

Journal of the IANA

A Publication of the Illinois Association of Nurse Anesthetists

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IANA 2021

SPRING VIRTUAL CONFERENCE

INFORMATION COMING SOON!



ON THE COVER

Training of new CRNAs continued even as the pandemic hit hospitals with a wave of uncertainty and resource constraints. Thanks to clinical partners like Advocate Christ Medical Center, which trains students from Rosalind Franklin University and the NorthShore program, students received unparalleled experience in airway and crisis management. Here, preceptor and clinical coordinator Jamie Natale, CRNA, works with Samantha Johnson, SRNA to safely intubate a patient.

Your Illinois Association
of Nurse Anesthetists

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As required by section 6033(e) of the Internal Revenue Code, we are required to inform you that \$58.13 (or 25%) of your state membership dues are allocated toward expenses incurred by the Illinois Association of Nurse Anesthetists for state lobbying activities. This amount is not deductible for federal income tax purposes. All IANA members are also members of the AANA.



I A N A

PRESIDENT'S MESSAGE

Greetings IANA members. I am honored to serve as your state association president for the next year. I would like to start by recognizing the heroic efforts of Illinois CRNAs in response to the COVID pandemic. The exceptional skill set of CRNAs places us in a valuable position to be one of the most adaptable, useful, and profitable providers in a hospital. The IANA received word in March that Governor Pritzker was going to present an executive order to deal with the crisis. The board and our lobbyists immediately jumped into action to try to get restrictive barriers removed. The three items that we presented to be included in the executive order were to suspend the requirement for supervision or physical presence, to suspend the collaborative practice requirements, and to remove any restrictions that would prevent CRNAs from functioning in ICUs. On April 14th, we received word from the Illinois Department of Financial and Professional Regulation that these changes could not be made, even in the state of emergency.

Illinois CRNAs faced challenges far beyond the stress of being in lock-down. Despite being furloughed, having their hours cut, and even being deployed to assist in the COVID ICUs, the CRNAs of Illinois rose to the occasion. We not only assisted with airways, COVID teams, and at the bedside, but also offered revenue generation throughout the hospitals in the operating rooms. COVID has had and will continue to have a dramatic impact on the profession. The IANA will work with hospital stakeholders and state law makers to ensure that our efforts to manage the COVID crisis and assist in the recovery are recognized.

The association expected some reduced income because the COVID pandemic changed the profits we would see from conferences as well as a projected reduced membership, however I am happy to share that the association is fiscally sound. This is thanks to the excellent management by Frontline Association, led by executive director Micah Roderick. Your IANA board members will be working with Frontline in the coming months to update our strategic plan. During our strategic planning session, we will review the opportunities and threats to the growth of our profession, and set a plan with short and long term goals. This will incorporate the key issues that are of concern to our membership and set a strong path forward.

Legislatively, we introduced HB4579, sponsored by house Representatives Anna Moller and Elizabeth Hernandez which sought to amend the Nurse Practice Act to clarify and

modernize the language requiring a physician to be physically present. Illinois is one of only 6 states that requires physical presence by a physician. Given that CRNAs are the predominant provider of anesthesia in 89% of counties in Illinois, it is important that we work towards removing practice barriers. Unfortunately, your state leadership and lobby team were only able to advocate for this bill for a short period of time before COVID monopolized Springfield's time and efforts. Even though HB4579 may not have made any progress, we will continue to fight for the removal of practice barriers for CRNAs in Illinois. Anesthesia costs are 25% less expensive if the requirement for an anesthesiologist to direct four CRNAs is removed and this economic impact will be crucial in the recovery from COVID.

Although the support of CRNAs in Illinois and working towards the removal of practice barriers are at the forefront of the IANA, we cannot overlook the ever present threat of Anesthesia Assistants. The ASA has made it clear that expanding AA educational programs and getting AAs licensed in every state is a top priority. We must all remain vigilant and keep our guard up. Uncertainty within our state and the chaos that has emerged due to COVID could create the perfect setting for an AA bill to surface. An engaged membership and healthy PAC funds will allow us to fight an AA bill, should one be introduced. We are thankful to our lobby team of Sue Clark with Capital Edge Consulting and Taylor Uhe LLC for their continued efforts to keep our finger on the pulse of what is happening in Springfield.

In the months to come, I feel one of our greatest sources of future success will be in education. We must remain life-long learners who are up to date on the best ways to care for our patients. We must mentor and foster the education of our students who are the next generation of highly skilled anesthesia providers. Perhaps most importantly, we need to educate the public and our elected officials about the high quality, safe, and cost-effective care we provide. Every day we must put our best face forward and make sure our patients know that a CRNA will be at the head of their bed taking care of them every breath, every beat, every second.

In closing, I would again like to thank the CRNAs of Illinois for giving me the honor of serving you for the next year. Please reach out with concerns and areas you feel we can be improved. Recruit your co-workers to join our social media pages for important association information, legislative updates, calls for action, and practice updates.

Julia Feczko, DNP, CRNA



I A N A

LETTER FROM THE EDITOR

To the CRNA practitioners and students throughout Illinois, I think we can agree that 2020 has provided a unique set of personal and professional challenges. Hopefully you have found ways to stay focused on positive things in your lives, and maybe you even picked up a few good habits! I have several friends and colleagues who took this opportunity of a forced slow down to focus on learning to cook healthier meals, exercise more, spend time outdoors, or ride that bike that's been gathering dust for years. Others have not been so personally productive with their time. In the early days of this pandemic I, for one, found it too easy to retreat into the forced solitude of shelter in place and used it as an excuse to do nothing. However, the last several months have brought me a healthier relationship with social distance (wearing masks but still getting together with friends), fitness (actually using all

the equipment I bought for my basement), and social media (just getting off). Perhaps this season brought an opportunity for reflection for you too that resulted in some positive changes. Whether you were on a COVID team and heroically working in high risk areas, or a CRNA that was furloughed while your hospital or clinic tried to figure things out, this pandemic has forced us to take a look at what's important in our lives. Embrace those things even when we get back to busy again. In this issue we share some stories of front line CRNAs, but I know each one of you has their own story to tell. Drop us a line, and we'd be happy to share it. The CRNAs and SRNAs of Illinois are talented and resilient. Keep up the good work, and take care of yourselves.

-Jennifer Greenwood, CRNA, PhD

WELLS OF MOTIVATION

Alex Morgan | SRNA

What motivates you? What is your source of inspiration and drive? In times like these, sometimes these questions become important ones to ask. In order to achieve success and greatness in life, you must learn how to access a seemingly invisible reservoir which supplies undaunted motivation. When difficulties and setbacks arise, you must push through with the confidence and passion that arise from the motivation. Life will inevitably knock you down, but to achieve greatness, the key is to learn how to get back up again, and again, and again. It is your failures that teach you the most. Value throughout life comes from

intense commitment to what you are passionate about, and doing what you are passionate about supplies you with an endless source of motivation.

Motivation can be likened to a well. A well can be built with the finest stone, adorned with a beautiful canopy, and have the strongest rope and pulley system, but if it is not connected to a sustainable water source it will run dry. A dry well, no matter how extravagantly built, is good for nothing. Much like a well with an inadequate water supply, a life disconnected from passionate motivation is unfulfilling. You can hold prestigious positions, have

financial freedom, and have the nicest possessions; but just like the extravagantly built well connected to a shallow water supply, your life will feel dry and empty. To have lasting meaning and true happiness, you must stay inseparably connected to your source of water. The things that passionately motivate you will infuse you with life much like water ensures life for your physical body. In order to find a lasting source of motivation you must dig down deep. No sustainable well was ever created from digging only into the surface of the ground. It is this process of digging down deep that unveils the vision of who you truly are and who you want to become.

