 2018 is a special group for the UAB NA Program because it is the final MSN class we will graduate. This class includes 39 students. Some will fill needs in the Birmingham area and will work at UAB Hospital, Children’s of Alabama, St. Vincent’s, Grandview, and Shelby Baptist Medical Center. Additionally, we have graduates entering practices in rural areas like Walker and Marshall Counties that help us satisfy one of UAB’s missions, the improvement of access to healthcare for rural residents. We also have graduates that will extend UAB’s footprint by beginning their careers in other states, Mississippi, Georgia, and Florida, and even in major metropolitan areas, like Atlanta and Tampa-St Petersburg.

On December 10, 2018, the Class of 2018 had a completion ceremony at the School of Nursing. During this ceremony, two students, Savannah Kessler and Taylor Guice, were awarded the



**UAB Students with Tom Baribeault, MSN, CRNA at 1st Annual SOFA Annual Congress, UAB SON**

you have come in contact with them. This is a dynamic group that has impressed their faculty and preceptors since their first clinical day, as evidence that the future is bright! This fall, Class of 2020 benefitted from having Larry Hornsby, CRNA, Juan Quintana, DNP, CRNA, and Amy Neimkin, DNP, CRNA teach NA 745, Professional Aspects. As a component of the course, the students worked in groups to design and develop proposals for the creation of an anesthesia group to manage services at an assigned fictitious healthcare agency. These proposals exceeded our expectations and we realized we have some future leaders of the anesthesia community among this cohort!

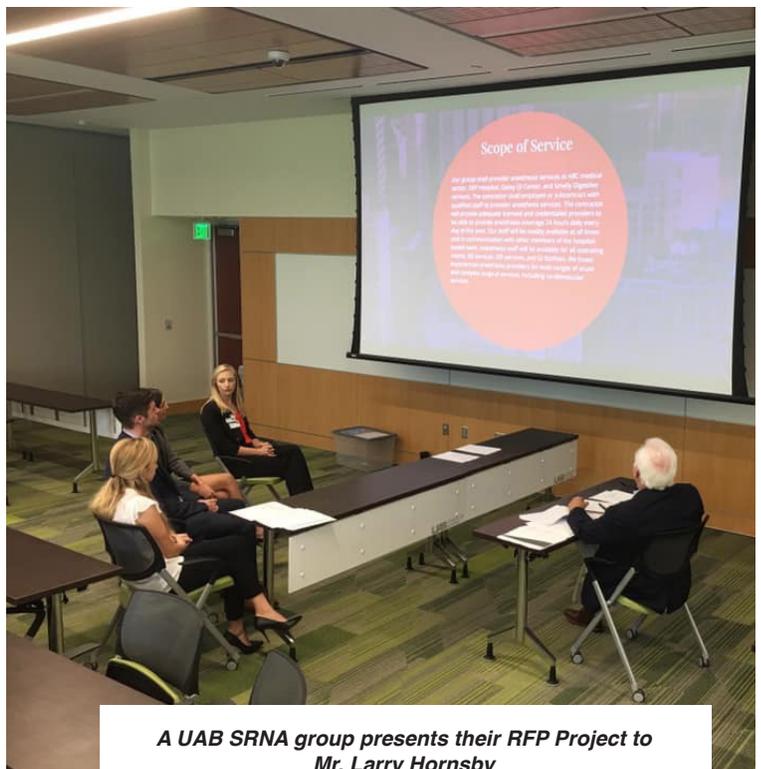
The Class of 2021 is completing their second semester of didactic preparation and are continuing to develop foundational knowledge as well as clinical, leadership, and service skills. UAB Nurse Anesthesia stresses collaboration and leadership and through working in teams, whether in classroom or recreational activities, like the Gurney Derby Competition at UAB Homecoming 2018, our students are encouraged to serve! Stressing the importance of service to the profession resulted in UAB student Preston Broadhead,



**UAB NA students with Susan McMullan, PhD, CRNA at ALANA Fall Meeting in Birmingham, Alabama**



**Josh Thomas, MSN, CRNA, Clinical Instructor of the Year 2018**



**A UAB SRNA group presents their RFP Project to Mr. Larry Hornsby**

SRNA being selected to serve as the Nurse Anesthesia Representative for the National Graduate Student Nurses Association. Mr. Broadhead was subsequently invited to attend the AACN Student Policy Summit in Washington, DC in March, 2019.

