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# Journal of the IANA

*A Publication of the Illinois Association of Nurse Anesthetists*

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# IANA's Spring Conference

April 25, 2015

Springfield, Illinois



## Calendar Update 2014-15

April 18-22, 2015

AANA Mid-Year Assembly  
*Crystal Gateway Marriott  
Arlington, VA*

April 25, 2015

IANA Spring Conference  
*Hilton Springfield  
Springfield, IL*  
Registration Now Open

August 29-September 1, 2015

AANA Annual Congress  
*Salt Lake City, UT*

September 26-27, 2015

IANA Fall Conference  
*Westin Hotel  
Itasca, IL*

November 6-8, 2015

AANA Fall Assembly - Leadership Academy  
*Rosemont, IL*

*Your Illinois Association on Nurse Anesthetists*

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ianapresident@gmail.com

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ianapreselect@gmail.com

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ianatreasurer@gmail.com

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ianasecretary@gmail.com

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wishbeck1@sbcglobal.net

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audreyrosenblatt@gmail.com

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deepzzz@sbcglobal.net

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leopold.stephanie@gmail.com

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jsorencrna@aol.com

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Tracy Bedford, CRNA, MSN  
spazcrna@sbcglobal.net



# LETTER FROM THE EDITOR

Welcome to the new Journal of the Illinois Association of Nurse Anesthetists. As we say farewell to the Pioneer Anesthetist, we are excited to bring our members an updated publication that is educational, interesting and timely. Our focus is on the activities of practicing CRNAs in Illinois, news regarding practice issues, and emerging research. To that end, we are taking our research endeavors seriously on our journey to becoming a highly regarded peer-reviewed journal. We have put together a review staff for research submissions, and in the following pages of this volume you will find the guidelines for publication of research with the Journal of the IANA. These guidelines will also be available on our website tab for future reference. This Journal should be your outlet for research in conducted in your facility and university. We look forward to hearing from you and receiving your submissions.

Also in this issue, our members have been very busy advancing their professional development through meeting attendance, committee participation, and lobbying efforts. Thank you to those who are sharing their experience from the Leadership Academy held right here in Chicago. The IANA leadership is also involved in building relationships with other nursing associations in the state, such as the Illinois Society for Advanced Practice Nurses (ISAPN) and the Illinois Nurses Association (INA). Legislative efforts aimed at nurses are frequently not limited to just one group. It is important that we continue to work together and put forth one unified voice for the practice of nursing in Illinois.

Last fall we celebrated our 75th Anniversary as an organization. Thank you to the many members who made this unique gathering a possibility. In addition to excellent educational content, we enjoyed a gourmet banquet, a diamond raffle for PAC, visits

from AANA President Sharon Pearce and AANA Executive Director Wanda Wilson, as well as a 5K run / walk. A few photos from the event are found in this issue.

CRNAs in Illinois have a lot to be proud of, having grown into a strong professional group with an impeccable history of safety and service. With greater than 1400 active members and five schools of nurse anesthesia, we are a powerful voice for quality health care in this state. Continue to promote your profession where you work and among those you know.

We hope you enjoy this inaugural issue of the Journal of the IANA. Please visit [www.ilcrna.com](http://www.ilcrna.com) for a look at our remodeled website as well. Your comments are welcome.

Sincerely,

Jennifer Greenwood, CRNA, PhD

*Your Illinois Association on Nurse Anesthetists*

## JOURNAL OF THE IANA STAFF

### EDITOR

Jennifer Greenwood, CRNA, PhD  
[greenwoodagain@yahoo.com](mailto:greenwoodagain@yahoo.com)

### STAFF

Micah Roderick, MPA, Executive Director  
[micahroderick@ilcrna.com](mailto:micahroderick@ilcrna.com)

### STAFF

Courtney Adams, Associate Director  
[courtneyadams@ilcrna.com](mailto:courtneyadams@ilcrna.com)

## LETTERS TO THE EDITOR

We want to hear from you! Please submit any comments, questions or letters to the editor at:

[ianajournal@gmail.com](mailto:ianajournal@gmail.com)

We are also looking for photo submissions for our future covers! Please submit high quality pictures of Illinois CRNAs or students in action.



The Journal of the IANA welcomes original manuscripts that are not under consideration by another journal. The article subjects must be pertinent to the specialty of anesthesia and those that relate to the broad professional domain of a nurse anesthetist. Manuscripts published in the Journal of the IANA will become the sole property of the Illinois Association of Nurse Anesthetists. All manuscripts should be submitted online to Editorial Manager at [www.ilcna.com](http://www.ilcna.com). Manuscripts must be submitted using AMA Style.

**Peer Review:** Submitted articles undergo blind review by at least two reviewers. If accepted for publication, the manuscript will be copyedited to improve presentation without altering the meaning of the text. Authors are responsible for all statements made in their work including changes made by the copy editor.

**Permissions:** When employing material previously published, written permission from the original author and publisher is required. Additionally, written permission is required for use of photographs of identifiable individuals.