As I dig deep into the wells of my life I have come to find two sources of motivation that have never run dry. The first source is my family. My wife and children mean everything to me. When life gets hard, it is their faces and happiness that drive me to press forward. My drive to work hard and become successful is centered around the love I have for my family. I want my children to know that dedication is required to make hopes and dreams become a reality. Dreams are meant to be achieved, but they always require firm determination and relentless hard work. My love for my wife and children surpasses what I can express through any earthly language. Everything I do and the person I strive to become is ultimately for them, because I love them. My family is a well of never ending motivation for me.

My second source of motivation is my faith. Deeply woven into the fabric of my character is my faith in God and Jesus Christ. This faith brings purpose to my life and motivates me to become better. My faith has taught me that without God I am lost. My faith has shown me that life is not about me, it is about losing myself in the service of others. By humbly giving of myself to meet the needs of others, I find I receive so much more than I could have ever gained by focusing on myself. My faith is a well of unlimited motivation.

My passion for becoming the best CRNA possible is sustained by my wells of motivation. Becoming the best CRNA I can possibly be will refine my character in such a

way that makes me a better husband, father, and disciple of Jesus Christ. In this way, utilizing my wells of motivation to achieve my goals ultimately helps to strengthen those very same wells.

My wells of motivation have sustained me throughout my life. Coming from a family where no one had ever gone to graduate school, my dreams of becoming a CRNA required me to tread in uncharted waters. The uncertainty and fear of these uncharted waters could have crippled me in my attempts to achieve my goals, but my reliance on my family and my faith saw me through. In preparation for Nurse Anesthesia school I was frequently told that I would not get into school without several years of intensive care nursing experience; yet here I am today in the final months of a program with the least amount of intensive care nursing experience out of anyone else in my cohort. My family and my faith have motivated me to push forward in the face of adversity.

I encourage each of us to dig a deep well of sustainable motivation in our journey to success, whatever those sources are. It is those sources of motivation and passion that will propel us to greatness. Without those sources our wells will run dry and we will feel our lives becoming more empty. We must dig our wells deep and let them carry us through the droughts of life. The only thing standing between us and greatness is ourselves. This point is further explained in a Brigham Young University speech given by a man named Sterling Sill when he said, "The greatest waste there is in the world is that human beings—you and I—live so far below the level of our possibility. Compared with what we might be, we are just partly alive. That is, we sometimes become guilty of the great sins of fractional devotion and marginal morals, and we turn our lives into a minimum performance." The way in which we replace a life of minimum performance with a life of fullness is by diligently developing ourselves and those around us. Our diligent efforts are sustained by our wells of motivation. We each have far greater potential than we realize. Let us continuously draw upon our deep motivational wells in order to achieve our full potential.

LOBBYIST UPDATE

A lot has occurred since the last legislative update. COVID-19 sent our normal, Springfield activities into a whirlwind of executive orders to help the State during the worldwide pandemic. Although this prevented the possibility of IANA's bill being heard this year, your lobbyists remained busy ensuring IANA's COVID priorities were heard by the governor's team and legislators across the state. Some of the wins include: the extension for nurse license renewal to September, waiving certain licensure requirements to allow healthcare professionals to practice from other states, and increasing the manufacturing of PPE for state healthcare workers.

As for legislative spring session, the lengthy spring process was quickly reduced to a four-day frenzy. The bills heard were limited to emergency legislation that primarily focused on COVID related issues and the FY21 state budget.

A few key issues that passed include:

SB 264

The BUDGET. The COVID crisis loomed large as negotiations and debate went on for hours. Difficult decisions were made in an effort to keep the State running as 'normal as possible' while providing critical funding for testing, access to health care unemployment benefits, small business benefits among many others. The budget provides flexibility with increased oversight to aid in a strong recovery. Key for nursing in the budget (money allocated):

- \$2,000,000.00 from the Nursing Dedicated Fund for nursing scholarships (money is transferred to IDPH for distribution).
- \$197,400.00 for Nurse Educator Fellowship grants given by Illinois Board of Higher Education.

- \$264.00 from ISAC for nurse educator loan repayment.

- \$25,000.00 from the Secretary of State allocated to the Illinois Nurses Foundation (INF) to advance the profession of nursing from the sale of nurse license plates.

SB 1863

Expanded voting access. This bill expands the ability to vote by mail for the November 3rd elections. Each Illinoisan who voted in elections in 2017, 2018, or 2019 will be sent through the mail and application for vote-by-mail ballot. Those who request to vote by mail will be allowed to do so once receiving a ballot.

HB 2455

This is an agreement between labor and business regarding workers

compensation. It applies to front line workers, including healthcare workers and other essential workers during the pandemic by providing these workers with compensation benefits if they acquire COVID-19.

SB 1864 HOUSE AMENDMENT 6

This includes a provision that gives the department the ability to use telehealth for services covered under the Public Aid Code, the CHIP Act and the Covering ALL Kids Health Insurance Act for a year beyond the pandemic.

- Unfortunately, telehealth covered under private insurance was not included. This coverage continues to be reinstated by Governor Pritzker reissuing Executive Order 2020-09. This order stands until September 19 and is expected to be renewed.

Fall veto session is set for November 17-19 and December 1-3. What this may look like still is up in the air. Anticipated issues to be heard over veto session include healthcare (telehealth), ethics reform in government, and police reform/equity issues. Implicit bias continuing education legislation is expected to be heard in veto or spring session for licensed professionals

Inching closer to fall, this year is also an election year! November 3rd is the official election date and, as you saw above, election offices around the state are preparing for expanded mail-in voting. They are also attempting to relocate certain polling places to ensure ample space for social distancing. Make your plan to vote by choosing how you are going to vote, where you are going to vote, and execute that plan to make your voice heard!

Additionally, IANA's Political Action Committee (PAC) voted on contributions this year and has started participating in online political events. On Thursday, August 27 IANA participated in a virtual discussion with state Senator Sara Feigenholtz. This event remained exclusive to RN and APRN members of ANA-Illinois, ISAPN, and IANA. Senator Feigenholtz expressed great interest in IANA issues and appeared motivated to work with IANA. Please contact Micah if you are interested to attend a legislative fundraiser supported by IANA.

