

ALANA NewsBulletin

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



2016 ALANA Fall Meeting

Friday, October 14 – 8 CE Credits, *2 Pharm

- 1130-1200 Registration
*1200-1400 Adult Cardiovascular Seminar,
Michael Humber & Scott Karr
*1400-1600 Pediatric Cardiovascular Seminar,
Michael Humber & Scott Karr
1600-1700 Dinner on Your Own
1700-2100 Advanced Airway Management
Session with Hands-on Training
1700-1900 Exhibitor Set Up (Tables First Come,
First Served)

Saturday, October 15 – 8 CE Credits, *1 Pharm

- 0700-0730 Registration & Exhibits Open
0730-0845 ALANA Update/Business Meeting
with Breakfast Buffet
0845-0945 Evaluating CRNA Job Opportunities,
Paul Santoro
0945-1015 Refreshments & Exhibits Open
1015-1115 Current Trends in Healthcare &
Anesthesia Economics, Paul Santoro,
1115-1215 Panel Discussion with Paul Santoro,
Larry Hornsby, Matt Hemrick &
Brad Hooks
1215-1330 AANA Region 7 Update,
Heather Rankin with Working Lunch
& Exhibits Open
1330-1430 White Paper
Presented by Samford Students

- 1430-1500 Refreshments & Exhibits Open-
Exhibitors Tear Down After Break
1500-1600 Anesthesia and Temperature
Management, Heather Rankin
*1600-1700 Steroids and Surgery, Heather Rankin
1700-1830 Welcome Reception on the Rooftop
in Honor of First Year Students

Sunday, October 16 – 4 CE Credits, *3 Pharm

- 0730-0800 Registration & Continental Breakfast
*0800-0830 Anesthetic Use of Precedex, Nate
Jones
*0830-0900 Protamine: Friend or Foe?, Erica
Gobetti
*0900-1000 TXA for Hemorrhagic Trauma and
Orthopedic Surgery, Lisa Herbinger
1000-1015 Break
1015-1045 Anesthetic implication of
Cardiomyopathies, Kelly Just
*1045-1115 Anesthetic Management of Ischemic
Heart Disease, Patrick Millican
*1115-1145 Exploring an Anesthetic
Complication Through Trigger Films,
Jessica Sewell and Bethany Story
1145-1215 Ultrasonography for Airway
Evaluation, Allie Looney
1215 Adjournment

President's Message . . .

Michael Humber, DNP, CRNA, MNA



I cannot believe football season is once again upon us. The humid, hot summer is nearing its end and for me this chapter of my book is now coming to a close. It is hard to believe that I have now served this wonderful organization as President for a year. It has for sure gone by at record pace. I do want to take this time to thank my Board of Directors and all of those that tirelessly serve the ALANA. This group has been an action oriented group that has accomplished the tasks set before them in a very diligent manner.

During this year, I have had the opportunity of a lifetime in leading our state organization through some trying issues. Your BOD, legal counsel, Franklin Resources Group, and Group Management Services have assisted me greatly in tackling many challenges. I have had the opportunity to meet with numerous leaders in our state, including our representatives and senators. We have solidified some relationships and made new friends. An amendment to potentially devastating legislation was passed. We continue to work with the Board of Nursing on challenges related to licensure vs. recertification. I have met with and forged relationships within AANA leadership. It is a pleasure to be an advocate for our state and our CRNAs as I walk through my daily practice.

As a priority during my term, I set out to make regional updates and meetings a reality. This has been one of my best moves by far. By the time you read this newsletter, I will have visited Tuscaloosa, Anniston/East Alabama, Dothan, Huntsville, Mobile, and Montgomery. These meetings have provided me a great opportunity to meet CRNAs around the state from various practice sites. I have been able to take current information about the ALANA and AANA to the CRNAs. The meetings have been well received and it is my hope that this will continue annually so that we can continue to engage the CRNAs around the state. I hoped to light a fire in folks and get them involved.

It is now time to renew your membership with the AANA. PLEASE take time to renew your membership NOW. It's easy. You can pay using the quarterly payment method which is really painless. Your \$161.25 per quarter helps

support the ALANA. The membership dues revenue drives our organization and we cannot protect our practice in this state without involvement. My plea is that you let those, that have a burning desire, travel to Montgomery, Chicago, and D.C. do so while you continue to earn your salary and deal with situations in life. It's in my blood to serve and protect this great profession and I absolutely love it. Ask your co-workers to be sure they renew their membership as well.

The Veterans Health Authority issue for full practice authority for APRNs is now in review. At this time, we really have no idea what the results of the greater than 167,000 comments will show. I know there are positive comments and rather offensive comments. I also know the quality of care we provide to veterans whether at the VA Hospital or in our private sector. I really appreciate those Alabama CRNAs that took time to comment on this issue. Despite great efforts and numerous E-blasts, we did not meet our goal. Seeing the importance of this issue and our response rate, I think it is important that we continue to look for ways to get the word to our members in a way that messages are not sitting in one's junk mailbox. Legislation is still pending and I and your Federal Political Director are watching closely and advocating on your behalf. Be alert for changes and a call to contact your Congressman or Senator. Matter of fact, as you read this newsbulletin, members of the ALANA are in Washington DC at the AANA Annual Congress representing Alabama and speaking to House and Senate members.

The following students are the recipients of the AANA Foundation Scholarship from the Alabama Association of Nurse Anesthetists. These students will be recognized at a luncheon at the AANA Annual Congress. Margaret Hunt from the The University of Alabama at Birmingham Nurse Anesthesia Specialty Track, MSN Program and Tyler Nutt from the Department of Nurse Anesthesia Ida V. Moffett School of Nursing Samford University.

What is next? I know everyone is clamoring for the opportunity to vote for the next President of the United States.

Calendar of Events

2016 ALANA Annual Fall Meeting
October 14 – 16, 2016
The Grand Bohemian Hotel
Mountain Brook, Alabama

2016 AANA Annual Meeting
September 9 – 13, 2016
AANA Annual Meeting
Washington, DC

2016 AANA Fall Leadership
Academy
November 11 – 13, 2016
The Westin O'Hare
Rosemont, IL

2017 AANA Mid-Year
Assembly
April 7 – 11, 2017
Renaissance Hotel
Washington, D.C.

2017 ALANA Spring Meeting
April 21 – 23, 2017
Hilton Sandestin Beach Golf
Resort and Spa
Destin, Florida

You will have the opportunity in the coming weeks to vote for new ALANA board members and the future executive leadership of the ALANA. I urge you to cast your vote. We have great representation from all across the state once again as your nominating chair has put together a very diverse ballot. This year you will vote for President-elect, Treasurer, four Board positions, and Nominating Chair. The electronic ballot will be coming soon.

Please plan to join me at the ALANA Annual Fall Meeting October 14th -16th at the Grand Bohemian in Mountain Brook. We have a great lineup. Also, you will have the opportunity to cast your vote for changes to ALANA bylaws. Thirty days prior to the annual business meeting the official proposed changes to the bylaws will be sent to members across the state for comment. On Saturday, October 15th the bylaws revisions will be presented to the membership for a vote. Please take time to read through the rules that govern our organization. There are other social opportunities to meet and greet fellow members and students from our two nurse anesthesia programs. I look forward to seeing you!

In finale, our profession is constantly under attack. I thank you for giving me the chance to help protect our future, our profession, our scope of practice, our reimbursement, and so much more. I take great pride in representing the Alabama Association of Nurse Anesthetists and the wonderful CRNAs that make up this organization. Thank you for your support. It has been a great year of many accomplishments. As always I am at your service. Please reach out to me if I can assist you in any way.

Regards,
Michael Humber, CRNA, DNP, MNA
President



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Patient Safety

CAPNOGRAPHIC MONITORING IN ROUTINE EGD AND COLONOSCOPY WITH MODERATE SEDATION: A PROSPECTIVE, RANDOMIZED, CONTROLLED TRIAL

Am J Gastroenterol 2016;111:395-404

Mehta PP, Kochhar G, Albeldawi M, Kirsh B, Rizk M, Putka B, John B, Wang Y, Breslaw N, Lopez R, Vargo JJ

Abstract

Purpose

The purpose of this study was to compare differences in hypoxemia (SaO₂ <90% for 10 s) in patients undergoing esophagogastroduodenoscopy (EGD) and colonoscopy randomized to capnography (ETCO₂) monitoring vs. standard monitoring without ETCO₂.