Susan McMullan, PhD, CRNA was awarded the UAB President's Award for Excellence in Teaching. This is a university-wide award that was granted for Susan's performance as the director of the UAB NA Program and her classroom teaching. Ray Watts, MD, President of UAB, says of Dr. McMullan, "She inspires students to pursue scholarly goals — to investigate, to analyze, to publish." This is the first time a NA faculty member has been granted the President's Award for Excellence in Teaching.

As always, thank you for your support of the UAB Nurse Anesthesia Program and our students. We look forward to new and innovative ways to provide high-quality CRNA graduates to the anesthesia profession in Alabama and beyond!



**The Diprivandals prepare to run in the UAB Gurney Derby**



**The Gaspassers in action in the UAB Gurney Derby**



**Teddy Wong (1st year) and Crystal Grayson (2nd year) participate in collaborative simulation experience in the new UAB Simulation Lab, complete with hi-fidelity mannequin and functioning anesthesia workstation.**



**President's Award for Excellence in Teaching. From L-R: Ray Watts, MD (President of UAB); Doreen Hardper, PhD, RN (Dean UAB SON); Susan McMullan, PhD, CRNA (UAB NA Program Director); Pam Benoit, PhD (UAB Sr. VP for Academic Affairs & Provost)**



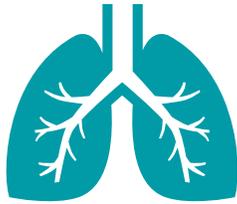
**UAB NA Faculty celebrates the President's Award for Excellence in Teaching. Pictured L-R: Edwin Aroke, PhD, CRNA; Ryan Richey, MNA, CRNA; Kaitlen Woodfin, MSN, CRNA (Director of Clinical Education); Susan McMullan, PhD, CRNA (Program Director); Todd Hicks, DNP, CRNA (Associate Program Director)**

# CRNA

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CRNAs work in all practice settings, including rural and military, to provide safe and effective anesthesia care for every patient.

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NATIONAL  
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**January 20-26, 2019**



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# BOARD OF NURSING UPDATE

As many Alabama CRNAs know all too well, confusion persists among hospital administrators and credentialing personnel regarding the extent to which a CRNA may practice under Alabama law. As the sole regulator for CRNAs in the state, the Alabama Board of Nursing has engaged in a number of initiatives to clarify scope and standards of practice for the role, to ensure that these highly skilled professionals are able to practice to their full scope.

In May 2018, as part of this ongoing effort, the Board amended § 610-X-9-.04 of the ABN Administrative Code (Standards of Practice for a Certified Registered Nurse Anesthetist), to stipulate that CRNAs are allowed to practice to the extent of the “standards, scope of practice, and guidelines” [emphasis added] published by the AANA, so long as those guidelines, scope, and standards do not exceed Alabama law. While that had been true in practice prior to adoption of the amendment, this was an important change that recognized that real-world advances in patient care often occur more rapidly than government regulations can adapt to them.

The Board is confident that this change will lead to a better understanding of CRNA scope of practice among hospital administrators, but we continue to seek and take advantage of opportunities to promote CRNA practice through aggressive communication campaigns. In October, the Board contacted thousands of administrators and credentialing personnel via list serve message, explaining the appropriate role of CRNAs in the perioperative period and attaching the AANA Guidelines for Core Clinical Privileges. That message, which received an overwhelmingly positive response from CRNAs and administrators, is available for your review on the CRNA Resources page of the ABN website.