**Conflict of Interest:** Authors must disclose commercial associations that might pose a conflict of interest in connection with submitted work. All authors must disclose any financial and personal relationship with other people or organizations that could influence their work. Each author will be required to sign a conflict of interest statement. Additionally, all funding sources or grant agencies that supported the work must be identified. All disclosures will be noted on the published article.

**Manuscript Preparation:** To avoid delays in the review process, manuscripts should be carefully prepared according to these guidelines and proofread thoroughly for errors in grammar and spelling. The manuscript should be read for clarity and accuracy by colleagues and/or mentors before submission to the Journal of the IANA. Manuscripts should be set in 12-point type and not exceed 4,000 words including title, references, figures, and tables. Number the pages from the first page of the text to the end of the references. Authors are invited to submit articles in the following categories and formats described here:

- **Original Research** – A report of an original investigation. The article should include a title page, abstract (200 words maximum), 3 to 5 keywords, text (subdivided into Introduction, Materials and Methods, Results, and Discussion), and references. Quantitative studies should also include a power analysis. If applicable, figures (with legends) and tables should be provided. Manuscripts describing investigations carried out in humans or animals must include a statement indicating that the study was approved by the authors' institutional investigation committee and that written permission was obtained from human subjects. Also submit a copy of the IRB approval letter.
- **Survey/Review** – Assimilates, describes, and critically evaluates previously published material to aid in evaluating new concepts. The article should include a title page, abstract (200 words maximum), 3 to 5 keywords, text (subdivided into Introduction, History and Review of Literature, Discussion of State of the Art, and Summary), and references. If applicable, figures (with legends) and tables should be provided.
- **Case Report** – A report of a clinical case that is uncommon or of exceptional educational value that may be encountered in clinical practice. This category may constitute a brief description of a clinical episode or an in-depth case presentation. The authors must have been personally involved in the case. The article should include a title page, abstract (200 words maximum), 3 to 5 keywords, text (subdivided into Introduction, Case Summary, and Discussion), and references. If applicable, figures (with legends) and tables should be provided.
- **Policy Feature** - identify issues, trends, barriers, legislative successes, or recommendations that affect nurse anesthetists ability to practice. The article should include a title page, abstract (200 words maximum), 3 to 5 keywords, text (subdivided into Introduction, Review of Literature, Discussion of the political findings, and Summary), and references.
- **Letters to the Editor** – Include brief constructive comments concerning previously published articles or brief notations of general interest. Length should not exceed 350 words.
- **Abstracts** – A summary of scholarly work that has been published or accepted for publication in another journal that has specific impact for the nurse anesthesia community practicing in Illinois. The submission should include a title page, text limited to 350 words, and references. Must include written permission of first author.
- **Student Papers** - Students are held to the same standards as other authors, and their papers must be written in a scholarly format at the level for experienced CRNA readers. Student papers must meet the requirements of the journal and be co-authored by a university faculty member who has worked with the student to ensure the paper is in publishable form. Studies must include a methodology with large enough sample size to result in valid conclusions that can be generalized beyond the sample itself. If accepted, student papers will be held for publication until the students have graduated.

# UBMISSION GUIDELINES

**References:** A maximum of 50 references (only those sources cited in the text) are allowed. Cite references in the numerical order that they appear in the text. References cited in the article should be of previously published articles or texts. Cite written or oral personal communications in parentheses in the text. Carefully validate all references to ensure that they are cited accurately, completely, and in the style indicated above. Cite up to 6 authors. If there are more than 6, cite the first 3 only and add “et al.” Consult AMA Manual of Style, 10th edition, for complete rules on references. Here are a few examples:

**Journal:** Schwartz A, Bosch LM. Anesthetic implications of postpolio syndrome: new concerns for an old disease. *AANA J*. 2012;80(5):356-361.

**Book Chapter:** Tunajek SK. Standards of care in anesthesia practice. In: Foster SD, Faut Callahan M, eds. *A Professional Study and Resource Guide for the CRNA*. 2nd ed. Park Ridge, IL: American Association of Nurse Anesthetists; 2011:149-174.

**Website:** US Department of Veterans Affairs. National Center for PTSD Website. PTSD Overview. <http://www.ptsd.va.gov/public/pages/fslist-PTSD-overview.asp>. Accessed September 17, 2012.

Internet references should be kept to a minimum, and those cited must be from established, peer-reviewed sources with stable archived information. In rare instances when non-peer-reviewed Internet sources need to be referenced, websites of long-standing, national stature, such as the Malignant Hyperthermia Association of the United States or the National Patient Safety Foundation, may be appropriate.

## Required Format

- **Title Page** – Submitted as a separate file. Include manuscript title, authors' names and credentials, professional position, current employer, city, and state. Provide a correspondence address, email address, telephone number, and an acknowledgment section, if needed. Author identification should appear only on the title page of the manuscript.
- **Author Information** – A short biographical sketch of each coauthor, with principal author indicated, must accompany the title page of the manuscript. Please include an email address that can be published for the principal author.
- **Keywords** – Provide 3 to 5 keywords.