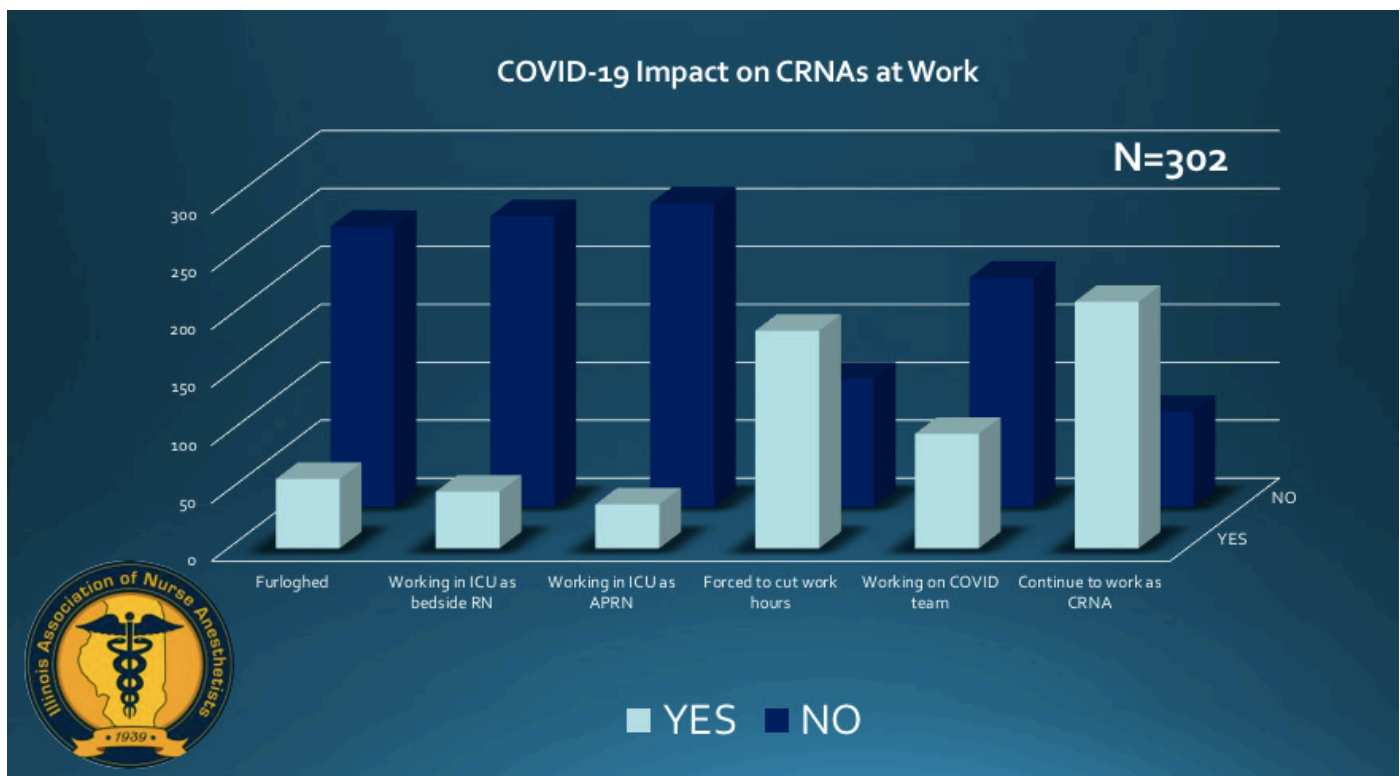
COVID 19 SURVEY RESPONSES

Micah Roderick | MPA | Susan Krawczyk | CRNA, DNP

In April 2019, we asked IANA members how their professional practice was affected by covid 19? 1600 members were surveyed,

302 members from 52 counties responded.

- 20% (1 in 5) CRNAs were out of work
 - Of the CRNAs furloughed, 5 CRNAs voluntarily furloughed
- 63% were forced to cut hours and /or take PTO
 - Many indicated that pay was also decreased
- Almost 30% were removed from their CRNA roles & relegated to other health care roles
 - 16% of CRNAs were providing bedside nursing care in the ICUs
 - Only 12% of CRNAs were utilized for their APRN skills in the ICUs specifically
 - Skills included airway & ventilator management, line placement, code call
- 30% of CRNAs were assigned to a covid team or described duties akin to a covid team member

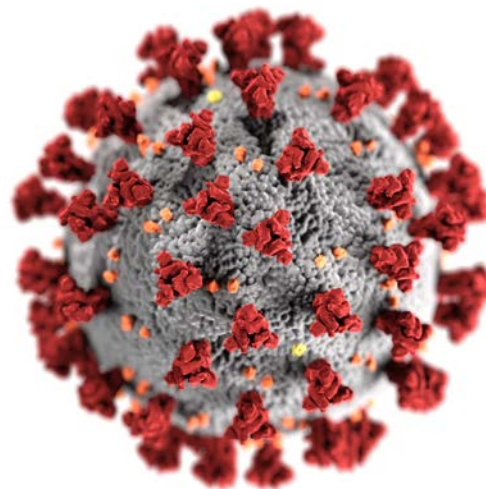


HOW COVID HAS AFFECTED OUR MEMBERS

Anonymous IL | CRNA

I was part time, just PRN, post-retirement; only working three days more or less per week. Paid straight hourly with no benefits except a corporate match on my 403B contribution. All was well until the COVID pandemic hit, and in mid-March I was furloughed. All non-emergency surgery was cancelled, and all CRNA staff was expected to staff the COVID ICU. On alternating weeks we would be in the ICU or in the OR on emergency or heart call. Anyone over 65 was considered to be high risk, so myself and several other "older" CRNAs, or those with significant preexisting conditions, were on furlough. Several CRNAs resigned, four went on indefinite LOA, and a few lingered in the "I don't know category" for quite some time.

The COVID ICU duty started after receiving only a 4-hour refresher on charting. Although I was not a part of this, I heard reports from the CRNAs that were doing 12 hour shifts that the work was horrible. Patients were intubated, ventilated, turned prone, had multiple lines and infusions, and were dying all the time. The CRNAs definitely stepped up. Without the CRNA staff to fill the need, I would wonder what in the world would happen. They simply did not have adequate staff for this pandemic. I don't believe anyone did. Our department saved the day, no doubt about that at all. I am so proud I was



sharing the same space and had some small part in training many of those young heroes.

I also want to say that they all still have their jobs along with a huge amount of gratitude from the institution and the patients. I, on the other hand, will not go back. The surgery schedule will take time getting back to pre-COVID levels, and an older post-retirement part-timer probably will not be needed. I would have stayed a bit longer... another year maybe. This virus robbed me of that, and I will truly miss being an active CRNA very very much.

PAC MESSAGE

Jennifer Banek | CRNA, MS

It's been a year since I became the Illinois PAC Chair. It's time to reflect on our progress over the past 12 months, and take a look at where we are headed.

- Last October, 79 Illinois CRNAs were participating in the recurring donation program for the Illinois CRNA PAC. Today, 133 Illinois CRNAs are making monthly recurring donations. Which is a 59% increase.

- Over the past 12 months, monthly contributions have increased from \$1,852 to \$4,056, which amounts to a 119% increase!

- We have 1,500 IANA members; 159 non-members. Nine-percent of IANA members donate to the Illinois CRNA PAC. The good news here? We have lots of opportunity for growth!

- We started the year with \$72,000 in our Illinois CRNA PAC; \$30,000 was contributed to Illinois legislators; 9 Republican and 15 Democratic legislators

- As of October 15th, 2020, The Illinois Society of Anesthesiologists has \$172,341.99 in their PAC.

Over the past three months, I launched a program I called, "Stand-Up and Sign-Up". Its goal is to increase recurring monthly donations. The process begins with me sending out an email to the CRNA member and then following-up with a personal phone call, colleague-to-colleague. Thus far, 400 emails and personal phone calls have been made. This effort has yielded a significant increase in our monthly donations. In addition, you may have also seen that on social media, I have been trying to educate our members about the importance of the Illinois CRNA PAC with bite-sized facts.

WHY ARE RECURRING PAYMENTS IMPORTANT?

- Fix it and forget it. Set-up a monthly recurring donation and don't think twice about it. We're asking CRNAs to consider \$25/month.

- Alleviates the stress of having to coordinate big ticket raffles or events. It's often challenging to find donated raffle items or venues that appeal to a wide audience.

- Recurring donations give IANA members a predictable and consistent stream of income so that they can make fiscally responsible decisions regarding your PAC monies.

GOALS FOR THE NEXT 12 MONTHS

- 200 Illinois CRNAs donating to the Illinois CRNA PAC.