Moving forward, the ABN will continue to work with the nurse anesthesia community to promote CRNA practice in the clinical setting. Only through our combined efforts can we achieve the goal of enabling Alabama CRNAs to provide patient care to the full extent of their education, training, and competency throughout the state.



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Ronald W. Womack CRNA was honored with a Courage to Care award



# UPDATE

What a busy time of year! As the fall semester comes to a close, reflections of appreciation and gratitude are essential. Retiring and experienced CRNAs paved the road for our profession. Clinical preceptor CRNAs pour into students to strengthen our future. Faculty members mentor and encourage lifelong learning, and students embrace the challenges to maximize their education.

In early October, at the Ida Moffett School of Nursing Gala, Ronald W. Womack CRNA was honored with a Courage to Care award for his long service as a clinician, veteran, and community servant. Ronald served for more than 37 years as a CRNA at Gadsden Baptist Hospital and Anniston Regional Medical Center. He graduated in

1971 in the first class of the Birmingham Baptist nurse anesthesia program. As a registered nurse, Ronald served in Vietnam with Leo Labell, CRNA. Ronald stated, "He taught me everything from intubating to flutter valves, placing neck lines, performing trachs, suturing and symptoms of fat emboli. We took care of every countries' soldiers, all nationalities, and in addition delivered babies for local citizens." Ronald served as a Scout Master in Hokes Bluff for 15 years and made nearly twenty mission trips to Mexico, Haiti, Mississippi, and Louisiana. Since retiring in 2008, Ronald served as a high school substitute teacher, contributing his earnings to mission work in

Peru, Ecuador, Uganda, San Juan and Texas. As he reflects back on his career, Ronald said of his 42,000 anesthetics administered, "I always gave each one my very best and the patient on my table was my only thought." CRNAs like Ronald Womack have put in many years of service and hard work to pave the way for our profession.

During the fall semester, the nurse anesthesia students have been engaged in a variety of learning experiences. Simulation has been in full swing to include a wide range of opportunities from ultrasound-guided placement of central venous lines and peripheral nerve blocks to verification of placement of double-lumen tube using fiberoptic bronchoscope to induction sequence simulation in the OR. Jeff Wooden CRNA taught the junior students about peripheral nerve blocks using ultrasound. Paul Smith CRNA assisted Maria Ledbetter with a simulation to practice epidural and spinal techniques.

The students of the Class of 2020 gained valuable experience practicing induction sequence and airway management skills as well as crisis resource management. They are looking forward to clinical preparation week and starting the clinical portion in January.

Each student in the Class of 2019 presented their Capstone project in September. Topics varied from prevention of chronic pain to TAVR under deep sedation to propofol's effect on rate of metastasis to active shooter in the OR to endotracheal cardiac output monitoring. Three students have submitted manuscripts for possible publishing. Each senior student met with Amy

Snow and Terri Cahoon to evaluate progress toward clinical and service learning goals. With much of the Capstone work completed in the summer, the fall emphasis has been on professional aspects of nurse anesthesia and preparation for the National Certification Exam. May graduation will be here soon!

The Class of 2021, the first DNP cohort, will finally be coming to campus in January 2019! This group of students has been tackling theory, philosophy, concept analysis, informatics, leadership, collaboration, management principles, and statistics since May. The anesthesia-intensive didactic portion will be a clinically-focused change of pace. The cohort has developed a nice online community with Dr. Ledbetter, but the faculty and mentors are looking forward to interacting with them face-to-face. Some students have been able to continue to work at least part time during the first phase of the curriculum.

Outside the classroom, the service learning initiative continues for our students - to inform the students of professional, community, and ministry service opportunities and encourage involvement. Ten students from the class of 2020 found the AANA Annual Congress in Boston an excellent opportunity to network with fellow students and learn both clinical and professional information. During the meeting, Newton Tinsley was awarded the Dean and Fred Hayden Memorial National Scholarship and Joe Denhalter was awarded the John F. Garde Scholarship. Amy Snow hosted October service learning opportunities including Alabama Baptist Children's Home and Family Ministries, Grace House Ministries and the Ronald McDonald House. The Class of 2020 generously provided Christmas gifts for a two month old baby girl from Alabama Baptist Children's Home.