- **Abstract** – The abstract (maximum of 200 words) will appear as the italicized portion preceding the main text. The abstract of the article should include a brief description of the purpose, hypothesis, or theoretical background of the article, followed by 2 to 3 sentences describing the method of the study or the nature of the review. For a research article, include how the data were analyzed. Continue with 2 to 3 sentences devoted to the major points or results noted in the article. Finally, provide a conclusion or take-home message. An abstract of a case report should provide a summary of the case and a discussion. When abstracting a review article, provide a concise summary of the salient points addressed in the review.
- **Figure Legends** – A legend should be provided for each figure.
- **Figures** – Clearly reproducible photographs, diagrams, and graphs should be labeled as “Figure 1,” “Figure 2,” etc., depending on their sequence in the manuscript, and on separate pages. Resolution of digital photographs must be at least 300 pixels per inch.
- **Tables** – Tables should be double-spaced and submitted separately from figures. Tables should be numbered as “Table 1,” “Table 2,” etc., depending on their sequence in the manuscript, on separate pages, and descriptively titled.

## Checklist

1. Cover letter of submission.
2. Title page, includes article title, author(s) name, credentials, affiliations, short biographical information, telephone number, email address, grant support, and acknowledgments (optional)
3. Three to 5 keywords or phrases
4. Abstract (maximum of 200 words)
5. Text, double-spaced throughout
6. References (maximum of 50, double-spaced)
7. Good quality, reproducible figures
8. Tables, figures, and legends, properly labeled
9. Permission to reproduce previously published material or photographs of identifiable individuals for printed and electronic versions
10. Copy of institutional investigation committee/review board approval (for research articles)
11. Conflict of Interest Statement.

# IANA Lobbyist Report



By Roger H. Bickel  
IANA Lobbyist & Legislative  
Counsel Law firm of Freeborn &  
Peters LLP

## ILLINOIS GENERAL ASSEMBLY SESSION UPDATE

Greetings from our State Capitol to our CRNAs and a special recognition to those among our membership deployed to active duty in our Armed Forces – thank you for your service. The Illinois General Assembly convened its regular five-month Spring Session in mid-January and is scheduled to adjourn on May 31st.

## WHAT YOU NEED TO KNOW

This Spring Session witnessed introduction of yet another hostile measure directed at CRNAs – this year the Illinois Society of Anesthesiologists sought to pass a law creating the new licensure of Anesthesiologist Assistants and declaring by legislation, that “the practice of anesthesiology is the practice of medicine (only)”. House Bill 3205, the Anesthesiologist Assistant Practice Act was introduced on February 25th and as of the date of publication, the Sponsor confirmed that the bill would not advance due to the strong opposition of your Illinois Association of Nurse Anesthetists. To quote the Illinois Society of Anesthesiologists, “ISA has introduced HB 3205 which establishes the legal practice of AAs in Illinois. With passage of this bill, Illinois will allow AAs from Illinois working in other states to return to their homes.” The bill fails to recognize that there is no shortage of CRNAs to provide anesthesia care in Illinois, among other fallacies. However, take notice that the proponents of this legislation are far from done with pushing this 2015 failed legislation – rather they fully intend to seek passage again in 2016 unless defeated.

## CRNA Scope of Practice Developments

### FULL PRACTICE AUTHORITY FOR ADVANCED PRACTICE NURSES INTRODUCED

## Senate Bill 1315 (Steans) and House Bill 421 (Feigenholtz)

At the time of publication, preliminary negotiations among stakeholders were ongoing and are expected to continue through Spring Session. The measure is opposed by the Illinois State Medical Society and Illinois Society of Anesthesiologists. Look for further updates on the IANA website **Members Only Portal**.

## Additional Measures Introduced – Quick Take Summaries

### House Bill 1 (Lang) – Creates the HEROIN CRISIS ACT

Proposes the new Licensure of Pain Clinics

*Senate Bill 1789 (Althoff) - NURSE LICENSURE COMPACT* - Amends the Nurse Practice Act. Ratifies and adopts the Nurse Licensure Compact, but only if the Compact requires fingerprinting as part of the criminal history records checks required for the privilege to practice nursing in this State. Allows for reciprocity of licensure of licensed practical nurses and registered nurses among the states. Provides for administration of the Compact by the Nursing Act Coordinator. Provides that any practical nurse or registered nurse employed in an Illinois facility providing direct patient care exercising the practice privilege afforded under the Nurse Licensure Compact shall be registered with the eNotify Nurses Database system, which can be accessed at no cost by the Department of Financial and Professional Regulation.

House Bill 845 (Cloonen) Amends the Nurse Practice Act. Creates the Illinois Primary Care Workforce Investment Fund for the purposes of providing individuals seeking licensure as an advanced practice nurse with increased opportunities to complete the clinical hours required for licensure and increased access to clinical preceptors who are qualified to teach, supervise, and evaluate these individuals.

Your IANA Board and Government Relations Committee are presently tracking more than 50 separate additional measures on your behalf impacting various licensed healthcare professions and the delivery of anesthesia care. Please check our Members Only Portal for details.

*Why you should get involved in your IANA  
Government Relations Committee...*

## YOU KNOW WHAT IS GOING ON UNDERNEATH THIS DOME?



Every year, there are literally thousands of new legislative proposals introduced by the General Assembly, many which directly impact CRNAs. Let's briefly look at the 99th General Assembly strictly by the numbers.