- Increase our Illinois CRNA PAC balance to be competitive with the Illinois Society of Anesthesiologists; a goal that is now definitely within reach.

- Continue to work with the Government Relations Committee to develop relationships with legislators as a means to develop pro-CRNA relationships.

Last October, I would have never dreamt that I would be coming to you today, having had our visions for 2020 interrupted by a global pandemic. We are fortunate, however, to be the members of a fantastic profession that allows us to exercise our critical thinking muscles, care for patients, provide a value-added service to our healthcare industry, and provide a generous income to support our families. The Illinois CRNA PAC helps to protect our ability to continue to be a part of this profession. If you are not a recurring donor to the Illinois CRNA PAC, what are you waiting for? Please consider a \$25/month donation today.

SUGAMMADEX USE AMONG CRNAs IN ILLINOIS: A QUALITATIVE ANALYSIS

Natalia Izquierdo | DNP, CRNA | Emily Mancewicz | DNP, CRNA
Julia Feczko | DNP, CRNA | Karen Kapanke | DNP, CRNA

ABSTRACT

The availability of sugammadex has increased options for Certified Registered Nurse Anesthetists' (CRNAs) and their choice of neuromuscular reversal agents, however administration is impacted by a variety of provider and institutional factors. The purpose of qualitative this study was to examine and describe the personal and institutional factors impacting the use of sugammadex by CRNAs in Illinois. Methods: This study utilized a qualitative, descriptive study design using an online survey with open ended questions to identify themes and subthemes surrounding Illinois CRNAs' use of sugammadex. Demographic questions were categorical in nature and analyzed using SPSS software. Qualitative data were analyzed using Nvivo. Results: 209

responses yielded three main themes: 1) Why CRNAs choose to use or avoid sugammadex 2) How CRNAs dose sugammadex and 3) Practice variations existing within the clinical setting. The most commonly reported subthemes included depth of blockade/dosing of paralytic, underlying disease pathology, size of the patient, and cost considerations or availability at their institution. Conclusion: Based upon these main themes and subthemes, it is recommended that institution wide policies be created to reduce variability in provider administration practices if sugammadex is not widely accepted as standard reversal.

Keywords: anesthesia, sugammadex, neuromuscular blockade reversal, nurse anesthetist

INTRODUCTION

Sugammadex (Bridion®) was FDA approved in the United States in December of 2015 and has since rapidly transformed anesthesia practice.^{1,2} As Sugammadex is a new pharmacological agent, the consistency and appropriateness of use in practice is still unclear.^{2, 3, 4} In the past five years, several studies have focused on the comparison of using neostigmine versus sugammadex. A 2017 systematic review of 26 studies compared the efficacy of sugammadex versus neostigmine and concluded that sugammadex offered a faster recovery.⁵ Upon admission to a post-anesthesia recovery unit, 43% of a group that received standard reversal with neostigmine plus glycopyrrolate had residual blockade with two patients even exhibiting clinical evidence of partial paralysis, whereas the sugammadex intervention

group had no residual blockade.⁶ When the anesthesia providers in a hospital were given "unrestricted" access to sugammadex, a shift from using neostigmine to sugammadex occurred and resulted in a reduced time to discharge, which was attributed to a faster and more complete emergence.⁷

There remains a gap in the literature to capture qualitative data on the patterns of use of sugammadex by Certified Registered Nurse Anesthetists (CRNAs). This study aimed to describe the use of sugammadex among practicing CRNAs in Illinois. The following clinical questions guided this study: 1) Among CRNAs, why do they choose to administer sugammadex over neostigmine? 2) How do they choose to dose sugammadex? 3) What are the variations in sugammadex practice patterns?

MATERIALS AND METHODS

This study utilized a qualitative, descriptive study design using an online survey with open ended questions to identify themes and subthemes surrounding Illinois CRNA use of sugammadex. All researchers completed CITI training and Institutional Review Board (IRB) approval through DePaul University was granted on September 16, 2019. The sample included the approximately 1,430 CRNA members of the Illinois Association of Nurse Anesthetists (IANA).

The instrument used was an investigator-developed survey that had undergone content validity testing with a panel of 5 experts and included demographic questions and 6 open ended questions (Table 1) designed to answer the research questions. Qualtrics was used for survey

Qualitative questions
5) What factors influence your decision to choose Sugammadex over Neostigmine when reversing neuromuscular blockade?
6) How does using Sugammadex affect your confidence in your reversal and emergence from anesthesia?
7) What variables do you consider when determining what dose of Sugammadex to administer?
8) How does the safety profile of Sugammadex affect your dosing?
9) What patient specific considerations affect your decision to use Sugammadex for neuromuscular blockade reversal?
10) How does the perceived economic impact of Sugammadex at your institution affect your use of the drug?

Table 1. Qualitative portion of survey

distribution and data collection.⁸ Participation was voluntary and anonymous. The IANA executive director distributed the survey via email to avoid the researchers from having any contact with potential subjects. Data collection was open for 1 month with a reminder email sent after two weeks.

The four demographic questions were categorical in nature and analyzed using

SPSS software.⁹ Qualitative data were analyzed using Nvivo.¹⁰ Recurring themes were identified through text search and word frequency queries which were coded to allow for thematic analysis.

RESULTS

Out of the 1430 CRNAs who received the survey via email link, 209 CRNAs completed the survey for a response rate of 14.6%. Most CRNAs reported practicing in a community hospital (53.5%) or academic hospital (39.4%) setting and worked in a medically directed model (47.8%). The majority of respondents had 0-5 years of experience (32.9%). See demographic data provided in Table 2. No comparisons were made to the known demographics of CRNAs practicing in Illinois, so the representativeness of the sample could not be determined.

QUALITATIVE RESULTS

Thematic analysis revealed three main themes from the responses outlined below with subthemes and a selection of exemplar quotes.

Theme 1: Why CRNAs choose to use or avoid sugammadex

Systemic Disease

Renal impairment (n=47), cardiac pathology (n=36), and respiratory pathology (n=92) were identified as affecting the decision to use sugammadex. Conditions identified by participants such as kidney failure and patients on dialysis have also been mentioned in the literature as possibly affecting clearance of sugammadex.¹¹ Participants recognized how "renal function is assessed prior to administration" and that they are "mindful of how it has eliminated taking caution in renal patients." Since neostigmine (given with glycopyrrolate) can affect heart rate, cardiac pathology was recognized by both the study participants in the literature as possibly being detrimental to patients with cardiac disease.¹² Participants noted "we want to prevent tachycardia" due to "potential of ischemia" and "prefer to use sugammadex" in patients at risk for a cardiac event. If there were concerns regarding

pulmonary status, sugammadex was preferred "to decrease postop[erative] respiratory complications."

Females on Oral Contraceptives

Females on oral contraceptives (n=46) was stated as a consideration to avoid sugammadex due to its "ability to block contraception" and need for "educating regarding use of birth control." If "patients are given educational info with discharge" it is still considered for use as "the benefit greatly outweighs the risk."

Age

Age (n=47) considerations included extremes of life, such as the elderly patient population as well as pediatric patients. Age was mentioned as a "main consideration" for use in older patients and avoidance in younger patients as "it has not been approved" for pediatrics.