Patrick Haltom, class of 2021, served in Phnom Penh, Cambodia from October 2 to October 13. Patrick and his team partnered with a Cambodian social worker to provide community education in lower-income areas surrounding Phnom Penh, as well as completing a rice drive for the communities. Additionally, they served two families affected by HIV. From financial support by others in the Samford community, they were able to repair the families' roofs to prevent dangerous rainy season flooding. In addition to completing service with the HOPE Home Care Team, the group also raised medical supplies for the Sihanouk Hospital and school supplies for a local school, including supplying the school with a computer. Over 300 Cambodian students benefited from the school supplies donations. Other Samford students contributed additional financial support and school, health, and hygiene supplies to make the trip possible.



Students at the AANA Annual Congress with Treasurer, Heather Rankin

Both Lisa Herbinger and Maria Ledbetter had grant proposals approved for Innovate 2019 during January. In this, they will participate in a scholarship of teaching and learning opportunity and develop new online doctoral courses. On the Advisory Council, Amy Snow continues to work closely with the Albert Schweitzer Fellowship to encourage graduate students to impact health, lead, and serve to create change. Both Amy and Terri Cahoon volunteered at the Birmingham Education Foundation 8th Grade Networking Conference at Boutwell Auditorium.

Thank you to the ALANA for the lovely reception at the Fall Meeting for the new students! Congratulations to the newly elected ALANA directors and officers! Randall Chiappetti will be moving into the Samford student representative roll. Thank you to Ben Odom for his work over the last year. To all the incredible precepting, mentoring, caring, teaching CRNAs across the state: Happy New Year from Samford nurse anesthesia students and faculty! See you in Destin!



Patrick Haltom, class of 2021, served in Phnom Penh, Cambodia from October 2 to October 13.



The Class of 2020 generously provided Christmas gifts for a two month old baby girl from Alabama Baptist Children's Home

# SPRING MEETING 2019 HILTON SANDESTIN BEACH RESORT APRIL 26-28



## THURSDAY, APRIL 25

- 1700-2000** **Early Registration & Exhibitor Set Up**  
(Tables First Come, First Served)  
Coral Ballroom Registration Desk
- 1800-2000** **ALANA Board Meeting**

## FRIDAY, APRIL 26 – 8 HOURS, 4 PHARM

- 0600-0700** **Registration/Continental Breakfast**  
Exhibits Open - Coral Ballroom  
Registration Desk
- 0600-0700** **Wellness Presentation: Wearing Masks I**
- 0600-0700** **Yoga with Pennie Nichols, CRNA**  
Meet at ALANA Registration Desk
- 0700-0800** **Pain and Addiction: Brent Boyett, D.M.D., D.O.**
- 0800-0900** **Opioid Induced Hyperalgesia: Brent Boyett, D.M.D., D.O.**
- 0900-0930** **Break/Exhibits Open**
- 0930-1030** **Cross Addictions: Brent Boyett, D.M.D., D.O.**
- \*1030-1130** **Tomorrow's Pharmacology Today and Beyond: Peter Strube, DNAP, CRNA, MSNA, APNP, ARNP, MBA(s)**
- 1130-1300** **Lunch on Your Own**
- \*1300-1400** **Pharmacogenetics and Personalized Anesthesia Care: Peter Strube, DNAP, CRNA, MSNA, APNP, ARNP, MBA(s)**
- \*1400-1500** **Opioid Free: Are We Crazy or Bold? Peter Strube, DNAP, CRNA, MSNA, APNP, ARNP, MBA(s)**
- 1500-1530** **Break/Exhibits Open**
- \*1530-1630** **ERAS and the Role of the CRNA, Tackling the Basics: Peter Strube, DNAP, CRNA, MSNA, APNP, ARNP, MBA**
- 1630-1800** **Reception on the Deck**  
Sponsored by the Samford & UAB Nurse Anesthesia Programs on Sunset Deck - Please Wear Nametag for Admittance