Background

Capnography (ETCO₂) allows for earlier detection of respiratory depression than pulse oximetry (SaO₂). In 2010, the American Society of Anesthesiologists published standards of basic anesthetic monitoring recommending continuous ETCO₂ for procedures requiring moderate or deep sedation (Contributing Editor's Note: the AANA has similar standard). However, there are increased costs and training associated with ETCO₂ use for routine EGD and colonoscopy procedures during nurse-administered moderate sedation. According to the authors of this manuscript, there is no randomized evidence to support improved patient safety with the use of ETCO₂ for moderate sedation procedures during outpatient EGD and colonoscopy procedures in ASA I or II patients receiving traditional sedatives and opioids such as midazolam, meperidine, and fentanyl.

Methodology

This was a single-center, prospective, randomized, blinded trial of patients undergoing either EGD or colonoscopy. Inclusion criteria were: ASA I or II and aged 18 years or older. Exclusion criteria were: ASA III or higher or history of diagnosed obstructive sleep apnea. Patients were randomized into either a capnography blinded group in which ETCO₂ information was not available to the sedation nurse or physician (ETCO₂ No) or a group in which ETCO₂ information was available to the sedation nurse and physician (ETCO₂ Yes).

Staff in the ETCO₂ No group received no ETCO₂ information during the procedure except when unrecognized apnea ≥ 30 s occurred. The endoscopist, sedation nurse, and room technicians were all blinded to the ETCO₂ information.

In the ETCO₂ Yes group data collection personnel announced to the room "not breathing properly" or "patient not breathing" in response to respiratory abnormalities on the ETCO₂ monitor, including:

Hypoventilation defined as a respiratory rate ≤ 8

Apnea defined as respiratory rate of 0 for ≥ 5 s

Disordered respirations defined as a $\geq 75\%$ reduction from baseline capnographic waveform lasting ≥ 10 s

Pseudo apnea defined as the capnography monitor showing a flatline or apnea and the subject was subsequently found to be breathing or holding their breath

Sedation was initiated with midazolam 2 mg and either fentanyl 50 μ g or meperidine 50 mg IV. Two minutes after initial sedation, the sedation nurse could titrate medications to effect to achieve moderate sedation. All patients were monitored

with SaO₂, EKG, BP, and visual assessment by experienced sedation nurses. Nasal cannula oxygen was not administered unless baseline SaO₂ <90%. When hypoxemia occurred (SaO₂ <90%), the nurse would tap the patient's forehead or speak to them. If that did not correct the hypoxemia, then oxygen was administered.

Primary Outcome

- Hypoxemia: SaO₂ ≤90% for ≥10 s

Secondary Outcomes

Severe hypoxemia: SaO₂ <85% at any time during procedure

Hypoventilation: respiratory rate ≤8

Apnea: flatline or respiratory rate of 0 for ≥5 s)

Early procedure termination for any reason

EGD and colonoscopy patients were analyzed separately. A P < 0.05 was considered significant.

Result

There were 209 EGD patients (No ETCO₂ = 108 vs. Yes ETCO₂ = 101). No significant differences were found in baseline characteristics, procedure time (average: 6 min), midazolam dose (average: 4 mg), fentanyl dose (average: 1.2 µg/kg), or meperidine dose (average: 95 mg).

In EGD patients, no differences were found in the rate of hypoxemia (SaO₂ <90%) between the No ETCO₂ and Yes ETCO₂ groups (55% vs. 54%). There was also no difference in the rate of severe hypoxemia; SaO₂ 85% (17% vs. 21%), disordered respiration (13% vs. 11%) or hypoventilation (13% vs. 12%). Interestingly, the rate of apnea was significantly higher in the Yes ETCO₂ group compared to the No ETCO₂ group (58% vs. 43%; P = 0.02).

In EGD patients, multivariate analysis demonstrated that patients with lower baseline oxygen saturations and higher diastolic blood pressure were more likely to experience an episode of hypoxemia after adjusting for gender and fentanyl and midazolam dosing. The absolute risk reduction for hypoxemia associated with the use of ETCO₂ during EGD was 4.6% (P = NS). A number needed to treat analysis showed that one patient in every 22 would benefit from ETCO₂ monitoring. For severe hypoxemia, the absolute risk reduction associated with the use of ETCO₂ was 2.8%. Here 37 patients would need ETCO₂ monitoring to prevent one patient from experiencing severe hypoxia.

There were 231 patients in the colonoscopy group (No ETCO₂ = 114 vs. Yes ETCO₂ = 117). No significant differences were found in baseline characteristics, procedure time (average: 17 min), midazolam dose (average: 4 mg), fentanyl dose (average: 1 µg/kg), or meperidine dose (average: 71 mg).

In colonoscopy patients, no differences were found in the rate of hypoxemia (SaO₂ <90%) between the No ETCO₂ and Yes ETCO₂ groups (54% vs. 52%). Similar rates were found for disordered respiration (26% vs. 30%), and hypoventilation (17% vs. 16%). However, the rate of severe hypoxemia (SaO₂ <85%) was significantly higher in the No ETCO₂ group compared to the Yes ETCO₂ group (18% vs. 5%; P = 0.002).

While not significant, a higher rate of apnea was also observed in the No ETCO₂ group (63% vs. 56%).

In colonoscopy patients, multivariate analysis demonstrated that patients with higher body mass index (BMI) and lower baseline oxygen saturations were associated with an increased likelihood of hypoxemia after adjusting for sedation. For

severe hypoxemia, increasing BMI and higher fentanyl dose were associated with an increased rate of severe oxygen desaturation (<85%). Being randomized to the Yes ETCO2 group significantly decreased the odds a patient would experience severe hypoxemia (OR = 0.24, P = 0.004). After adjusting for BMI and fentanyl dosing, patients in the Yes ETCO2 group were 76% less likely to have an episode of severe hypoxemia compared to the No ETCO2 group.

For severe hypoxemia, the absolute risk reduction associated with the use of ETCO2 was 12.8% meaning 1 patient in every 8 would benefit from ETCO2 monitoring.

Conclusion

The use of ETCO2 during outpatient EGD and colonoscopy in ASA I & II patients did not appear to lower the rate of hypoxemia. However, use of ETCO2 may be of benefit in obese patients undergoing colonoscopy.

Comment

I have spent some time reviewing the gastroenterology literature and reading community discussion boards on the use of ETCO2 during outpatient EGD and colonoscopy procedures in ASA I and II patients. I must say, my perception is that some gastroenterologists see no benefit in the use of ETCO2 during nurse-administered sedation (no propofol) and feel the higher cost is not justified. Unfortunately, some gastroenterologists will probably cite this study as a reason for NOT needing to use ETCO2 in this patient population.

In the abstract published by the authors, they concluded that ETCO2 monitoring in this population does not reduce the incidence of hypoxemia. Based on their findings, they are correct; however, they failed to state that the rate of severe hypoxemia was significantly reduced when ETCO2 was used during colonoscopy, especially in obese patients. You have to read the whole manuscript to discover this finding. I find their conclusion to be a biased representation of the findings of this study.

The findings of this study are not generalizable. All nurses and gastroenterologists were blinded to ETCO2 data and were only told by an investigator whether or not the patient was not breathing. This design is not clinically relevant because a nurse administering the sedation would be using the ETCO2 combined with the other clinical data to correct any hypoventilation and hypoxemia. Another limitation is that the authors did not report if any patients required oxygen administration. Also there may have been some baseline differences in the EGD group, which biased the results. Additionally, monitoring ETCO2 during EGD can be challenging, especially during scope placement. Patients are often coughing and moving, and many times the pulse oximeter may not be accurate. These procedures are also shorter. Also the investigators should have collected STOP-BANG data on patients, as I suspect some may have had undiagnosed Obstructive Sleep Apnea, given BMI was associated with severe hypoxemia during colonoscopy. These issues combined with the study design make me less confident in the study findings.

If anything, the results demonstrate the use of ETCO2 decreases the rate of severe hypoxemia during colonoscopy, especially in obese patients. I recommend anesthesia providers help educate and train nurses and gastroenterologists on the use of capnography during moderate sedation. As nurses gain more experience using capnography, I suspect they will find its use of benefit during EGD and colonoscopy procedures.