Number of Senate Bills Introduced 2123  
Number of House Bills Introduced 4195  
Number of Senate Resolutions Filed 237  
Number of House Resolutions Filed 311  
Number of bills referencing “sedation” 8  
Number of bills referencing “anesthetist” 13  
Number of bills referencing “anesthesia” 19  
Number of bills referencing “pain” 46  
Number of bills and amendments referencing “nurse” 418

## JOIN OUR EFFORTS:

Do you care about potential IL licensure of AAs? IANA Members are encouraged to contact our Government Relations Chairperson and President Elect Kent Fair, CRNA, at [ianapresidentelect@gmail.com](mailto:ianapresidentelect@gmail.com) to help our association educate your local legislators on our priorities and challenges. Also remember that your PAC donations are essential to supporting Members of the General Assembly that have stood with CRNAs in our effort to promote better patient care, safety, and healthcare access. Contact ILCRNA PAC Chair Christine Salvator, CRNA, MSN, APN at [ilcnapac@gmail.com](mailto:ilcnapac@gmail.com) with questions.

# 2014-2015 IANA ELECTION RESULTS

## CONGRATULATIONS TO:

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### REGION V



**Stephanie Leopold**  
CRNA, MSN

### REGION VI



**Jonathan L. Sorenson**  
CRNA

### REGION VII



**Tracy Bedford**  
CRNA, MSN

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## POINT OF CONTACT PROGRAM

Coming into its second year, the Point of Contact (POC) Program is growing, but we need your support. Our goal is to have a CRNA POC at each hospital, surgicenter, and office in Illinois as a way of communicating with members through less official channels. The Illinois Association of Nurse Anesthetists has had concerns for some time that we are not in full contact with all CRNAs practicing in Illinois. While we send out emails to all members of the IANA, we know there are some practitioners that are not members and we do not reach them. We also understand the exhaustion of receiving bulk emails and worry useful information may be missed due to our tendency to “auto-delete” them. To address these concerns, the IANA has initiated the Point of Contact (POC) Program.

The goal of this program is to truly be in touch with all CRNAs practicing in Illinois in order to circulate useful organizational information, such as updates on the activities of the IANA, educational opportunities from the IANA, as well as provide legislative updates.

If you are interested in becoming a part of the POC program, or would like to just hear more about it, contact [PointOfContact.iana@gmail.com](mailto:PointOfContact.iana@gmail.com).





# From the President's Desk



Andrew Griffin, CRNA, PhD, APN

*Assistant Professor and Director of Nurse Anesthesia, Southern Illinois University - Edwardsville*

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he Illinois Association of Nurse Anesthetists is coming off a great year of celebration in observance of our 75th anniversary as a professional organization. It was exciting to see where we have been, but even more exciting to envision the potential before us. As I took the gavel, I was honored to be a part of a fiscally sound association with strong leadership and organization. The current standing of the IANA did not come without effort and sacrifice. We must continue to be actively involved and vigilant in order to move our organizing toward a positive future.

The goals I detailed when running for president continue to be my objectives as we move into this new year. As stated then, I am proud to be a Nurse Anesthetist and am confident that we represent a crucial component for the future of health care in our state as well as the entire United States. While the association is strong, there is still room for improvement. I do not possess a burning desire to change the direction of the IANA; I only wish to continue leading it in a positive direction. Our greatest strength and our future successes must be founded in the quality of care we provide. Subsequently, we must continue the quality of our education and to support lifelong learning. We also need to make a strong effort in educating the public and elected officials regarding the high level of care that the Nurse Anesthetist provides.

As work commenced for the new Illinois General Assembly, the IANA leadership became tremendously busy continuing our dedication toward regulatory and legislative oversight. Along with Government Relations Committee Chairman Kent Fair, CRNA, and IANA Legislative Counsel – Lobbyist Roger Bickel, IANA Executive Director Micah Roderick and leadership, I have been monitoring all newly introduced bills to ensure that patients will not be denied the safe quality care we provide. I have already made numerous trips to Springfield and have met with legislators and APN leaders in the state in efforts to build valuable relationships for the future.

I know you have already received several emails pertaining to the bill that would license Anesthesia Assistants in Illinois. As stated in my last email, “On behalf of the IANA Board, I am pleased to report that based upon the strong opposition of your Illinois Association of Nurse Anesthetists membership, Committee Chairman Michael Zalewski will not be calling House Bill 3205 (Anesthesiologist Assistants Licensure) for a vote by the established Committee deadline of March 27th. What does this mean to CRNAs: This development means that this particular bill will die and be re-referred back to House Rules Committee- this bill will receive no further vote for Spring Session.” This is a win for us, but there is more work ahead. There are several other bills which could affect our practice and the AA legislation will return. For further understanding regarding what is going on in Springfield, please refer to the update provided by Roger Bickel, our general counsel and lobbyist, in this journal. As always, please pay attention to email blasts, as I will update you with any further developments this spring. Also, please let me know if you are interested in serving on any committees or taskforces.

In April, we plan to be taking a group of practicing CRNAs and students from Illinois to Washington DC for the AANA Midyear Assembly. Kent Fair and our student representatives have already been working to ensure this event is a success. Our spring meeting is scheduled for April, 25th, in Springfield. Please plan on attending and get involved! We need everyone's help for the continued success of our association.