## SATURDAY, APRIL 27 – 7 HOURS, 1 PHARM

- 0600** **Yoga with Pennie Nichols, CRNA**  
Meet at ALANA Registration Desk
- 0600** **Registration, Coffee & Exhibits Open**
- 0600-0700** **Wellness Presentation: Wearing Masks II, Ten Years Later**
- 0700-0830** **ALANA Update/Business Meeting with Hot Breakfast Buffet**
- 0830-0930** **Legal Issues Related to the Business of Nurse Anesthesia: David Vaughn, JD, CPC**
- 0930-1000** **Refreshment Break & Exhibits Open**
- 1000-1100** **Government Audits of CRNAs: David Vaughn, JD, CPC**
- 1100-1200** **Leadership Panel Presentation: Garry Brydges, DNP, ACNP-BC, Executive MBA, CRNA, Heather Rankin, DNP, CRNA, David Vaughn, JD, CPC and Ray Dunn, MNA, CRNA**
- 1200-1315** **Lunch on Your Own**
- 1315-1415** **AANA Update: Garry Bridges, DNP, ACNP-BC, Executive MBA, CRNA and Heather Rankin, DNP, CRNA**
- \*1415-1515** **DOGMA, Traditions: What is the Evidence? Peter Strube, DNAP, CRNA, MSNA, APNP, ARNP, MBA(s)**
- 1530-1700** **ALANA Beach Party**  
Must Have Wristband to Attend

## SUNDAY, APRIL 28 – 6 HOURS, 3 PHARM

- 0600-0700** **Registration/Continental Breakfast**
- 0600-0630** **Yoga with Pennie Nichols, CRNA**  
Meet at ALANA Registration Desk
- 0600-0700** **Wellness Presentation III: Making Lemonade: One CRNA's Story of Addiction and Recovery**
- \*\*0700-0900** **The Uppers and Downers of Cardiac Pharmacology: Angela Mund, DNP, CRNA**
- 0800-1000** **Student Breakout Session**
- 0900-1000** **Healthcare Policy, Practice and Patient Advocacy: Angela Mund, DNP, CRNA**
- 1000-1030** **Break & Hotel Checkout**
- 1030-1130** **Demystifying the Intraoperative Blood Pressure Enigma: Ken Taylor, DNP, CRNA**
- \*1130-1230** **Anesthetic Element of Surprise: Magnesium: Ken Taylor, DNP, CRNA**
- 1230** **Adjournment**  
*\* Pharm Credit*



# ALANA SPRING MEETING REGISTRATION FORM

April 26 - 28, 2019

Hilton Sandestin Beach Golf Resort & Spa, Destin, Florida

Call 1-800-367-1271 (hotel code ANS) for Hotel Reservations Today!

## EARLY BIRD RATES – EFFECTIVE UNTIL FEBRUARY 15TH

Name: \_\_\_\_\_ Current AANA Number: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

The **Full Meeting** fee includes admission to all educational sessions. The daily registrations allow participants to attend one or more days to fit their respective schedules. Registration fees include admission to the selected educational sessions, exhibits, handouts, food & beverage service & admission to the reception & beach party. Buy a Guest Pass for spouses/guests, which includes tickets for Opening Reception & the Beach Party.