Depth of blockade and dosing of paralytics

Participants mentioned basing their decision to use sugammadex on the number of twitches present and how recently paralytics

Participant characteristic	% (N=209)
Practice Setting	
Private clinic/office	1.9
Ambulatory surgery center	5.2
Community hospital	53.5
Academic/University hospital	39.4
Years of Practice	
0-5 years	32.9
6-10 years	20.7
11-20 years	21.1
21-30 years	17.8
3'+ years	7.5
Practice Model	
Medically directed	39.7
Medically supervised with anesthesiologist on site	47.8
Medically supervised without anesthesiologist on site	9.1
Unsure	3.3
Community	
Rural	27.2
Suburban	38
Urban	34.7

Table 2. Summary of Study Participant Characteristics

had been administered (n=285) stating that they “choose Sugammadex if [the] block is too dense for neostigmine to work.”

Size of patient

The size of patient (n=155) included characteristics such as obesity, body mass index (BMI), bariatric patients, and body habitus. A patient “weight greater than 100kg” and “how many syringes of neostigmine” were needed to dose the patient by weight were indications for choosing sugammadex.

Increased Confidence

Increased confidence (n=160) was reported as “very predictable in time and completeness of neuromuscular blockade reversal.” Sugammadex administration elicits “far superior strength upon wakeup.” If sugammadex has been used, providers felt they could rule out a lack of reversal as a cause and “look to other factors.”

Theme 2: How CRNAs dose sugammadex

Depth of blockade and dosing of paralytics

Depth of blockade and dosing of paralytics (n=285) was the most frequently mentioned subtheme. Participants stated that sugammadex “should be dosed based on twitches” statements regarding dosing were consistent with manufacturer’s guidelines.

Size of patient

CRNAs dosed based on the “patients kilogram weight” and only when “patients are underweight or are children” are smaller doses given.

Safety profile

Respondents indicated that safety was not a concern when dosing sugammadex (n=79). Over dosing (n=13) was mentioned with participants indicating they may “give more to make the dosing more ‘even’ or easier to draw up.” CRNAs noted that because there are “little to no side effects” and the drug has an “excellent safety profile,” they are “lenient with dosing.”

Theme 3: Practice variations existing within the clinical setting

Theme 1: Why Illinois CRNAs choose to use or avoid Sugammadex	
SUBTHEMES	Depth of blockade/dosing of paralytics (n=285) Increased confidence (n=160) Size of patient (n=155) Respiratory Pathology (n=92) Renal Impairment (n=47) Age (n=47) Female on oral contraceptives (n=46) Cardiac Pathology (n=36)
Theme 2: How Illinois CRNAs dose Sugammadex	
SUBTHEMES	Depth of blockade/dosing of paralytics (n=285) Size of patient (n=155) Safety profile (n=66)
Theme 3: Practice variations existing within the clinical setting	
SUBTHEMES	Cost considerations (n=140) Institution availability (n=88) Cost savings (n=10)

Table 3. Major Themes and Subthemes with Exemplar Quotes

Cost-consideration

Cost-considerations came up 140 times but 60 noted that it was not a factor when choosing reversal agents and therefore use sugammadex “without regards to the economic impact.” 13 participants stated that the cost of sugammadex is a factor in their use and 20 noted they use sugammadex less “for the cost considerations.”

Cost savings

Cost savings (n=10) that were not directly related to the drug were also mentioned. For example, “The cost difference is minimal compared to any postoperative respiratory complications and/or ICU admissions” and “justifies the cost difference.” Sugammadex “minimizes operating room time” and “PACU stay is never delayed because of residual muscle weakness.” Reducing “uncontrollable PONV,” was also mentioned as contributing to cost savings.

Institution availability

Institution availability (n=88) is a factor contributing to variations in the clinical setting that is independent of provider

preference. Participants noted it is “really hard to get” and they must have a “good enough reason to use it.” In some circumstances, providers state they are “monitored for usage and counseled if they have “used too much.” Alternatively, at other institutions “sugammadex has replaced neostigmine” in drug trays and they “haven’t used neostigmine since sugammadex has been available.”

DISCUSSION

This study sought to unveil how CRNAs in Illinois are currently using sugammadex and how it has been adopted into their practice using a qualitative study approach. Key themes regarding decision to use, dosing of, and variations in sugammadex practice patterns were identified. CRNAs cited specific disease pathology, various side effects of the drug, patient specific factors, dosing of paralytics, degree of neuromuscular blockade, and increased confidence all as reasons to choose sugammadex over standard reversal with neostigmine.

Previous literature highlighted many of the same themes found in this study. Ledowski et al.⁷ found a significant

increase in the use of sugammadex vs. neostigmine when providers were given “unrestricted” use of the drug and respondents to this survey agreed. Some even stated they would use sugammadex for reversal on all patients if they could. A systematic review confirmed that sugammadex provided superior and faster recovery compared to Neostigmine.⁵ This was echoed by the CRNA respondents who noted that their increased confidence level in the quality of reversal as well as the faster speed of reversal were factors contributing to their use of the drug. A study regarding dosing found a variable practice pattern of using a higher doses (often 200mg) due to the lack of adverse effects from such an overdose.¹⁴ This pattern was reiterated by 13 of the CRNAs surveyed who use the entire vial, even if it is more than a patient’s weight and twitches warrant. This study’s findings are consistent with many studies citing economic forces as determinants of the actual use of drugs rather than the standard of care based on evidence.^{15,16,17}

The data elicited from this study may be used to guide institution wide policies for when using sugammadex is most appropriate. Similar to other risk stratification scoring systems such as the Model for End Stage Liver Disease (MELD) or STOP-BANG questionnaire for obstructive sleep apnea, which assign points to various criteria met to determine relative risk, the researchers developed a scoring system that could be used to determine when sugammadex may be warranted for reversal, however this was not tested in the study and represents an area for further investigation.

Limitations of the study included a limited time period for surveying, a relatively low response rate to the online survey, and the narrow sampling frame of only one state. Private clinics and ambulatory surgery centers were underrepresented in this study sample.

CONCLUSION

The use of sugammadex for reversal of neuromuscular blockade has changed anesthesia practice, but practice patterns are known to be varied. CRNAs cited specific disease pathology, various side effects of the drug, patient specific factors, dosing of paralytics, degree of neuromuscular blockade, and increased confidence all as reasons to choose sugammadex over standard reversal with neostigmine. Through the analysis of main themes and subthemes, the responses of practicing Illinois CRNAs reflected previously published work on reversal trends and rare side effects with the use of sugammadex.

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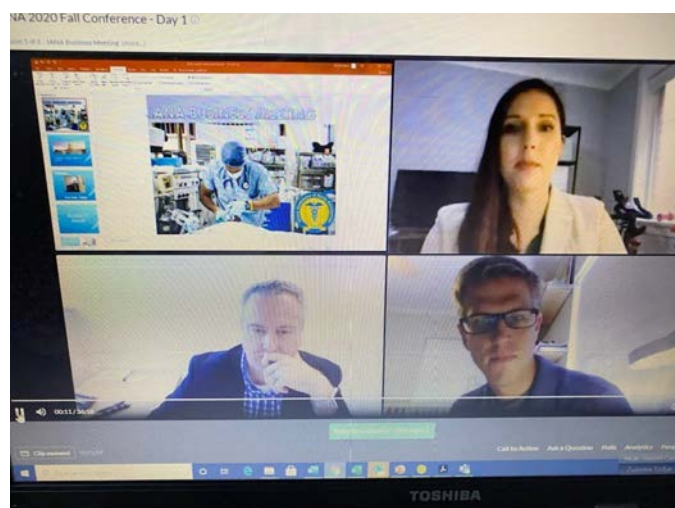
FALL MEETING RECAP

Jennifer Banek | CRNA, MS

The IANA Fall Meeting was originally scheduled to take place at Northwestern Memorial Hospital and function as a Point of Care Ultrasound workshop (POCUS). However, due to COVID restrictions, the meeting was shifted to a virtual format (like most things in our lives these days...). Our transition to an online meeting was a huge success!! Frontline obtained a professional webinar platform for our use, and the meeting came off without a hitch, with a great amount of support from members and SRNA. A variety of local and national speakers provided superb content and provided 8.5 class A CEs including pharmacology and opioid credits. A special thanks to our speakers including Michael Mielniczek, MSN, CRNA,

Christine Salvator, MSN, CRNA, Heather Rankin DNP, MBA, CRNA, Rodrigo Garcia, MBA, APN-BC, MSN, CRNA, Anne Sauri, DNP, CRNA, and Andrew Hartzell, MSN, CRNA. Also congratulations to our excellent student speakers Ryan Lewandowski from NorthShore University HealthSystem, Ashley Small and Alex Morgan from Rosalind Franklin University, and Linda Yi from Rush University. Although we missed being together in person, making those connections and sharing networking opportunities, the meeting was still well-attended and the POCUS workshop will be rescheduled for a future meeting.