Finally, I want to commend Micah Roderick and Roger Bickel for their excellent work on our behalf so far this year. They continue to keep me updated on any issues and have responded to our association's needs both swiftly and expertly. I could not fulfill my role without their professional help.

As always, please feel free to contact me if you have any questions or want to discuss any issues.



# Rush University College of Nursing

## NURSE ANESTHESIA PROGRAM UPDATE

Michael Kremer, CRNA, PhD, FAAN

The class of 2014 graduated on October 3, 2014. Faculty members are proud of their accomplishments. This was the final master's cohort, completing a 36 year tradition that began in 1979, when the Rush University College of Nursing Nurse Anesthesia Program was the first in the country to have a master's in nursing as the exit degree. These graduates are working in settings that range from community hospitals to tertiary medical centers, including Children's Hospital on Philadelphia and Seattle Children's Hospital. Four graduates are employed at Rush University Medical Center, continuing the legacy of the teacher-practitioner model.

The class of 2015 is progressing through clinical residency while completing their DNP projects and reviewing for boards. As former AANA Executive Director John Garde, CRNA, MS, FAAN said, "if it was easy, anyone could do it." He also said "quality is never accidental," and this is evident in the efforts of our faculty and students to constantly deliver the highest quality evidence-based anesthesia care to complex patients across the lifespan.

Marisa Ruggiero, SRNA in the class of 2015, represented the program well in the AANA College Bowl during the September, 2014 Annual Congress in Orlando. In addition, the students in the Class of 2015 are presenting keyword topics for continuing education credit at Rush on four upcoming Saturdays (January 17, February 21, March 14 and April 11). The initial presentations were well-prepared and attended by a robust cross-section of faculty and students from across our clinical sites.

The class of 2016 is continuing coursework while completing two eight hour days each week in the OR and developing DNP project ideas. The class of 2017 has started the chemistry and physics course with Dr. Wiley, which many program alumni will remember as an expertly crafted blend of basic science with clinical applicability.

A recent message (used with permission) from Adam Scudder, CRNA, MSN (class of 2009) provided useful context for the work that faculty and students do to every day to ensure that well-prepared CRNAs graduate who will continue to meet workforce needs for safe and effective anesthesia care: "Until recently, I was on a team that covered transplants (heart, lung liver), high risk OB, trauma and other difficult cases at a level I trauma facility. I've also done some instruction and quite a bit of precepting of SRNAs... In retrospect, I am finding that Rush appropriately fostered the safe habits and practices that I continue to stress so greatly to the SRNAs that I encounter. My aim is to successfully exemplify the traits that a Rush graduate should display."

## ALUMNI NEWS

- 1 Betty Horton, PhD, CRNA, FAAN (PhD, 1998) was honored with the American Association of Nurse Anesthetists Agatha Hodgins Award at the AANA Annual Congress in September, 2014.
- 2 Michael Rieker, DNP, CRNA, FAAN (MS, 1994; DNP, 2004) was appointed Professor of Anesthesiology in the Wake Forest University School of Medicine. Dr. Rieker is the Director of the Nurse Anesthesia Program at Wake Forest University in Winston-Salem, NC.

## 2014 FALL LEADERSHIP ACADEMY

By Stephanie Leopold, CRNA | IANA Region V Director

More than 350 state leaders, CRNAs, and staff members participated in the 2014 Fall Leadership Academy, Nov 7 to Nov. 9, in Rosemont, IL. I was one of those participants.

There were five tracks offered, State President-elect, Lobbyist/State Government Affairs, State Reimbursement Specialist, Workplace Leadership, Federal Political Director tracks. I attended the State Reimbursement Specialist Track. I do not currently bill for my own services, but I found my knowledge to be significantly lacking in how I matter in the billing process, how CRNAs can bill for services, what we get paid for services rendered, and several other issues with billing. I wanted more knowledge on this topic because I find that it helps me justify my income, my worth, and my place at my job. I had a lot of questions about billing, CRNA practice, anesthesia practice models, different insurance plans and what they meant for me as a provider. Moreover, it was great to be able to connect with leadership of the AANA, members and leaders from other states, as well as leadership from Illinois.

There were several talks that I found extremely informative at the Leadership Academy. All of the different types of reimbursement can be extremely confusing and this conference really helped me understand the differences. Also, there was a lot of explanation of how the insurance companies vary across the US in terms of how they reimburse. All of us in Illinois are familiar with the recent denial in payment for fluoroscopy procedures for CRNAs involved in chronic pain management procedures. This was discussed in detail. There was also discussion of other states' trials, tribulations, advocacy and successes when working with insurance reimbursement. California was a great example of a recent success. The California Association of Nurse Anesthetists was able to overturn a discrepancy of payments made to CRNAs. Additionally, California continues to face appeals to their opt-out status with two lower courts ruling in favor of the CRNAs.

You may have heard that there is a federally mandated movement from ICD-9 codes to ICD-10 codes. The new codes will help CRNAs by minimizing missed payments for add on incentives. There were representatives from Medicare and Medicaid at the meeting to provide expert insight into these changes. There was a lot of discussion about private health plans and the details of reimbursement within them.