Dennis Spence, PhD, CRNA

The views expressed in this article are those of the author and do not reflect official policy or position of the Department of the Navy, the Department of Defense, the Uniformed Services University of the Health Sciences, or the United States Government.

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New and exciting changes are happening at Samford! We have moved into our new building along with faculty and students in the College of Health Sciences. The college is in two of the buildings which were previously part of



Southern Progress. The entrance is just east of the main Samford entrance on Lakeshore Drive. The new 22,000 square foot simulation center will enhance the nurse anesthesia students' experiential, interprofessional learning opportunities. An open house including the five-

bed high fidelity simulation suite, health assessment lab, and standardized patient suite will be September 9th.

The department was recently awarded a Nurse Anesthetist Traineeship (NAT) Program grant from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). This grant will provide \$25,542 to both first and second year students to help defray tuition, books, and living expenses. This is the 13th year for Samford to receive a NAT grant. To date, Samford has received more than \$238,000 through the HRSA NAT Program.



The department received approval from the Council

on Accreditation of Nurse Anesthesia Educational Programs (COA) to implement a graduate level curriculum leading to the award of a Doctor of Nursing Practice (DNP) degree. This curriculum is designed to allow students to take the first two semesters online while continuing to work in the critical care setting. The curriculum will be 36 months in length. The first DNP cohort starting in May 2018 will be in the newly approved DNP curriculum and graduate in May 2021. The current MSN curriculum will be offered only twice more - to cohorts starting in January 2017 and January 2018. According to the COA, all nurse anesthesia educational programs are required to

move to the doctorate degree by 2022.

Admission interviews for the Class of 2019 were conducted at the end of July. A strong pool of 57 accepted invitations to visit campus for interviews. The class of 25 includes 8 from out of state including Georgia, Tennessee, North Carolina, and Texas. We look forward to this strong class starting in January 2017. Thank you to the students who served as hosts to the applicants.

Four students in the classes of 2017 and 2018 will be attending the AANA Annual Congress in Washington, DC in September. William Gafford is representing Samford in the 2016 Anesthesia College Bowl on Monday night. Mollie Allen will be receiving the AANA Diamond Club Scholarship and Tyler Nutt will be receiving one of the Alabama Association of Nurse Anesthetists Scholarships at the

AANA Annual Meeting Student Scholarship Luncheon.

Thank you to the ALANA



for supporting the AANA Foundation to make this scholarship possible.

Several students have volunteered with different community ministries as part of the program's service learning program. William Gafford and Newton Tinsley continue to serve with Unless U. Several students assisted with the Next Level Football Camp. Tyler Nutt received funds from the Jackie Davis Medical Missions Fund to serve in Migori, Kenya providing anesthesia for three days of surgery in July with alumni Molly Shaw and Katherine Thompson. Haley Waddell will be travelling with Kenya Relief to serve at the same clinic in September. Amy Snow, Clinical Director, will continue to host the "Lunch and Learn" sessions to inform the students of professional, community, and ministry service opportunities.

Bethany Story and Jessica Sewell, Class of 2015, will have a podium presentation, "Exploring an Anesthetic Com-

Continued on next page

plication Through Trigger Films” at the Fall Meeting in October. This interactive presentation will challenge the audience’s diagnostic and treatment knowledge. Also presenting will be Allie Looney, Class of 2016, “Ultrasonography for Airway Evaluation.” Dr. Lisa Herbinger will be presenting “TXA for Hemorrhagic Trauma and Orthopedic Surgery.” Finally, senior students, Mollie Allen, Steven Beegle, Tyler Nutt, Precious Stallings, Holly Thomas, Meghann Redmon, Mary Beth Williams, and Jared Willis will present the 2016 edition of the ALANA White Paper regarding type and distribution of anesthesia providers and anesthesia practice and employment models for the state of Alabama. These eight students have been diligently gathering information from all hospitals, surgery centers, and office-based practices through personal communication. The White Paper, originally written in 2009 and revised in 2012, is utilized to educate policy makers of the impact of nurse anesthetists throughout Alabama and especially in rural areas. The Funderburg Lectureship featuring the esteemed Paul Santoro is affiliated with the Fall Meeting again this year. We look forward to learning more about the business and economic side of nurse anesthesia from Mr. Santoro.

Congratulations to the Class of 2016 who had a 100% employment rate. The 25 graduates are employed in five different states with 17 remaining in Alabama. Nineteen out of the 25 are working in rural or medically-underserved areas. Jen Snee has joined the U.S. Army as an active-duty captain. Just for reference, during their clinical education at Samford, these 25 students averaged 793 anesthesia cases and 2106 clinical hours. The Class of 2016 also clocked approximately 1020 hours of service including professional service, community service, and medical missions.

At a graduation luncheon on May, the Class of 2016 celebrated with the department faculty and staff. The Agatha Hodgins Award was given to Maggie Kelley as the most outstanding nurse anesthesia student. This award is to recognize Maggie’s excellence in clinical practice, service and leadership skills as well as academic achievement. The Resa Culpepper Professionalism Award was given to Alicia Gladden for her professionalism and service as an anesthesia student. Alicia served on ALANA



committees as well as attended the AANA Assembly of School Faculty.

Christine Wood was recognized at the Baptist awards luncheon for the Academic Achievement Award for the highest GPA. She graduated with a 4.0 and an average of greater than 97%. Her path to nurse anesthesia is a little different than most as her initial undergraduate degree was in biomedical engineering. Brad Messner was the recipient of the Elizabeth Calhoun Memorial Award. The award criteria states that it is for a student who exemplifies the highest professional qualities such as leadership, integrity and a passion for serving those in need. Brad, as a veteran who was awarded the Bronze Star Medal and the Army Commendation Medal with Valor, also had a case study, “Anesthetic Management of a Veteran with History of Emergence Delirium,” published in the Spring 2016 issue of The International Student Journal of Nurse Anesthesia (ISJNA). Jen Snee had a case study, “Dexmedetomidine for procedural sedation in obstructive sleep apnea patients,” published in the August issue of the ISJNA. Alicia Gladden’s case study, “Successful Resuscitation during a Metopic Cranioplasty” was also published in the ISJNA.

William Gafford, class of 2018, was awarded the Lonnie W. Funderburg Nurse Anesthesia Scholarship for his commitment to compassion and caring for the underserved. While playing soccer during his undergraduate education, he co-founded Gafford Girls’ Soccer Academy in Uganda that he continues to support financially. He writes, “The majority of the girls who were on our team did not have shoes, balls to play with or any soccer gear. A large majority did not even have a home. 15 of our 29 players are orphans. A lot has changed since 2012. Gafford Girl’s Soccer Academy (Gafford Ladies FC) is now first place in the FUFA (Federation of Ugandan Football Association) Elite Women’s League. Our goal is to develop, promote, and empower young girls in the area through soccer. Thanks to donations from others, I am able to pay for food, jerseys, water, transportation, doctor fees, league fees, and much more for these girls and coaches.”

Samford Nurse Anesthesia continues to be thankful for the numerous preceptors and professional mentors who positively impact our students, program, and profession. Our students and graduates have incredible role models to emulate.

The Utility of Dexmedetomidine for Intravenous Sedation Cases in Patients with Obstructive Sleep Apnea

Haley Waddell, RN, BSN, SRNA, Samford University



The use of dexmedetomidine (Precedex®) as an adjunct to other anesthetic agents is gaining popularity due to its unique clinical pharmacodynamics. Dexmedetomidine, a potent, highly selective alpha 2 agonist, works at the spinal cord level causing an efflux of potassium which hyperpolarizes the cells and makes them less excitable. This decreased excitability produces the clinically seen sedation effects. When compared to propofol, dexmedetomidine induced sedation is more physiologically similar to natural sleep, patients are more easily aroused, and have less respiratory depression.¹ Because of the minimal effects on ventilatory status, researchers are investigating the utility of dexmedetomidine for intravenous (IV) sedation for patients with obstructive sleep apnea (OSA).