Stay tuned for a spring meeting.



UPCOMING MEETINGS

Spring 2021 More Info Coming Soon
Fall 2021 Chicago

THE UNIQUE ROLE OF CRNA'S FOR THE COVID-19 PUBLIC HEALTH CRISIS

Robin Naden Semba | MSN, CRNA, APRN

We are living a new era, with unprecedented types of man-made and natural disasters. The most recent public health crisis, COVID-19, was a perfect opportunity for CRNAs to utilize their skills, education & experience to provide specialized care to the COVID-19 patient. When many CRNAs were furloughed or their hours were cut, the door opened for hundreds of CRNAs to deploy to New York City. Federal leaders and state governors also lifted practice restrictions for CRNAs enabling them to cross state lines, and start practicing immediately.

What made CRNAs uniquely equipped to serve as a primary health care provider to the COVID-19 patient and disaster?

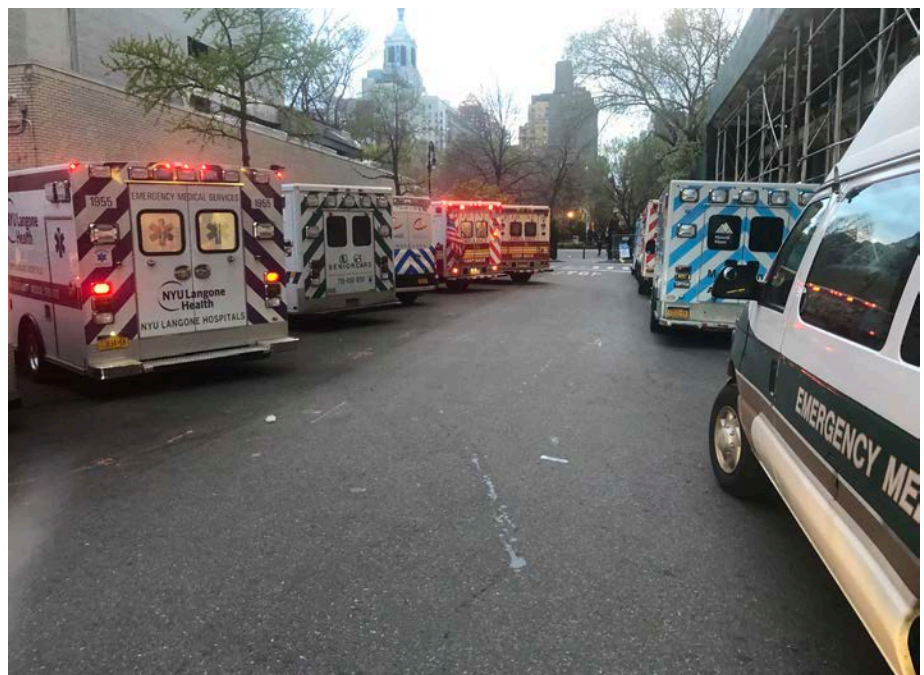
First, CRNAs are nurses, and that is exactly what New York City hospitals needed. All CRNAs have worked in ICU settings as nurses before they embarked on their CRNA training, so they have experience and a full understanding of the role and practice of the ICU nurse. In addition, many CRNAs that deployed had several years of experience with complex and acute medical patients in the OR setting, and they have learned through their education and experience how to manage these patients. CRNAs are experts at fluid management and resuscitation; treatment of different types of shock; and central, arterial, and peripheral line placement. They also are the first-line experts on difficult airway management and ventilatory support. CRNAs brought these skills with them when they deployed, ready to use them with patients and help all members of the health care team care for NYC's overwhelming COVID-19 patient population.

When CRNAs arrived in NYC, they were asked by nursing supervisors and their on-the-ground recruiters to step into many new roles. Many were asked to help nurses and give direct patient care; many were asked to help respiratory therapists manage the ventilators and assist in intubation or extubation; many were asked to help the line team and prone team. CRNAs needed to come out of their traditional roles in the operating suites and perform all of these tasks.

There were a few CRNAs who were reluctant to provide direct patient care or assist nurses because they wanted to only perform advanced practice nurse anesthesia skills. This attitude was very short sighted and self-serving at a time of crisis. There was a critical need for nurses in hospitals that had hundreds of new

COVID-19 patients being admitted daily and growing numbers of dying patients. What this group of CRNAs did not understand was that with time, working alongside nurses, helping them understand sedation techniques and medications, how to manage ventilators, placing invasive lines for their patients, the NYC nurses and health care teams would quickly build trust and confidence in the CRNAs' skills and experience. Many nurses in NYC had never directly worked with CRNAs and needed time to understand their expanded role and how it could help them care for their patients.

I came to NYC with the benefit of being trained in disaster management and having worked on many disaster relief teams such as the Illinois Medical Emergency Response Team and DART, the Disaster Assistance





"Men lose all the material things they leave behind them in this world, but they carry with them the reward of their charity and the alms they give. For these, they will receive from the Lord the reward and recompense they deserve."

-St Francis of Assisi

"The greatest legacy one can pass on to one's children and grandchildren is not money or other material things accumulated in one's life, but rather a legacy of character and faith."

-Billy Graham

Relief Team with Samaritan's Purse. I came to NYC in disaster response mode. I jumped right in and helped nurses draw blood for labs, turn patients, and manage sedation, vasopressor drips, and ventilators. I didn't impose my expertise on anyone; I didn't need to. Yet after 1-2 weeks, I was actively sought for the line and prone teams, and also helping residents and attendings manage patients. At the start of my contract, the pulmonary critical care attending would call for me saying, "CRNA, I need that CRNA!" After a couple of weeks, she was calling me by name. I rounded with her and the health care team, and acted as a liaison between the nurses and doctors. As the attending's trust grew in me, so did the residents and fellows. This allowed me to perform the advanced skills and tasks that CRNAs are trained for.

I witnessed a lot of confusion and misunderstanding about CRNAs - what our education was, what our role should be, and what experience we brought to NYC. Many of the physicians had never worked directly with CRNAs and thought that only anesthesiologist intubated patients or managed them. They also were not fully informed about the federal and state supervision laws that had been lifted during the pandemic crisis. I had many physicians observe me place invasive lines and help medically manage the patients until they learned what my level of knowledge, experience, and skills were.

What did the CRNA's learn from their experience working in NYC with nurses, doctors, respiratory therapists, PAs, and other health professionals?