This meeting was by far the most informative, educational, empowering meeting I have been to. This is an excellent conference for members looking for knowledge and skills necessary to more fully participate in leadership roles within their own local organizations and for leadership positions at the state and national levels. I look forward to attending in the future, and encourage my fellow CRNAs to find the time to attend as well.

# NorthShore University Health System

## MESSAGE FROM THE DIRECTOR

Pamela Schwartz, CRNA, DNP

NorthShore School of Nurse Anesthesia is thriving in 2015 its 90<sup>th</sup> year. The program has had many changes in the past year and faculty and nurse anesthesia trainees (NAT) are looking forward to many new opportunities. The School currently supports 60 fulltime students in our 36 month curriculum.

Our last master's degree cohort is on track to graduate in August 2015, and the Classes of 2016 and 2017 are the 1st two DNP cohorts. *Scholarly Leadership Projects* will be coordinated with our affiliate DePaul University School of Nursing.

After 24 years, our administrative assistant, Mary Cooney retired. NAT, alumni and faculty celebrated with her at O'Donovan's in Chicago. Additionally, in May 2014, program director, Bernadette Roche stepped down from her administrative responsibilities to focus on teaching DNP students at NorthShore, mission trips to Belize, as well as heading up nurse anesthesia brigades to Holy Family Surgical Center in Honduras. Pamela Schwartz has taken over as program director and Karen Kapanke assumed the role of assistant director. Karen Kapanke has also taken over our monthly continuing education program which oversees topics presented by 3<sup>rd</sup> year nurse anesthesia trainees. This free AANA approved CE program is open to all CRNAs and students.

In December 2014, the School added, former NorthShore graduate Susan Krawczyk, CRNA, DNP as new didactic faculty, and new administrative assistant, Elizabeth Elkayam.

3<sup>rd</sup> year students, Edgar Boles, Stefanie Losik, Emily Schmidt, and Megan Gdowski just returned from the January brigade at Holy Family Surgery Center in Honduras with CRNA faculty Bernadette Roche, Kapanke, and Michele Bonneau. The School's outreach provided 134 anesthetics over the 2 week brigade, and the opportunity for NAT to provide anesthesia in a rural setting.

On August 22, 2014, the School of Nurse Anesthesia graduated 19 nurse anesthetists. A ceremony was held at Evanston Hospital in Frank Auditorium, and attended by over 200 family members, friends, faculty, and many alumni. Jeffrey Vender, MD, Chair, NorthShore Department of Anesthesia and William Cody, PhD,



NorthShore School of Nurse Anesthesia Class of 2014 : Back row: Maria Palu, Kristen Brooks, Sara Paglio, Mary Brown, Kimbra Click, Slav Bilanicz, Michelle O'Connor, Katie Carlstead, Sarah Potter, Annette Bogard, Mariola Boylan, Alicia Villegas, Kristin Busing, Front row: Andrea Keak, Sika Asima, Ellen Wagner, Emily Hurt, Krista Weber, & Melissa Brown.

Director of DePaul University School of Nursing, addressed the graduates. Christine Salvatore, CRNA MS, a 1998 Ravenswood/DePaul alumni and IANA Past President, was the keynote speaker. Kristin Busing received the *Agatha Hodgins Award* for Outstanding Graduate; Kristin Busing and Maria Palu shared the *Ravenswood Caring Award*; Melissa Brown, Kristin Busing, Andrea Keak and Sara Paglio received *Perfect Attendance Awards*. Bernadette Roche CRNA, EdD, received a *Lifetime Achieve Award* for many years of contribution and service to the School and the Nurse Anesthesia profession. Graduates selected Dr. Michael Shane, NorthShore Evanston Hospital; Michele Bonneau, CRNA MS, Franciscan St. Margaret Hospital; and Laila Budhwani, CRNA, MS, Presence St. Joseph Medical as Clinical Instructors of the Year, recognized for their clinical and teaching expertise. Congratulations to the graduates.

In October, the school held its annual clinical coordinator conference, and met with CRNA coordinators and medical liaisons from 13 clinical sites. Topics of discussion focused on clinical evaluation and perioperative costs.

Last year the school sponsored three faculty and five students to attend the AANA Annual Congress in Orlando. 3<sup>rd</sup> year student, Edgar Boles, was a member of the winning student College Bowl team. 35 NorthShore/Ravenswood alumni and students joined together for a celebratory dinner following the College Bowl.

# Who said it best?

Susan Krawczyk, CRNA, MSN

A recent Cochrane Review titled, “Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients” (<http://www.ncbi.nlm.nih.gov/pubmed/25019298>) has been published with the stated objective of assessing the safety and effectiveness of “different anaesthetic providers for patients undergoing surgical procedures under general, regional or epidural anaesthesia”, and planning to “consider results from studies across countries worldwide (including developed and developing countries).” Highly regarded as an unbiased review source, the Cochrane Collaboration utilizes more than 30,000 reviewers from over 120 countries to dissect existing research. According to the authors of the report, the final conclusions were, “No definitive statement can be made about the possible superiority of one type of anaesthesia care over another. The complexity of perioperative care, the low intrinsic rate of complications relating directly to anaesthesia, and the potential confounding effects within the studies reviewed, all of which were non-randomized, make it impossible to provide a definitive answer to the review question.” Both the AANA and the ASA summarized the report for their members. But who most accurately reported the findings of the extensive review?