In a 2016 prospective, observational study, Yoon et al. used drug induced sleep endoscopy (DISE) to evaluate the cardiopulmonary parameters and upper airway collapse patterns of 50 participants with OSA.² DISE allows for fiberoptic visualization of upper airway dynamics.³ Inclusion criteria included 18 – 60 years of age with an apnea-hypopnea index greater than five events per minute, and a significant incidence of morning headaches, snoring, and daytime somnolence. Participants with a BMI >30 kg/m² or maxillary or mandibular deformities were excluded. Participants were sedated and evaluated for 30 minutes on two different days; the first with a target-controlled infusion (TCI) of propofol and the second with a TCI of dexmedetomidine. Both groups were monitored for degrees of upper airway obstruction and changes in hemodynamic parameters. During flexible fiberoptic evaluation, the researchers found almost complete agreement between the two groups in airway obstruction characteristics at all sites, irrespective of sedation depth measured by bispectral index monitoring. However, there was a significant difference in oxygen saturation (SpO₂) levels. The mean SpO₂ level in patients from the propofol group was 83.7% +/- 4.5%, while the mean SpO₂ level in patients from the dexmedetomidine group was 91.4% +/- 3.1%. In addition, the frequency and duration of desaturation events were significantly higher with propofol sedation than with dexmedetomidine. In fact, desaturation levels to 80% or below occurred in approximately 40% of the patients receiving propofol while none of the participants receiving dexmedetomidine experienced desaturations to that level. And although upper airway obstruction events did occur with dexmedetomidine, fewer events occurred than with those in the propofol group.²

Yoon et al. also reported that a 20% change from baseline heart rate and blood pressure occurred in a significantly higher number of patients from the propofol group when compared to the dexmedetomidine group. The authors concluded that dexmedetomidine is an effective and safer alternative to propofol with greater hemodynamic stability and less respiratory depression for patients with OSA undergoing IV sedation.²

While dexmedetomidine may provide advantages for IV sedation, it has the potential to produce hemodynamic effects. Because of its action on alpha 2 receptors, dose-dependent hypotension and bradycardia may occur and thus should be used cautiously in patients with varying forms of heart block.¹ In addition, with a half-life of 120 minutes, dexmedetomidine can cause prolonged drowsiness when compared to propofol. The half-life of propofol is 60 minutes with a dose-dependent time to awakening of 5-15 minutes.¹ However, when considering the increased risks of airway obstruction in patients with OSA, dexmedetomidine may be a better choice than propofol for procedural IV sedation.

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2. Yoon BW, Hong JM, Hong SL, et al. A comparison of dexmedetomidine versus propofol during drug-induced sleep endoscopy in sleep apnea patients. *Laryngoscope*. 2016;126(3):763-767.
3. Rodriguez-Bruno K, Goldberg AN, McColloch CE, Kezirian EJ. Test-retest reliability of drug-induced sleep endoscopy. *Otolaryngol Head Neck Surg*. 2009;140(5):646-651.



Update

Susan McMullan PhD, MSN, CRNA, Associate Professor
Nurse Anesthesia Specialty Track Coordinator



Following a busy summer, the UAB Nurse Anesthesia senior class looks forward to wrapping up their last semester and graduating December 5th. The junior class has started their clinical residency, and we welcome our new cohort of students who began classwork on August 29th. Our new class of students includes students from Alabama, Colorado, Florida, Georgia, Illinois, Indiana, Texas, and Wisconsin and we are honored that they chose UAB. The UAB School of Nursing is working towards a major construction project that should provide us with state-of-the-art classroom and lecture space, as well as a new high-fidelity simulation center featuring a dedicated perioperative area including our own surgical suite!

In August, the Department of Clinical Simulation and Director Penni Watts, PhD, RN, CHSE-A were able to assist the UAB Nurse Anesthesia Program in the procurement of a SonoSite S-Nerve ultrasound machine with a HFL-50 ultrasound probe. Support from the School of Nursing has insured that UAB students will continue to receive unique experiences in regional anesthesia, including live models, animal models, and high-fidelity simulations for years to come!

University of Alabama at Birmingham Nurse Anesthesia student, Margaret “Maggie” Hunt, BSN, SRNA, was selected to receive one of two scholarships awarded annually by ALANA to exceptional students. Miss Hunt applied for the scholarship with a detailed essay describing her aspirations as a future CRNA. Maggie will be honored at the recognition luncheon for scholarship recipients at the 2016 AANA Annual Congress.

Several University of Alabama at Birmingham Nurse Anesthesia students will attend the 2016 American Association of Nurse Anesthetists Annual Congress, in Washington D.C. Mrs. Vanessa Brown, BSN, SRNA has been selected to participate in the College Bowl and LTJG John Woods, BSN, SRNA, NC, USN will continue to serve as the AANA Foundation Student Representative. Mr. Woods carries the responsibility of speaking with each class about the AANA Foundation, updating them throughout the year, and representing the AANA Foundation at all ALANA and AANA meetings.

I was invited to present “Preoperative Preparation of the Pediatric Patient” on September 13th at the AANA Annual Congress. On September 9th, I will present “Anesthesia for Pediatric Ophthalmic Procedures” at the 30th Annual Scientific Meeting of the Ophthalmic Anesthesia Society, in Chicago, Illinois. We are pleased to announce that Bryan Wilbanks, PhD(c), DNP, CRNA has joined the faculty of the UAB School of Nursing. His expertise in Nurse Anesthesia and Informatics will be a great addition to the school. In 2004, Bryan earned his Master of Science in Nursing at University of Tennessee at Chattanooga, and in 2012, he completed the DNP at UAB. Presently, Dr. Wilbanks is completing remaining requirements for his PhD from UAB and anticipates a December, 2016 graduation. We are proud to welcome Bryan into the UAB family!

In faculty news, we are pleased to announce that Dr. Todd Hicks will now serve as UAB Nurse Anesthesia Assistant Program Director, in addition to his usual teaching assignments. Dr. Laura Wright continues to serve nurses of Alabama and the interests of CRNAs as the Vice President of the Alabama Board of Nursing. Mrs. Katie Woodfin, Director of Clinical Education, begins the DNP program at UAB this fall. Through unanimous support of various members and committees, the UAB Nurse Anesthesia Specialty Track retained International Federation of Nurse Anesthetists (IFNA) Level 2 recognition for another five years. The UAB Nurse Anesthesia Program is one of only six programs within the United States to have received this prestigious distinction. The IFNA noted that the UAB Nurse Anesthesia Program’s strengths include academics, clinical experiences, faculty and leadership.

Finally, UAB Nurse Anesthesia student Lauren Muse, BSN, SRNA served patients in Guaimaca, Honduras through participation in a medical mission trip. Following this review, you will find Miss Muse’s review of her experiences. UAB Nurse Anesthesia extends its warmest thanks to Lauren for representing UAB in a positive light and to all of those that worked so hard to make her experience possible.

Lauren E. Muse, BSN, RN, SRNA

UAB Nurse Anesthesia Program
Guaimaca, Honduras

In June I had the opportunity to serve on a mission trip in Guaimaca, Honduras with the Baptist Medical and Dental Mission International (BMDMI). I was one of four anesthesia providers, which included two CRNAs and one MDA providing anesthesia in four ORs. I provided anesthesia for urological cases such as TURPs, circumcisions, varicocele repairs, etc. When we arrived we spent time organizing the donated supplies in the anesthesia supply room and spent the next day performing preop visits for the patients we would care for during the week. We spent the rest of our days in surgery and our afternoons preparing for the next day and going into the villages and delivering rice, beans, and water.

For the most part, there were plenty of supplies -if you could find them! However, knowing supplies were limited made us cautious and mindful not to waste items; it is uncommon to feel this in the US. I performed spinals for all of the TURPs and mostly used LMA general for the other cases. The other members of the anesthesia team were always willing to come help if I needed it, and luckily I only needed help a few times. One of the more memorable cases was a boy who had a family history of Malignant Hyperthermia. With short notice

and limited oxygen supplies our options were limited. We used an E cylinder, a Jackson Rees circuit, and a propofol drip on a syringe pump to deliver his anesthetic. The team's multiple years of experience and knowledge of the supplies at hand allowed our anesthesia team to collaborate and perform a safe anesthetic for this little boy.

It was one of the most amazing experiences of my life. I met so many amazing people in Honduras and have made lifelong friendships. I want to acknowledge the people who helped me, because if it weren't for the help and donations from these wonderful people I would not have been able to go. I am incredibly grateful to my preceptor, Steven Plott, CRNA, and our urologist Alan McCool MD for inviting me to go and helping me get there; my director, Susan McMullan, PhD, CRNA for being so supportive of this trip, helping me navigate academic hoops; and Sow a Few Seeds, an awesome nonprofit organization, who provided me with assistance to go to Honduras.