I am an AANA Member:

\_\_\_\_\_ Full Meeting - \$350

\_\_\_\_\_ Friday - \$200

\_\_\_\_\_ Saturday - \$175

\_\_\_\_\_ Sunday - \$150

\_\_\_\_\_ Student, In State - \$75

I am an Not an AANA Member:

\_\_\_\_\_ Full Meeting - \$600

\_\_\_\_\_ Friday - \$300

\_\_\_\_\_ Saturday - \$275

\_\_\_\_\_ Sunday - \$250

\_\_\_\_\_ Student, Out-of-State - \$100

\_\_\_\_\_ Guest Pass - \$25 • Guest Name: \_\_\_\_\_

*Up to \$150 of your registration fee may be donated to ALA-CRNA PAC. PAC donations are not tax deductible. Please consult with your tax advisor regarding the deductibility of registration fees or PAC contributions as a business expense.*

{  } Please check this box if you do NOT wish to donate to the ALA-CRNA PAC & your entire registration fee will go to the ALANA general fund.

**AANA Members who register for the Full Meeting can purchase the AANA CPC Core Modules for only \$175 - a savings of \$224!**

### Sponsor-A-Student Program

ALANA is offering each of you an opportunity to show your support for the future of our profession by sponsoring a student to attend the Spring Meeting. A ribbon will be added to your nametag designating you as a Sponsor-A-Student Donor. Wear it proudly! These funds go to offset the costs of student rooms & discounted registration.

\$ \_\_\_\_\_ Sponsor-A-Student Contribution - \$25

\$ \_\_\_\_\_ Optional ALA-CRNA PAC Contribution

Total Enclosed: \$ \_\_\_\_\_

Please check payment method: Check: \_\_\_\_\_ Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ Amex: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_

### 1. Why did you become a CRNA?

The first day I worked in the OR as a circulator I knew I wanted to be at the head of the bed. It was obvious to me I had misconceptions about what “certified registered nurse anesthetist” meant. My time in surgery allowed me to truly see what CRNAs do and the impact they can have on their patients. It was that exposure to the profession which motivated me to go back to school.

### 2. What is your most memorable case?

The most memorable cases to me are some of the most tragic ones. There are several I can think of when the patients were either experiencing a major loss or threat to their own well-being. I couldn't necessarily change their circumstances but I hope that my time with them provided some level of comfort along with an excellent anesthetic. I hope they knew they were important and deserved my best.

### 3. What are your hobbies outside of anesthesia?

Besides spending time with my family, my most favorite hobbies are reading and traveling. Give me a cup of joe and a good book any day and I'm good. Put me on a peaceful beach or mountain by the fireplace and I'm in heaven!

### 4. Can you tell us about the Christmas tree that DCH CRNAs put together?

Each year the Tuscaloosa Riverwalk has over 150 Christmas trees decorated by local organizations, businesses, and individuals. The “Tinsel Trail” benefits Tuscaloosa's One Place, a Family Resource Center. It is an opportunity for the DCH CRNAs to participate in the tradition of Christmas by giving back to the community. We also really enjoy decorating the tree and walking the trail with our own families. During opening night, we host a table and pass out cotton candy. This allows us to represent our profession and is a nice chance to let the public know who we are and what we do.

### 5. Last question, how do you introduce yourself to patients?

Most of the time, I introduce myself by saying “My name is Michele, I am your nurse anesthetist and will be with you the entire time during your procedure.” After that, I may expound upon monitoring and medications or may simply ask them a few questions to lighten the mood and get to know them. I try to personalize the situation as much as possible to earn their trust and possibly learn more than what may be on the pre-anesthetic evaluation.

# INTRODUCE YOURSELF:

## MICHELE GRAVOIS, CRNA



**Tinsel Trail Grand Opening CRNA table.**

*Pictured from L to R are: Back-Melanie Hollingshead, Angie Bagwell, Laura Foster  
Front- Michele Gravois, Davis-Asher Bagwell*



**Making cotton candy**

*(L-R) Brooke Lang, Reagan Bagwell, Angie Bagwell, Cameron Ozier, Taylor Ozier, Allison Ozier, Michele Gravois, and Laura Foster*



**“CRNAs Superheroes in Healthcare” Christmas Tree for 2018 Tinsel Trail at the Tuscaloosa Riverwalk.**



## RECENT FALSE CLAIMS ACT SETTLEMENT

By David Vaughn, Esq, CPC, Vaughn & Associates, LLC

We are thrilled to have noted healthcare attorney David Vaughn on our program for the Spring Meeting. David has been on the front line in working on some of the new practice models, and the legal impact they could have on CRNAs.