ASA Headline: “Nurse anesthetist care not equal to physician anesthesiologist-led care, comprehensive evidence-based review finds, American Society of Anesthesiologists® calls for further examination.”

According to their website, “A recent literature review by the Cochrane Collaboration found no scientific evidence that care provided by a nurse anesthetist is as safe and effective as patient-centered, physician-led anesthesia care, prompting the American Society of Anesthesiologists to call for further examination to measure patient safety and anesthesia care delivery,” (ASA, 2014).

Go to ASA’s For the Public and Media/Press Room section to read the complete synopsis.

AANA Headline: “Researchers Find No Differences in Care Provided by CRNAs and Anesthesiologists: Cochrane Collaboration”

According to their website, “Researchers studying anesthesia safety found no differences in care between nurse anesthetists and physician anesthesiologists based on an exhaustive analysis of research literature published in the United States and around the world, according to a scientific literature review titled “Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients” prepared by The Cochrane Collaboration,” (AANA, 2014).

Go to AANA’s/News and Journal/News section to read the complete synopsis.

You are encouraged to read the full report and draw your own conclusions about the findings. However, you know that the excellent care you provide every day is what contributes to the outstanding safety record in anesthesia and the high quality of care enjoyed by your patients.

## Preoperative Anxiety

*Susan McMullan CRNA, PhD and Audrey Rosenblatt CRNA, MSN were members of a pediatric anesthesia research team at Ann and Robert H Lurie Children’s Hospital of Chicago who studied the use of a tablet-based interactive device (TBID) to reduce preoperative anxiety for children aged 1- 11 years.*



Full Abstract

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**Introduction:** Perioperative anxiety is a common and undesirable outcome in pediatric surgical patients. The use of interactive tools to minimize perioperative anxiety is vastly understudied. The main objective of the current investigation was to compare the effects of a tablet-based interactive distraction (TBID) tool to oral midazolam on perioperative anxiety. We hypothesized that the TBID tool was not inferior to midazolam to reduce perioperative anxiety. **Methods:** 108 children, ages 1-11 years, presenting for outpatient surgical procedures were prospectively randomized to oral midazolam (0.5 mg•kg<sup>-1</sup>; 20 mg max) or TBID. The primary outcome was the change in anxiety level from baseline to parental separation and anesthetic induction. Other data collected included emergence delirium, parental satisfaction, time-to-PACU discharge, and posthospitalization behavior. **Results:** The mean difference (95% CI) in the increase of anxiety at parental separation between the TBID and the midazolam group was -9 (-2.6 to -16.4),  $P = 0.006$ , demonstrating superiority to midazolam group (one-sided  $P = 0.003$ ). For children 2-11 years, the mean difference (95% CI) in anxiety at induction was significant between the TBID and midazolam groups, -14.0 (-6.1 to -22.0),  $P < 0.001$ . The median (IQR) time-to-PACU discharge was 111 (75-197) min in the midazolam group and 87 (55-137) min in the TBID group,  $P = 0.03$ . Decreased emergence delirium and increased parental satisfaction were also observed in the TBID group. **Conclusions:** A TBID tool reduces perioperative anxiety, emergence delirium, and time-to-discharge and increases parental satisfaction when compared to midazolam in pediatric patients undergoing ambulatory surgery.

Seiden, S., McMullan, S., Sequera-Ramos L., De Oliveira, G., Roth, A., Rosenblatt, A., Jesdale, B., Suresh, S. (2014). Tablet-based Interactive Distraction (TBID) vs oral midazolam to minimize perioperative anxiety in pediatric patients: a noninferiority randomized trial. *Paediatric Anaesthesia*. 2014;24(12):1217-1223



# Rosalind Franklin University of Medicine & Science

## MESSAGE FROM THE DIRECTOR

Sandra Larson, PhD, MS, CRNA, APN

Sandra Larson, PhD, CRNA  
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Chair & Program Director

John C. Preston, DNSc, CRNA  
Professor  
Associate Program Director

Lori Anderson, DNP, CRNA  
Assistant Professor  
Associate Program Director

Jay Tumalak, DNP, CRNA  
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Stephen Klinkhammer, DNP, CRNA  
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Edward Zhovtis, MSN, CRNA  
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Franklin McShane DNP, CRNA  
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Susan Stein MSN, CRNA  
Instructor

Jalene La Montagne, PhD  
Assistant Professor

Victoria Fils, EdD, MPH, RHIT  
Professor

Reade Carrathers, BS  
Administrative Director

Busy times, great successes and exciting opportunities abound in the Department of Nurse Anesthesia at Rosalind Franklin University of Medicine and Science. We graduated 21 nurse anesthesia practitioners in June from our class of 2014 and twenty-five excited students were admitted to the Class of 2017, in September.