President - Elect

Matt Hemrick, MSN, CRNA

Matt Hemrick, MSN, CRNA

Current Employment:

Regional CRNA Manager at Anniston RMC, Jacksonville RMC, and The Oxford Surgery Center

Experience: St Vincent's Hospital 2008-2012

CRNA-Only Office Based Practice, 2008-Present

Education: University of Alabama, BSN, 2001

University of Maryland, MSN, 2007

Service: Alabama Association of Nurse Anesthetists

Treasurer 2014-Present

Board of Directors 2012-2014

Finance Committee 2012-2014

Finance Committee Chair 2013-2014

Program Committee 2012-2014

Program Chair 2013-2014

Position Statement:

As the AANA engages in national conversations about scope of practice for APRNs with interdisciplinary groups and policymakers, it is incredibly important that the ALANA is poised to participate. The opportunity for Alabama's message to be communicated directly to our AANA Region 7 Director is here, as we have had our first member elected to this position in nearly twenty years. If elected President of the ALANA, I would seek every opportunity to work closely with Heather on issues that will impact our practice in Alabama. I will make our state's voice heard at any pertinent legislative meetings or hearings, lobbying efforts, grassroots initiatives, or interdisciplinary meetings to aggressively promote opportunities to expand our practice and defend our current practice rights. Many changes are imminent for our profession, and it is important that we continue to improve our organization and represent the CRNAs of Alabama in a positive way at the national level. I want to continue fighting for equitable reimbursement for anesthesia services and help educate those that are unaware of the issues we face. I am honored to be nominated as President-Elect and I believe that my experience and guidance from our past-presidents has prepared me to take on this role to lead the CRNAs of Alabama.

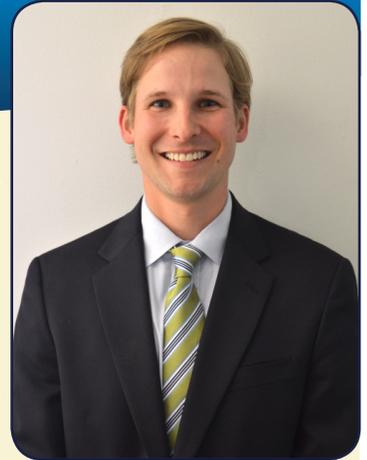
For the past four years, I have been serving the ALANA as a director, and now, as your Treasurer. This experience, coupled with the skills I have developed in the board room as I regularly meet and negotiate with hospital administration in my role as Regional CRNA Manager, has prepared and inspired me to do more for our organization. Colleagues, there

are many obstacles we face in our profession. Continuing education changes are moving forward with the NBCRNA. Changes are being made to insurance reimbursement in Alabama. The Veterans Health Administration proposal to improve access to care for APRNs has been significant and we need seat at the table in order to have a say in how our future unfolds. I want to be in that seat, representing you.

Members, our voice can make the difference between reimbursement in Alabama remaining stagnate or improving—our membership declining or growing—or our scope of practice being threatened or expanded. If given the opportunity to represent and lead our state, I am confident that my expertise as leader, clinician, and activist will bring value to our board and organization. I am intimately involved in the business of anesthesia, the constantly changing practice of anesthesia, and listening to the needs and concerns of others. There is much work to be done ahead, and I am up for the challenge and unencumbered by any outside political influences. I can be the voice of Alabama CRNAs without fear of retaliation from external influencers. My priorities as President will be to work with the ALANA leadership to:

- Improve reimbursement in Alabama
- Encourage CRNAs to join the ALANA
- Continue improving our relationship with our legislators and other regulatory agencies
- Protect CRNAs from threats to our scope of practice

The ALANA is here for you. I encourage you to stay involved and help get others involved. Whether you run for a position, join a committee, or donate to the PAC, we can use all the support. It is important that we continue to encourage SRNAs to get involved after graduation to continue the legacy that has been given to us. Thank you in advance for your support of my position as President-Elect. I look forward to continuing to serve you in the future.



President-Elect

Michael Humber, DNP, MNA, CRNA



Michael W. Humber, DNP, MNA, CRNA
Birmingham, Alabama
UAB Hospital, Birmingham, AL.
Staff CRNA

Education:

University of Alabama, Bachelor of Science in Nursing, 1997
University of Alabama at Birmingham, Master of Nurse Anesthesia, 2001
University of Alabama at Birmingham, Doctor of Nursing Practice, 2012

Applicable Professional Experience:

ALANA President 2015-present
ALANA President-elect 2014-2015
Alabama Board of Nursing Advanced Practice Council 2014-present
ALANA Treasurer 2012-2014
ALANA Executive Leadership 2012-present
ALANA Board of Directors 2010-2012
ALANA Public Relations Co-chair 2010-2011
ALANA Finance Co-chair 2010-2012
UAB SON Faculty Practice Committee Chair 2014
Founder and Charter President UAB Nurse Anesthesia Alumni Chapter

Position Statement:

You may ask, why would you want to run for President-elect again after having served as President? I have a few answers for you: 1) I love what I do to represent you all as CRNAs in this state 2) progress 3) relationships forged 4) protecting our practice. We are facing challenges over the next couple of years as the world of reimbursement changes. We have again reached out to Blue Cross Blue Shield of Alabama and have met with key executives so that we can be part of the solution rather than a group that just has to deal with the results of their decisions. Change is not always a bad thing, but there are challenges with change. We know that we are affordable and cost-effective providers of anesthesia service across this state and country. It is our job to make sure that the patients we serve, the legislators that represent us, and other key stakeholders are aware of the care and service we provide to all people, regardless of status, whether in rural Alabama or the metropolitan centers of Alabama. The face of anesthesia groups is changing. Large groups are consuming smaller ones. Some rural facilities are faced with potential take-over. It is important that we continue to provide high quality service no matter what the situation.

It is also important that we have someone at the table preserving our scope of practice. I have worked with your board through important legislation this past year that now through an amendment protects us by definition. We cannot just sit back and allow others to dictate what we are allowed to do when we have been

trained and certified as full-service anesthesia providers. I have forged a good relationship with the Board of Nursing Executive Director and she is now starting to understand us as a group. We must continue to work with others while progressing. Having a presence in Montgomery is key. The Continued Professional Certification (CPC) program of the NBCRNA is here. This is one of the most historic changes in nurse anesthesia continuing education ever. The ALANA has to offer innovative assessed continuing education programs and opportunities for professional activity units as part of the meetings offered by ALANA to the membership. The programs offered by the ALANA need to meet the needs of the entire membership and allow all members across the state of Alabama the opportunity to participate in the programs offered.

The progress we have made over the last 8 months has been tremendous. We have met with BCBS over GI endoscopy reimbursement, effectively amended legislation to protect our practice, forged relationships with legislators, offered a great group of speakers at the spring meeting, introduced a new face to the ALANA through our website, implemented regional updates throughout the state, campaigned for VHA full practice authority throughout the state, moved the fall meeting to a more central venue, and we will offer changes to the bylaws. Some of the above progress has been discussed for years but never implemented. As President my goals will continue:

- Work diligently with your Board of Directors to represent your interests.
- Protect the practice rights of CRNAs in Alabama.
- Continue to make progress in reimbursement issues that affect CRNAs in Alabama.
- Monitor and create innovative programs for CRNA continuing education.
- Implement an effective strategic plan that will forge the future of the organization.

The ALANA has accomplished many things due to the tremendous work of previous boards and experienced leaders. I plan to continue the work and move the association forward through times of change while representing your interests. I appreciate this nomination and will work hard to represent the ALANA in the best possible way.

Contact Information:

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205-999-7544

Treasurer

Todd Hicks, DNP, MNA, CRNA



Todd L. Hicks, DNP, MNA, CRNA | Assistant Professor
Associate Specialty Track Coordinator
Nurse Anesthesia Program
School of Nursing
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Position Statement:

The opportunity to serve is a privilege, and I open by extending my thanks. Thank you, Alabama CRNAs, for granting me the opportunity to serve you as a member of the Alabama Association of Nurse Anesthetists Board of Directors from 2013 until 2015.