On June 4, 2018, the United States Department of Justice (“DOJ”) issued a press release involving a criminal indictment and False Claims Act settlement involving a pain physician, Dr. Michael Frey. According to the DOJ, Dr. Frey’s payment of \$2.8MM resolved kickback allegations where the DOJ contended that pain physicians referring anesthesia to their own captive CRNAs constituted a kickback, violating the federal anti-kickback statute (“AKS”).

According to the DOJ, Dr. Frey and his partner created an anesthesia entity (“Anesthesia Partners), which contracted with CRNAs to provide anesthesia in an ASC that Dr. Frey and his partner owned. Dr. Frey and his partner referred pain patients from their medical practice to their ASC, and used Anesthesia Partners to provide anesthesia in the ASC for the pain procedures. The DOJ contended this was a kickback.

The press release states, “The United States contends that Dr. Frey’s ownership interest in Anesthesia Partners, and the funds he received through his ownership interest, induced him to refer his patients for anesthesia services to Anesthesia Partners.” “This arrangement resulted in improper reimbursements to Dr. Frey as one of the owners of Anesthesia Partners.”

So, essentially, the DOJ contends that if a physician group has a medical practice and refers its patients to its own ASC where CRNAs are contracted to provide anesthesia services which are billed through an anesthesia company owned by the referring physicians, and the referring physicians keep part of the anesthesia revenue billed in the CRNAs’ name, that is a kickback. While the DOJ is only seeking reimbursements from the physicians in this case, the DOJ could have pursued an action against the CRNAs because the AKS (anti-kickback statute) is a criminal statute that criminalizes both the giver and receiver of a kickback. In this scenario, the givers of the kickback are the CRNAs who agreed to accept less than the full fee for service amount that Medicare would have paid had the CRNAs billed on their own.

So far, the DOJ has not filed a False Claims Act case or a criminal case against a CRNA for agreeing to give up part of his/her revenue to a referring physician in exchange for obtaining an anesthesia services contract, but conceivably the DOJ could file such a claim because both the AKS and FCA apply to all parties in an illegal relationship.

A final point is worthy of note. This case was not decided by a judge or jury. This was a settlement that did not go to trial. So, while the DOJ contends that kickbacks occurred, no judge or jury agreed with the DOJ on that issue. The attorneys representing the pain physicians in this case do not agree with the DOJ’s position on this, and to date, there have been no cases on this issue which have been tried and decided after a full trial. I think what is fair to say is that if a CRNA enters into a contractual relationship with a referring MD, where the referring MD keeps part of the billing receipts in exchange for giving the CRNA the anesthesia contract, there is exposure for both the MD and CRNA that the DOJ could claim that the arrangement is an illegal kickback. If you are faced with such a decision, consult competent legal counsel for an opinion before deciding whether to enter into such an arrangement.

# 2018 FALL MEETING

OCTOBER 5-7  
WESTIN/SHERATON  
BIRMINGHAM, AL



OH MY GOODNESS! Siran Stacy provided a moving, inspirational message that had us laughing & crying, but left us all wondering what we can do to achieve our fullest potential



ALANA President, Michael Humber, thanks Amy Pfeil Neimkin for her years of exceptional service as our Federal Political Director



Ray Dunn presents the ALANA Past President's Pin to outgoing President Michael Humber



**Students from Samford and UAB learned a lot from Dr. Michael Rieker**



**Samford's Maria Ledbetter and Terri Cahoon pose with speakers Caroline Huff and Alayna Wells and Program Co-Chair Krista Niedermeier**



**Samford's David Fort, Maria Ledbetter, Lisa Harbinger, Terri Cahoon and Amy Snow visit with Michael Rieker, the Funderburg lecturer between sessions**