I have been trained in disaster relief and have been deployed to many critical conditions throughout the world. I have seen and done a lot, and every time I deploy, I

learn something new. I would like to share what I learned from my 5 weeks working at Beth Israel Mt. Sinai in lower Manhattan New York City in the following bullet points:

- Adapt and be useful. We must be flexible and willing to take on new roles that are critically needed in a time of disaster. We must be ready for the unexpected, and willing to expand our roles when working as a team.
- We must be ready to work long and hard, and put in more hours than we are used to because the hospital is bending under the pressure of the acute disaster.
- We must be patient; it takes time to build trust with other providers.
- It helps to establish a home within the hospital, a place where we work regularly and get to know the staff. It is more rewarding to make some relationships and work together as a team.
- We can wear our nursing hat and remember how to counsel patients and their families during extreme times of suffering, loss, and grief. We can help the chaplains.
- We have to keep ourselves healthy by eating well, getting sleep, and dedicating some time for relaxation.
- We need to support each other during this time of crisis, especially after codes and patients' deaths.
- We need to debrief with each other, learn from each other, and be willing to help each other.
- Above all, it is important to remember that we are the guest in this situation; we must keep a humble attitude & practice servant leadership.



Robin Naden Semba is a CRNA and board-certified pain management practitioner. She practices in IL and FL. Robin routinely provides services in underserved areas in the world including disaster relief, anesthesia services, nurse and nurse anesthetist education with Cure International, Samaritan's Purse, and other organizations. Robin volunteered for 5 weeks at Mount Sinai Beth Israel hospital in New York.

2020 DESIGN A SHIRT CONTEST!

The 2020 IANA Design Contest was created to support a charitable entity. Rosalind Franklin University had the winning design and chose the Jon Gestl Scholarship Fund to receive any proceeds. This summer and fall, the IANA has sold t-shirts and mugs to support this cause. Below you will see all of the entries for the contest. Thank you to those who entered, and thank you to those who supported with contest with your purchases!

Please be reminded of the great designs and the amazing charities that the schools chose. ILSRNAs clearly creative and very thoughtful. The future is bright.

ROSALIND FRANKLIN UNIVERSITY

Organized by *SRNA Ashley Small*

Charitable organization: Rosalind Franklin University's Jon Gestl Scholarship Fund

Our foundation of choice will be the Jon Gestl Scholarship Fund. Substance abuse is a very serious problem in our country, especially for anesthesia providers. By supporting this fund, we are hoping to raise awareness of substance abuse, how to get help for those facing this affliction, and encourage wellness among fellow students and current CRNAs.



NORTHSHORE

Organized by *SRNA Ryan Lewandowski*

Charitable organization: One World Surgery
<https://oneworldsurgery.org/>

One World Surgery funds and operates the Holy Family Surgery Center in Honduras, offering essential surgical services to the community. Since 2012, faculty & SRNAs from NorthShore's School of Nurse Anesthesia have traveled to Honduras to provide anesthesia for these surgical cases. Our donation would offer continued support, funding the needs of the surgical center and the Honduran communities it cares for.

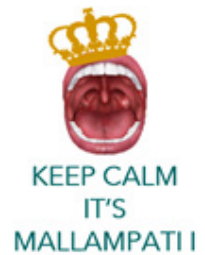


MILLIKIN UNIVERSITY

Organized by *SRNA Elly Willette*

Charitable organization: Acorn Equality Fund
<https://www.acornequalityfund.org/>

We would like to choose the Acorn Equality Fund. This helps rural students of all lifestyles access higher education. We want to support the future of Rural Illinois!



RUSH

Organized by *SRNA Linda Yi*

Charitable organization: Youth Outreach Services
<https://www.yos.org/>

Youth Outreach Services promote the strengths and abilities of youth and families by providing community-based services that empower and enrich each to face life's challenges with confidence, competence and dignity.



SIUE

Organized by *SRNA Hannah Ruhoff*

Charitable organization: Ronald McDonald House (RMHC, St Louis Chapter)
<https://rmhcstl.com/>

We picked [Ronald McDonald House, St Louis] charity because we never want the families of our patients to worry about accommodations during lengthy hospital stays



THE MILLIKIN UNIVERSITY AND DECATUR MEMORIAL HOSPITAL NURSE ANESTHESIA PROGRAM

Dana Flatley | DNP, CRNA

Greetings from the Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program. Early last fall, Rhonda Gee DNSc, CRNA announced her retirement. Dr. Gee has built a great legacy as Program Director over these last 18 years. Under her leadership 192 CRNAs have been certified; and in 2017, the program established a partnership with Millikin University and began conferring a doctoral degree. These are just a few of Dr. Gee's many accomplishments. We are grateful for her tireless efforts as she has provided a solid foundation for the program to grow.

Robert Ludwig DNAP, CRNA assumed the Assistant Program Director position in December 2019. Dr. Ludwig graduated from this program in 2006. Upon graduation he worked at Decatur Memorial Hospital and most recently at Pana Hospital as the sole anesthesia provider. His focus will be development of our simulation program including implementation of Crisis Management Curriculum.

Graduation was held on December 15, 2019 for the Class of 2019. Ten students were awarded the Doctor of Nursing Practice (DNP) degree by Millikin University and the Certificate of Nurse Anesthesia by Decatur Memorial Hospital. Prior to the Millikin University graduation ceremony, the School of Nursing held its' Graduate Celebration honoring graduate nursing students. The following awards were presented during the Celebration: the Ethel Lebkuecher Clinical Mastery Award to Evelyn Mitchell and the Betty Horton Leadership Award to Amanda Durbin. The Class of 2019 presented the Robert F. Waldvogel Teaching Excellence Award to Katie White, CRNA and Dr. Dale Ostrander. Congratulations to all of our 2019 graduates!

The Coronavirus pandemic created unique challenges for nurse anesthesia programs across the country, and our program was no exception. Students were out of clinical from mid-March – June 1, 2020. Fortunately, our clinical affiliates supported the students transition back to the delivery of anesthesia after a 10-week break. I am pleased to report all students have met requirements for graduation in December 2020. We would like to thank the clinical faculty for their flexibility with scheduling and giving their time and expertise in development of the next generation of CRNAs.

Every year we offer workshops for all 1st, 2nd and 3rd year students. Our Difficult Airway Workshop was held in February. The students pictured here are practicing cricothyrotomy on pig tracheas lead by Kevin Osternik, 3rd year student. His DNP Project, Increasing Anesthetists' Compliance with Cricothyrotomy Skills in the Difficult Airway Algorithm focused



on skill development of emergency airways in a simulated environment. We also hosted the 2nd annual Robert F. Waldvogel Memorial Lecture and Regional Anesthesia Workshop in September. This workshop was led by Adam Schneider DNP, CRNA, NSPM-C and Joseph Grazaitis DNP, CRNA.

The anesthesia community lost a special member this summer. Daniel Evans CRNA, was a 2015 graduate of our program and a member of the anesthesia department at St. John's Hospital in Springfield, IL. He presented the Cardiac Anesthesia lecture for our students and led the central line insertion simulation. In his memory we will host the 1st annual Daniel Evans Memorial Lecture and Vascular Access Workshop on November 14th, 2020. Knowing Dan's passion for supporting education of nurse anesthetists, his wife and family started a memorial fund for the program. With these funds, we have purchased training equipment for simulated placement of central and arterial lines that will be used during the workshop and beyond.

Another important change for the nurse anesthesia program was Decatur Memorial Hospital's Affiliation with Memorial Health System. This affiliation has provided the program with increased number of clinical sites and the benefit of using Memorial's Center for Learning and Innovation. The simulation center has an operating room environment and utilization of this space has provided another opportunity for our students to learn the specialty of anesthesia.