For 85 years, Alabama CRNAs have generously contributed hard-earned money to ALANA with the expectation that their profession would be protected and their right to a full scope of practice be sustained. Each dollar granted the ALANA should be accounted for, but more importantly, each dollar must COUNT! Financial accountability and stewardship is the responsibility of all members and officers of ALANA, however the Treasurer must continually advocate for the financial best interests of ALANA.

As a board member, I represented the needs and best interests of CRNAs and ALANA members by advocating for fiscal responsibility. In both 2014 and 2015, I advised for reduction of expenses associated with ALANA meetings, while still providing worthwhile, value-filled events. As a board member, any time a vote was called, I carefully considered the opinions of constituent members and always weighed the fiscal cost versus the gain towards completing the mission of ALANA. When my term as board member was complete, I realized that a desire to continue to serve you remained.

As a component of my doctoral work at University of Alabama at Birmingham (UAB), I completed special coursework in leadership, advocacy, and healthcare finance. My academic coursework and professional experiences have granted me the opportunity to hone my leadership skills and helped me develop into an even stronger advocate for our profession.

My faculty appointment at UAB allows me to see into the future of the practice of nurse anesthesia, through the eyes of our nurse anesthesia students. Their excitement for the profession and their willingness to serve is apparent, and it must be harvested early. Often, students will become practicing CRNAs in Alabama, but remain inactive in the state organization. This trend cannot be allowed to continue! As members of ALANA, we must strive for the recruitment of student talent; we must mentor them so that they can take up the torch for the nurse anesthesia profession.

As treasurer of ALANA, I assure you that I will continue to promulgate a spirit of fiscal responsibility, transparency, and accountability. I will be accountable to you for the receipt and care of your money and will disperse funds as instructed by the Board of Directors. I affirm that I will maintain transparency and present a written report of all finances at the ALANA Fall Meeting. As a member of the executive council, it will be a priority to increase student involvement so we may better prepare for the future, professionally and financially. I encourage you to contact me any time, as a sounding board or a lightning rod, but also as a colleague and friend. When I am elected treasurer, be assured: you will have a voice on the ALANA Executive Council!

Thank you for your careful consideration and I wish each of you continued success!

Treasurer

Bryan Wilbanks, DNP, CRNA



Bryan A. Wilbanks, DNP, CRNA
Harvest, Alabama
University of Alabama at Birmingham, Birmingham, AL
Assistant Professor

Education:

University of Alabama in Huntsville, BSN, 2000
University of Tennessee at Chattanooga, MSN, 2004
University of Alabama at Birmingham, DNP, 2012
University of Alabama at Birmingham, Phd, current

Position Statement

For the past two years I have served on the board of directors for ALANA. I would now like to continue my service and serve as ALANA treasurer. I have been a nurse for 16 years and have worked as a staff anesthetist since 2004 at Huntsville Hospital in Huntsville, Alabama. During this time I have completed my DNP degree and I am also a candidate for the Phd degree. I have done volunteer research and committee work for the AANA Foundation. Most of my work for the AANA Foundation involved reviewing anesthesia related malpractice closed claims. I believe it is important to give back to the profession that has given me so much.

It is the responsibility of the treasurer to continuously evaluate the fiscal status of the organization and keep the membership and ALANA leadership informed. I am committed to doing a good job to safeguard the interests of the organization that represents Alabama nurse anesthetists. I am thankful for the opportunity to serve my profession over the next term. I would appreciate your vote.

Contact Information

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Director

Wesley Canerday, MSNA, CRNA



Wesley B. Canerday, MSNA, CRNA
Huntsville, AL
Huntsville Hospital, Huntsville, AL
Staff Anesthetist, SIS/IT Liaison for Anesthesia
Department

Education:

University of Alabama in Huntsville, BS, 1999
University of North Alabama, BSN, 2001
Middle Tennessee School of Anesthesia, MS, 2006

Position Statement:

“Why would you want to get involved in that” is what I was asked when I said that I was running for the ALANA Board of Directors. It is a very simple answer that can be summed up by saying, “I have the best job in the world! What I do is valuable to my family as well as the patients to whom I deliver anesthesia every day. Why would I not do everything I can to protect what I have and advance my profession in order to ensure its future?”

We are in a pivotal time in our profession as we are under attack every day by those that feel we are incapable of providing safe anesthesia. This became clear to me at the AANA Mid-Year Assembly where I was able to see this first hand as we went to the legislators’ offices to discuss our profession and what CRNA’s can offer. I feel it is part of my professional duty to not only belong to my professional organization, but to be an active part in it. It is vital that all CRNA’s are at a minimum informed if not active. It is because of the need to be informed and active that I am running and asking for your vote for a position on the ALANA Board.

Director

Justin Carroll, MSN, CRNA



Justin T. Carroll, MSN, CRNA
Birmingham, Alabama
Anesthesia Services of Birmingham; Brookwood Medical
Center

Certified Registered Nurse Anesthetist

Education:

University of Alabama, BSN, 2006
Samford University Nurse Anesthesia Program, MSN,
2012

POSITION STATEMENT:

To my fellow CRNAs.

As Nurse Anesthetists, we are in the midst of very exciting times for our profession. The VA Full Practice Authority regulation is pushing for full practice authority for APRNs within the Veterans Health Administration. There have been undeniable evidence-based research studies published proving that we are safe, high-quality, cost-effective, and accessible anesthesia providers. To say our previous state and national leadership have worked tirelessly and effectively in protecting and advancing our profession, would be an understatement. It is this example of leadership and hard work that has inspired me to represent and serve. I believe it is imperative that we continue this course, as well as, continuing to educate the public about who we are and what we do. We have an unprecedented opportunity to impact our future practice and continue to maintain such a powerful presence at the healthcare table. It would be an honor to represent our state's CRNAs by serving on the ALANA Board of Directors. I respectfully ask for your vote, and I look forward to giving back to a profession that has given me so much.

CONTACT INFORMATION:

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Director

Robin Holt, MNA, CRNA



Robin Holt, MNA, CRNA
Birmingham, Alabama
UAB Hospital, Birmingham, Al.
Staff Anesthetist

Education:

University of North Alabama, BSN, 1995
UAB Nurse Anesthesia Program, MNA, 2010

Position Statement:

Today we are faced with many challenges in our ever changing profession as Anesthetist. We must embrace and move forward together as a community as these changes come. We have to protect our scope of practice and continue to provide quality service to our patient population in these times of change. As a profession, we must continue to grow strong as a community and one voice in legislation to ensure our practice is protected for now and in the future.

Our voice must continue to be heard in legislation to educate those who may fail to understand the importance of our profession. Not only legislation, but we must also continue to educate our community around us to ensure they are aware of the service that we provide.

If elected, I will dedicate my time and abilities to maintain the service that has been provided by fellow Anesthetist that have served on the Board of Directors in the past. I will give my best effort to improve and protect our practice by joining with educators, legislation and others that work closely with the ALANA. I would appreciate your vote and hope to serve my community of Nurse Anesthetist.

Contact Information:

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rob70h@gmail.com

Director

Nita Morrisette, MNA, CRNA



Nita Morrisette, MNA, CRNA
Birmingham, Alabama
Children's of Alabama
Senior CRNA

Education:

Samford University, ASN, 1993
Samford University, BSN, 1998
UAB, MNA, 2001

As a proud Alabama CRNA for over 15 years, I am excited about the opportunity to serve on the ALANA Board of Directors. It has been a privilege to practice at Children's of Alabama and to function for many years as the resident manager for the nurse anesthesia students from Samford and UAB. I have a rich, state-wide network of colleagues to call upon to support our association's work, as hundreds of these former students are now CRNAs throughout the state.

We know we provide the highest quality care possible to the patients in our communities. However, we are facing new challenges daily and I want to make a difference! It is vital that our voice continue to be heard in both the legislative and healthcare arenas. I have supported those who have fought for my practice and now I want to give back to the association that has done so much for us all. As a member of your board of directors, I will work diligently, enthusiastically and strive to be the representative you deserve. It would be an honor to receive your vote for the ALANA Board of Directors.