Over the past year, we have finalized our completion-level and entry-level Doctor of Nurse Anesthesia Practice degree (DNAP) programs-of-study, revised many of our existing courses, developed an entire collection of new courses and revamped our nurse anesthesia dedicated simulation facilities by adding a second, hands-on laboratory complete with over 20 partial task trainers and new fiberoptic and ultrasound equipment. Soon we will replace our existing anesthesia machine with a state-of-the-art Fabius machine to complete this year's improvements. In a companion move, simulation education has been reinvented to better match the needs of our students with the instruction by our faculty. We are not to Nirvana yet...but we are on the right road, pointed in the right direction and coursing full speed ahead!

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) approved our completion-level and entry-level DNAP degree programs in October pending receipt of approval by the Higher Learning Commission, which is anticipated in February 2015. Our completion-level DNAP degree program is scheduled to launch in June of 2015, and our entry-level DNAP degree program will admit its first doctoral class in September 2015. We are now soliciting interest for these inaugural cohorts.

The completion-level program was created for current Certified Registered Nurse Anesthetists (CRNAs) who wish to earn a DNAP degree. Our program is completed online making it convenient from any location and for any schedule, and has been designed as a part-time program of study that can be completed in 24 months. Each course has a nurse anesthesia focused component, and provides you the opportunity to expand your scope of knowledge in a multitude of areas including health policy and finance, leadership, outcomes management, and anesthesia safety; as well as provide you the opportunity to develop expertise in the analysis and application of research studies to your anesthesia practice.

Movement to the DNAP degree is consistent with the transition of the profession from a master's degree preparation to a practice doctorate degree preparation. By 2022, all COA accredited nurse anesthesia programs in the U.S. must exclusively offer a doctoral degree for entry into the profession or be forced into closure. We have made the commitment to this transition early, in order to position our graduates for the expectations and requirements of the future.

When you enroll to complete your DNAP at Rosalind Franklin University of Medicine and Science (RFUMS), you become part of a program that is known across the country for its success. If you're ready to be at the forefront of your field, it is time to earn your DNAP at RFUMS. We invite all interested RNs and CRNAs to join us in charting your future, and the future of our great profession.

# Southern Illinois University - Edwardsville

## MESSAGE FROM THE DIRECTOR

Andrew Griffin, CRNA, PhD, APN

In May 2015, the Southern Illinois University Edwardsville (SIUE) School of Nursing will welcome the first cohort into the nurse anesthesia doctor of nursing practice (NA DNP) specialization program. The impressive pool of applicants were geographical diverse, coming from Florida, Texas, Tennessee, Wisconsin, New Jersey, Kansas, California, Nebraska, Illinois, Indiana, Missouri and Georgia.

Through this new curriculum, SIUE's NA DNP specialization prepares registered nurses with baccalaureate degrees to provide individualized anesthetic patient care for diagnostic, therapeutic or pain management procedures. The fully accredited program spans 36 months, and consists of 80 credit hours and 2,740 practicum hours. The courses and clinical experiences meet or exceed the standards of the Council on Accreditation of Nurse Anesthesia Educational Programs and the American Association of Colleges of Nursing Essentials of Doctoral Education for Advanced Nursing Practice.

The transition from the master of science in nurse anesthesia to the NA DNP program reflects the changes in the national health care system, as well as the growing need for nursing leaders to have extensive knowledge to design, implement and assess care. SIUE projects to have continued success as the University makes this change.

The SIUE School of Nursing began offering a Doctor of Nursing Practice in 2011 for master's degree in a practice focused specialty students. Since 2011, seven out of the 50 students admitted to the post-master's DNP have been master's prepared certified registered nurse anesthetists (CRNAs) who desired to be early adopters of this exciting new doctoral degree. The School of Nursing strongly



supports this program and has hired three additional faculty members to strengthen the program. Dr. Chaya Gopalan, PhD, whose expertise is physiology and science, will instruct courses in the areas of physiology, pathophysiology and anatomy. Dr. Lisa R. Romkema, PhD, CRNA, will focus on anesthesia leadership and scholarship, and SIUE alumna Dr. Rebecca Collier, DNP, CRNA, will instruct general nurse anesthesia courses, with a focus in pediatrics.

"I am very excited about the new DNP-NA specialization program," said Dr. Laura Bernaix, interim dean of the SIUE School of Nursing. "Clearly the national representation in our first cohort reflects not only recognition of the excellent program we have here at SIUE, but the importance of offering this type of degree. We are thrilled to see the interest and commitment of nurse anesthetists who will become leaders in their specialty."

While the program is gearing up for the next level, we still continue to graduate strong CRNAs. Twenty-four students successfully graduated in December of 2014. One hundred percent of those graduates have already taken and passed the board exam and are moving into their first practice positions. We welcome these new CRNAs into the profession!

*Photo Courtesy of SIU Edwardsville*





IANA celebrated its 75th Anniversary at the 2014 Fall Conference with a special banquet. Honored at this event were Betty Horton, CRNA, PhD, who received the Lifetime Achievement Award, and Representative Michael J. Zalewski as Legislator of the Year. Rep. Zalewski accepted his award at a later date. Congratulations to all Illinois CRNAs on 75 wonderful years of practice.







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