These are very exciting times for the program. I am forever grateful to Dr. Gee as well as the CRNAs and Memorial Health System leaders who have helped me transition to the Program Director role. I am looking forward to the many great things this program will accomplish in the future.

RUSH UNIVERSITY NURSE ANESTHESIA PROGRAM UPDATE

Maiko Yamashita | CRNA, DNP

The Rush University Nurse Anesthesia Program has had a year of growth, by way of showing adaptability and flexibility by both faculty and students, as we navigate through the effects of COVID in our hospital systems. New leadership has joined the faculty team, including Dr. Monica Rose as Assistant Program Director in June, and Dr. Maiko Yamashita as Interim Program Director in September. Dr. Rose is a graduate of the Wake Forest University Baptist Medical Center in Winston Salem, NC, and earned her PhD from Medical University of South Carolina. She has been practicing as a CRNA for 19 years and was the Assistant Clinical Director of the Georgetown University Nurse Anesthesia Program for 3 years. Dr. Rose is also currently the Chair of the AANA Diversity and Inclusion Committee. Dr. Yamashita is a graduate of Rush University and has been a part of the College of Nursing faculty since 2016 as Doctorate Advisor and Clinical Coordinator. Her doctoral work was in the strategic development of a mentorship program for the Nurse Anesthesia program, providing evolving mentorship throughout the course of anesthesia education with a SRNA mentor, then CRNA mentor to assist SRNAs as they transition into their careers.

Students of the class of 2020 are finishing up their clinical experiences, and are projected to graduate in December 2020. They are also preparing for their doctoral presentations in November, which encompasses all of the hard work they've put in over the last three years to develop high quality DNP projects. After graduation, many will stay in the Chicagoland area, while others are going far, such as Las Vegas and Florida. No matter how near or far, these students will provide excellent care as CRNAs, and we wish them the very best of luck.

The students from the Class of 2021 have entered their residency, diving into specialty cases such as pediatrics, neurosurgery, and cardiothoracic surgery. Students have separated into many different clinical sites around or outside of the city but come together virtually for weekly Journal Club. This is an exciting time in their education, as they develop high level anesthesia skills, learn what aspects

of anesthesia suit them, and develop their own rhythm and style of anesthesia. Students have also implemented their projects, such as safe injection practice compliance, improving electrophysiology lab turnover efficiency, the utilization of endotracheal tube cuff pressure manometer to reduce airway complications, and the proper utilization of sugammadex.

The class of 2022 is currently gaining the didactic foundation of anesthesia, as they learn about the principles of anesthesia. They have also utilized our 20,000 square-foot simulation lab, which provides a bridge between didactic and clinical education. Our high-fidelity manikins assist in offering real life scenarios, such as learning the sequence of events that take place during induction and intubation. Students have also utilized the simulation lab's skills center, practicing arterial lines, glidescope, miller and mac blade direct laryngoscope, and fiberoptic intubations.

The class of 2023 embarked upon their nurse anesthesia educational journey beginning in September of this year. They are currently getting to know each other virtually as classmates, and meeting faculty who will assist them in setting their educational foundation. Students from all over the country have joined us, including Texas, Missouri, and Georgia. They also come with a variety of critical care backgrounds, such as medical, cardiothoracic, trauma, and neuro ICU.

Although the year 2020 has been one for the books in terms of the global impact that COVID had on individuals, families, and careers, it has also provided a time to reflect on all of the things we may have taken for granted, and has forced us to think outside of the box to implement creative strategies to continue to safely educate students. Ironically, the flexibility that has been necessary to adapt is much like the flexibility necessary to provide anesthesia in a challenging, unpredictable case. Therefore, in a way, we are prepared for this. In the end, leadership and perseverance prevails, and despite the challenges of COVID, the Rush University Nurse Anesthesia Program plans to continue to strive to provide the best education for our future CRNAs.

ROSALIND FRANKLIN UNIVERSITY NURSE ANESTHESIA PROGRAM

Lori Anderson | CRNA, DNP, APN

Rosalind Franklin University DNP Nurse Anesthesia (NA) program, like all such programs, has been significantly impacted by COVID-19. We are happy to report that we are weathering that ongoing storm quite well, and continue to move forward together as a team! In mid-March 2020, all didactic coursework transitioned to an online delivery format. The majority of our 63 NA residents in clinical training were also removed from their clinical sites in March; with a handful of our sites/students able to continue uninterrupted. This was very concerning to us, especially as none of the area anesthesiology residents were removed from their residency training. While it was a gradual process for return, all NA residents were able to return to clinical training by June 2020. We were also able to return our didactic students to the simulation skills lab in June, under conditions that conform to all University and public health guidelines. Importantly, all of our May 2020 graduates were able to complete any remaining clinical requirements and proceed to their timely graduation as new CRNAs!

The program welcomed 35 newly matriculated students in May 2020—with these students participating in an online version of our rigorous 10 quarter hour Clinical Anatomy course this Summer quarter. In mid-November 34 students from the Class of 2022 will head to their first clinical residency rotations, were they will join the 32 senior NA residents from the Class of 2021.

The RFU portfolio of clinical sites has grown to 38—with 27 sites in Illinois, and 11 in Wisconsin. Recent clinical site additions for 2020 include Sarah Bush Lincoln Hospital in Mattoon, IL, Ascension SE Wisconsin Franklin Campus, Franklin WI, CGH Medical Center, Sterling IL, and Rockford Ambulatory Surgery Center, Rockford IL—with additions in 2019 including Advocate Christ, Oaklawn IL, and AMITA St. Alexius, Hoffman Estates IL.

I am very pleased to announce the recent appointment of Class of 22 member Peter Olakowski as the Student Representative on the Council of Accreditation of Nurse Anesthesia Educational Programs (COA) Board of Directors. Peter will serve a one-year term on the Board, and was selected from among applicants from nurse anesthesia programs in

Illinois, Indiana, Michigan, and Wisconsin (Region 3).

I am similarly very pleased to announce the selection of Class of 22 member Alex Corbitt to serve as the Student Representation to the American Association of Nurse Anesthetists (AANA) Health and Wellness Committee. Alex will be the only SRNA member of this important national working group. The Health & Wellness Committee designs, implements, and monitors programs that foster lifelong healthy behavior decisions for AANA members. The committee's mission recognizes personal and professional risk factors (such as workplace and personal stress as well as other physical and mental disorders) and strives to address these in a manner that promotes a balanced and fulfilling personal and professional life.

The doctoral project work of Team 21 members Alex Morgan and Ashley Small was chosen, from among the 2,288 applicants for an AANA Foundation Scholarship, as the recipient of the Dean and Fred Hayden Student Research Grant in the amount of \$2500.00. Their doctoral project involves a research initiative, led by Dr. Jennifer Greenwood, regarding a national study of sugammadex dosing. This research was presented at the IANA Fall Virtual meeting.

RFU is well-known as an institution that fosters a culture of diversity and inclusion. Under the guidance of the RFU President's Diversity and Inclusion Task Force (which includes Class of 22 member Terrell Foster), our program has been working diligently to enhance our curriculum, and admissions/faculty hiring processes—with an overall key strategic goal of increased diversity, equity, and inclusion within our community. It is hard to believe, but our program began accepting applications for the Class of 2024 on August 13, 2020—with a cycle close on January 13, 2021. Just one month into this cycle we have 173 applications in process for 35 seats in the class. This is a record pace for us, and we are very excited to meet and interview these very diverse and talented critical care nurses beginning in October 2020.



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