Nita Morrisette, MNA, CRNA
2619 Yorkmont Drive
Vestavia Hills, Alabama 35226
205-979-6045 (home)
205-337-3654 (cell)

Director

Salima Mulji, MNA, CRNA



Salima P. Mulji, MNA, CRNA
Hoover AL
Staff Nurse Anesthetist, Department of Anesthesia
Services UAB Hospital
Education:
BSN, RN from UAB 1999
MNA, CRNA from UAB 2006
Served as ALANA Nominating Committee Chair
2014-15

When I reflect upon what running for the position of ALANA Board of Directors means to me, all that comes to mind is what my profession has given to me – autonomy, dignity, respect, professionalism, and compassion. I feel its time for me to give back. I want to give my time and expertise to my profession. I would like to serve ALANA by advancing quality anesthesia care, serving its members and promoting nurse anesthesia profession.

I have served as Nominating Committee Chair in the past and would like to increase our membership by promoting the advantages of ALANA, highlighting the efforts of the organization, and working hand in hand with the president and other members of the board to advocate our profession. I would also promote PAC to enhance lobbying for our practice and promoting full practice authority. As we all are aware, we need to unite now more than ever and take our voice to the legislature.

I look at the position of ALANA Board of Directors as a way to accentuate the ideas in the work that we do together. Together, we can work to make available our services in healthcare to everyone by working to the full scope of our practice, be it in VA hospitals, rural settings as well as big metropolitan trauma centers, regardless of patient ethnicity, religion, or social status.

I want to leave you all with a quote by Dr. Steve Maraboli from his book “life, the truth, and being free”: “I don’t want my life to be defined by what is etched on a tombstone. I want it to be defined by what is etched in the lives and hearts if those I’ve touched.”

If given the opportunity to serve in this position, I look forward to putting into action the value of service that is very dear to both my family and I, and applying it within my profession as well.

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Director

Kerry Varner, MSNA, CRNA



Kerry L. Varner, MSNA, CRNA
Dothan, Alabama
Dothan Anesthesiology Associates, PC

Education:

Troy University, BSN, 2005
Gooding Institute of Nurse Anesthesia, MSNA, 2011

Position Statement:

Since my sophomore year in high school, healthcare has been a big part of my life. From an early age, I felt compelled for my future and career to be of service to others, including those within my profession. My experience in healthcare began when I was 18, a newly-graduated high school student, working as a certified nursing assistant (CNA) in a local nursing home facility. This was one of the most humbling experiences of my life; while also gratifying, it assured me that taking care of patients was the right course for my future. Moving forward, whether it was working as a phlebotomist or as charge nurse in the cardiovascular ICU, I have been fortunate to develop leadership skills along the way and gain the ability to work with others in order to get things accomplished. My young, but experienced career, has taken me to places like Hattiesburg, Mississippi, where my Troy University classmates and I volunteered to provide care to those in desperate need following the tragedy of Hurricane Katrina. Our seven days with little to no sleep, no fresh water, and donated supplies with which to work, taught me a lot about serving others and has been one of the highlights of my career, as well as my life.

During my 28-months as a nurse anesthesia student at the Gooding Institute of Nurse Anesthesia in Florida, I served as the student representative on the AANA's Health and Wellness Committee. This role allowed me to represent the wellness interests of all SRNAs. Encompassing topics such as substance abuse disorders (SUDs) to stress reduction and management, the Health and Wellness Committee has been an asset to our profession, providing an abundance of resources to not only students, but to all CRNAs. As a current member on this AANA committee, I have had the

privilege to continue serving our anesthesia providers over the past year.

Within my workplace as a CRNA, I have the honor of working with some amazing students from around our region. Listening to their concerns, further educating them and advising them with my past personal experiences and knowledge, and being a voice for them has been very gratifying. In fact, my future aspirations are to return to school for my doctoral degree and become an educator. Furthermore, I want to continue to be an advocate for the nurse anesthesia profession. With our rich heritage, dating back to the Civil War, along with the amazing service and expertise that CRNAs provide each day, brings excitement in regards to our future. From the fields of battle to the small hospitals in rural America; from the the major urban trauma centers to ambulatory surgery centers, our profession's unique ability to provide reliable and safe anesthesia at any time or any place speaks volumes to the character of nurse anesthetists.

As an Alabamian, I take pride in that our state was one of the first states to develop an association for nurse anesthetists. Having the opportunity to serve the nurse anesthetists in Alabama on our board would allow me to utilize my past experiences and knowledge to ensure that the future continues to get brighter for our profession. To say that I feel honored to have been nominated for serving on our state's Board of Directors would be an understatement. I am excited for our profession's future, especially here in Alabama. I humbly ask for your vote and support in this year's upcoming election.

Thank you,

Kerry L. Varner, MSNA, CRNA
403 Bent Oak Drive
Dothan, AL 36303
850.890.6907 (cell)
kerryvarner76@gmail.com

Nominating Committee Chair

Heather Joiner, MSN, CRNA



Heather Joiner, MSN, CRNA
Birmingham, Alabama
Children's of Alabama, Birmingham, AL
Staff Anesthetist
Jacksonville State University, BSN, 2009
Samford University, MSN, Nurse Anesthesia, 2013

Position Statement:

It is more than apparent that the world of anesthesia is an ever-changing one. Just as each of you are, I am quite aware of the hardships and victories that this might present for us as a state. Therefore, I truly believe that our state association needs CRNAs who are active and willing to give their time and energy to propel our profession into the future. In being a recent graduate, I feel that I can bring a contemporary viewpoint to the Alabama Association of Nurse Anesthetists (ALANA). Over the past few years, I have watched our association strive to improve relationships in Alabama and at the national level on behalf of CRNAs. I have quickly learned how important this state association is and the power it has to change legislation for the betterment of healthcare. I feel that I am qualified, motivated, and up for the challenge of Nominating Committee Chair and to seek out those outstanding anesthetists within our great state who will continue to represent us all respectfully and enthusiastically. If given this opportunity, I pledge to continue to contribute to our profession positively as we ready ourselves for what the future holds.

Contact Information

Heather Joiner, MSN, CRNA
2253 Chapel Road
Hoover, AL 35226
205.585.5077 (cell)
hjoiner@samford.edu

Take Pride in Your Profession . . .

Barbara Fields



How did you get interested in a career as a CRNA?

As a critical care nurse, I always enjoyed initiating emergent care and assisting with necessary bedside procedures. Once I had the opportunity to follow an ICU patient to the operating room, I was impressed with the CRNA's role as an independent practitioner. I knew it was the next career progression for me.

What is the most rewarding aspect of your career as a CRNA?

I like the feeling of pride and confidence in being able to provide the best anesthetic to both sick and healthy children. As expected, I was slightly tentative as a new graduate and would begin the day both tense and intense. Now, I feel absolutely relaxed and can enjoy mentoring SRNAs and new graduates.

How do you introduce yourself to your patients?

I introduce myself as a nurse anesthetist with the anesthesia department. I then go on to explain in detail, what my role will be during their stay.

Outside of anesthesia, what activities do you enjoy?

Mostly outdoor activities like running and hiking. In the winter, I enjoy trying to keep up with my skiing friends on easy green and blue runs.

What is the most challenging aspect of your career as a CRNA?

I guess it is balancing family time with my current work schedule. Things such as staffing and working conditions can dramatically affect my day-to-day life.

Do you recommend this career to others?

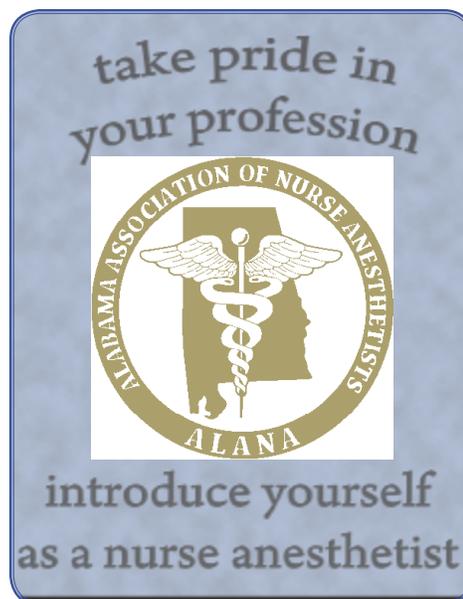
Yes! I enjoy being a nurse. One of the biggest advantages is that we can practice in any number of settings and move about the state or country. Most CRNAs can find practice settings that allow for as much or as few hours as they care to work.

What advice would you give those contemplating a career as a CRNA?

First, shadow a few CRNAs in the job settings that you think might interest you. After selecting the best college, get the most advanced degree that is offered at the time that you attend school. While you are still in a learning mode, complete your doctorate within the first few years after you graduate. It is nice to be financially compensated for the work that you do, but make sure that the job fits your long term family and career goals.

Why are you a member of the ALANA?

It is one of the best ways to support CRNA causes and have great representation with political lobbying.



Preparing for Advanced Practice Renewal

Dawn Daniel, MSN, RN
Director—Advanced Practice

My Profile just keeps getting better. Following is a brief checklist of advanced practice nursing (APN) renewal items, all of which can be managed under My Profile:

APN Renewal for 2017-2018 requires the following:

- Renewal of the RN license (CE and fee of \$75.00 plus \$3.50 processing fee)
- Six (6) Pharmacology CE credits
- NBCRNA National Specialty Certification
- Payment of APN renewal fee (\$50.00 per specialty).

Login to My Profile to ensure you are ready for RN renewal and APN renewal.

Check your CE. Ensure all certificates are uploaded and there are no duplicates.

My CE Record	
Current CE	
Current CE Hours:	12.00
Pharmacology Hours:	12.00
Required CE	
Required Courses Hours:	24
Required Pharmacology Hours:	6
Mandatory CE Needed:	N

Are there a total of 24 hours? Do six of these hours satisfy the Pharmacology requirements?

When does your Certification Expire? Many have recently recertified and expire 7/31/2020; others expire 7/31/2017.

Certification Details:					
Certify Organization	Specialty	Certification Number	License Type	Start Date	End Date
National Board On Certification & Recertification Of Nurse Anesthetists	Nurse Anesthesia		CRNA	08/01/2015	07/31/2017

RN and APN renewal begins September 1 and ends November 30. Remember, renewal in the month of December incurs an additional fee of \$150.00 and failure to renew your advanced practice approval will disqualify you from practice as a CRNA in Alabama.

Please feel free to contact ABN with any questions at abn@abn.alabama.gov or (334) 293-5200.

FALL MEETING 2016

October 14 - 16, 2016

Grand Bohemian, Birmingham, AL

We will open on Friday at noon with Adult Cardiovascular Symposium, followed by the Pediatric Seminar. At the conclusion of the Symposium, ACLS and PALS testing will be made available for those interested in getting their card. The Pediatric Symposium will be moved up if the Cardiovascular session ends early, thus letting everyone finish earlier. Friday evening we are excited to offer an Advanced Airway Management course with hands-on training.

On Saturday we open with a breakfast buffet and the ALANA Update/Business Meeting. The Funderburg Lectureship Series follows, which is sponsored by the Samford University Nurse Anesthesia Program and its alumni. This year's Funderburg lecturer will be Paul Santoro, a past president of the American Association of Nurse Anesthetists and is currently a partner and Vice President of Business Development for NorthStar Anesthesia, in Bingham Farms, Michigan.

We are providing a working lunch for the AANA Update, to be given by Alabama's own Heather Rankin, the new AANA Region 7 Director. We will also hear the latest findings from Samford students regarding the White Paper, then Heather will wrap up the afternoon with two additional lectures.



Paul Santoro

Later that afternoon, we invite ALL ALANA members to join us for a Welcome Reception at the spectacular rooftop lounge in honor of our First-Year Students.

On Sunday, we start early again with more outstanding professional development sessions offering 4 CE's and 4 Pharm credits.

We promise an information-packed meeting with lots of time to visit old classmates and make new friends in the anesthesia profession. ALANA offers the absolute finest in nurse anesthesia continuing education. We've earned this reputation by offering excellent speakers, classroom seating, complimentary continental breakfast and beverage service, complimentary Saturday Luncheon, and the best exhibitors ~ all of which make for a first-class meeting at a very affordable price.



Heather Rankin

*Join Us Saturday Afternoon for
Refreshments at the
Grand Bohemian Rooftop Lounge!*



FALL MEETING 2016

October 14-16, 2016

Reservations should be made directly with The Grand Bohemian Hotel at (205) 414-0505. Rooms blocked for ALANA are at a discounted group rate of \$199 per night. The cut-off date for hotel reservations is September 13th. Select the registration options you wish to attend, then mail your registration form to the ALANA Office. Or, register and pay online at the ALANA web site www.AlabamaCRNA.org. If you have questions, just contact the ALANA Office at (334) 260-7970.

Faculty

Funderburg Lecturer
Paul Santoro, MS, CRNA
Bingham Farms, MI

Michael Humber, DNP, MNA, CRNA
President, Alabama Association of Nurse Anesthetists
Birmingham, AL

Scott Karr, M.Ed., NREMT-P
Medical Education Associates

Heather Rankin, DNP, CRNA
AANA Region 7 Director
Birmingham, Alabama

Jessica Sewell, MSN, CRNA Birmingham, AL &
Bethany Story, MSN, CRNA Cullman, AL

Erica Gobetti, SRNA
UAB, Birmingham, AL

Lisa Herbinger, DNP, CRNA
Samford University, Birmingham, AL

Kelly Just, SRNA
UAB, Birmingham, AL

William "Pat" Millican, SRNA
UAB, Birmingham, AL

Nate Jones, SRNA
UAB, Birmingham, AL

Allie Looney, MSN, CRNA
Birmingham, AL

Name _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

AANA Number _____

Method of Payment:

Checks payable to: ALANA

Credit Card: MasterCard Visa AE

Card Number: _____ Expiration: _____

Signature: _____

Refund Policy: Refunds on tuition will be honored upon receipt of a written request prior to October 1, 2016, subject to a \$50.00 cancellation fee.

Pre-registration rates listed here. Walk up registration rates will be 10% higher.		CEUs	Member	Non-Member
All Sessions, Airway, ACLS & PALS	<input type="checkbox"/>	20	\$450	\$550
<i>ala-cart</i>				
Adult Cardiovascular & ACLS (Friday Afternoon)	<input type="checkbox"/>	4	\$100	\$125
Pediatric Cardiovascular & PALS (Friday Evening)	<input type="checkbox"/>	4	\$100	\$125
Advanced Airway Course	<input type="checkbox"/>	4	\$100	\$125
All Regular Sessions (Sat & Sun)	<input type="checkbox"/>	12	\$275	\$350
Saturday Only	<input type="checkbox"/>	7	\$150	\$200
Students if pre-registered	<input type="checkbox"/>		\$25	\$25
Sunday Only	<input type="checkbox"/>	5	\$125	\$150
ALA-CRNA PAC Contribution	<input type="checkbox"/>			
Sponsor-A-Student	<input type="checkbox"/>		\$25	\$25
Total (enter total CEUs and fees)				

Send completed registration form and payment to:

ALANA
Post Office Box 240757
Montgomery, AL 36124

Or, register and pay online at AlabamaCRNA.org

In Memorial

FREDERICKSBURG, VIRGINIA — Michael Arthur Malone, 49, died May 28, 2016 in Washington, DC. He was a beloved father, brother and friend with roots in Mt. Hester community of Colbert County where a memorial service was held at Mt. Hester CP Church, on Saturday, June 4. Reverend Gary Cosby officiated.

A memorial service was held June 12, 2 p.m. at St. Clair Brooks Park, Fredericksburg, Virginia. He was preceded in death by his father, Arthur Austin Malone and mother, Doris Jean Malone and nephew, Philip Travis Malone.

He will be cherished by those he left remaining: son, Zachary Malone; daughter Abigail Malone; brothers, Terry (Dottie) and Philip (Connie); and sister, Linda Owens, (Wayne); as well as a large number of nephews, nieces and cousins.

Michael graduated from Cherokee High School and was a proud Auburn University graduate, receiving a BA in Religion. He went on to also earn a M.Div. from Memphis Theological Seminary, a BSN from Lincoln Memorial University and a CRNA from University of Tennessee. Found and Son Funeral Home, Fredericksburg, VA assisting arrangements. In lieu of flowers, gifts may be given to your favorite charity in Michael's memory.

Michael Malone
14151 Wire Rd
Coaling, AL 35453-2910

Dues Non-deductibility Notice

In addition to the amount of your member dues determined by the American Association of Nurse Anesthetists, Inc. as not tax deductible due to lobbying activities on the Federal level, the Alabama Association of Nurse Anesthetists, Inc. reasonably estimates that \$57.00 of your dues is attributable to lobbying activities on the State Level and is, therefore, not tax deductible.



MEDICAL BUSINESS
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PROFESSIONAL SERVICES



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