

Journal of the IANA

A Publication of the Illinois Association of Nurse Anesthetists

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Your Illinois Association on Nurse Anesthetists

JOURNAL OF THE IANA STAFF

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Your Illinois Association of Nurse Anesthetists

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Calendar Update 2017-18

September 8-12, 2017

AANA Annual Congress
Seattle, WA

September 23-24

IANA Fall Conference
The Westin Chicago Northwest / Itasca, IL

November 3-4, 2017

AANA Fall Leadership Academy
Rosemont, IL

February 15-17, 2018

Assembly of School Faculty
Scottsdale, AZ

April 21-25, 2018

AANA Mid-Year Assembly
Washington, D.C.

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.



Letter from the Editor

The practice and preparation of nurse anesthetists is always evolving and changing. With the growing use of technology in our daily lives, both at work and at home, we have all been impacted by the ubiquitous role that instant access to information plays in our management of patients. In this phase of nurse anesthesia education, we are seeing the evolution of the doctoral entry to practice take hold. The COA reports that 62 out of 116 programs have been approved for their entry level doctoral curriculum, while the rest are working to meet the January 2022 deadline. As these programs train the next generation of providers, they are also developing a curriculum that provides more content in the area of research and biostatistics, critical analysis of existing research, health policy, the economics of health care, and evidence based practice (EBP).

Sometimes EBP seems to get a bad wrap or put a sour taste in the mouths of a few

practitioners. Perhaps they feel that the weight of experience in clinical decision making is not given enough credit in the final analysis. A comprehensive analysis of the literature should always seek to determine not just the quantitative value and statistical significance of the findings, but also the real clinical significance of the findings. This is where the impact of the research findings intersects the daily practice patterns in the “real world” to determine the actual applicability of a given solution or recommendation for practice. It is truly a skill to be able to make that level of analysis, but it is not reserved only for those with a certain degree. In fact, I encourage all CRNAs to become familiar with the process steps in an EBP approach to clinical questions as well as logistical challenges. A great place to start is a very readable book by Chuck Biddle, *Evidence Trumps Belief* (2013), available through the AANA Bookstore.

As a service to our members through this publication, we will also try to provide

the best examples of EBP articles that are submitted. However, there is a rigorous standard of scholarship that must be met to be considered EBP. The editorial staff is committed to upholding that standard and can only pass on to the readers those submissions that meet those requirements. For this reason, we have updated the Submission Guidelines for Authors found on our ILCRNA.com website. There you will find specific guidelines differentiating a Literature Review, EBP Project or Review, and an Integrative Review of Literature. All of these types of manuscripts are very worthy to the ongoing professional development of practicing CRNAs, but they serve different purposes and their style should reflect that.

Thank you for all you do in service to the patients of Illinois.

Best Regards,

Jennifer Greenwood, CRNA, Ph.D

LETTERS TO THE EDITOR

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

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.

On the cover:

On the cover is Amannda Casper, taken in October of 2015 at the Holy Family Surgery Center in Honduras when she was a third year SRNA at Northshore University School of Nurse Anesthesia. The surgery center is a 3 room facility that provides surgical care to some of the neediest patients in Honduras. She was there with Bernadette Roche, CRNA, EdD; Karen Kapanke, CRNA, DNP; and two other students as part of one of a week-long surgical brigade. Amannda is now a practicing CRNA at University of Illinois Hospital.



From the President's Desk

Pamela S. Schwartz, CRNA, DNP

Greetings IANA members!

I would like to pass on some important legislative news and well as update you on the IANA board of directors (BOD) activities.

What has not changed? Your IANA organization is fiscally sound and carefully managed by Frontline Association, led by executive director Micah Roderick. The IANA continues to contract with attorney and lobbyist Roger Bickel. Roger has a thorough detailing of the ongoing Nurse Practice Act (NPA) sunset legislation in this edition of the Journal of the IANA, as well as regular posting on the IANA website: www.ilcrna.com under Members Only_ Advocacy_ Legislative Reports. Micah and Roger, as well as all of the Frontline associates are stalwart proponents for the IANA membership, and our organization is lucky to have them as invaluable members of our team.

What is happening with the Illinois NPA? The Illinois Nurse Practice Act (NPA) sunsets in 2018. A revision of the NPA, developed by the IANA task force in conjunction with the Illinois Coalition of Nursing Organizations, was submitted to the legislature in early spring 2017. The IANA BOD, members and lobbyist have been negotiating 4 key bills, significant to Illinois CRNAs, in the over the past several months.

Which bills passed? House Bill 313, essentially allows IL APNs, with the exception of CRNAs, to move

progressively into full practice without a collaborative agreement. Senate Bill 1094 extends the grandfathering of APN licensure for Illinois CRNAs who do not have a master's degree until July 1, 2023. These two bills passed both houses and await Governor Rauner's signature.

Where did we compromise? Roger Bickel submitted House Bill 3382 for the IANA which redacts language from the current NPA requiring immediate physician presence for CRNA anesthesia care. However, at the same time we introduced our bill, House Bill 2975 was submitted which sought to establish licensure for anesthesia assistants. Lobbyist, Roger Bickel, negotiated with Illinois Medical Society and the Illinois Society of Anesthesiologists, to keep both bills in committee, effectively nullifying both efforts for this legislative season.

How can I help? Building relationships with legislators is needed to promote our profession and our practice. You can help through letters, email or face-to-face meetings with your local congressional representatives, and contributions to the IANA political action committee (PAC). In March 2017, over 50 Illinois SRNAs and CRNAs attended the IANA Lobby Day in Springfield. Consider joining us on the next one!

Strategic Planning. Twelve CRNAs from your IANA board of directors (BOD) and membership met in June to develop an IANA Strategic Plan for the next 3 years. The group was led by facilitator John Stremsterfer. During the strategic planning session, the group developed specific goals and actions steps for: administrative and financial management, governance and leadership development, membership development and engagement, education and conferences, advocacy and scope of practice, and marketing and communication.

On the Horizon: Your new IANA BOD will be seated at the IANA fall conference, September 23rd and 24th, at the Westin Chicago Northwest in Itasca, with Rosemary Slowikowski as your next president. The new strategic plan will be in place, so look for positive developments. IANA members, as always, are encouraged to communicate with the leadership, via email, Facebook or IANA website to enact changes which benefit the membership and our patients.

Pamela Schwartz CRNA, DNP

President IANA



IANA Lobbyist Report

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

This 2017 Spring Session of the new 100th General Assembly was exceptionally active with a series of bills directly impacting CRNA's and APN's scope of practice. As you will recall, this was also the critical year for all of nursing as the General Assembly undertook its ten year Sunset review and updated the entire Nurse Practice Act - otherwise set to expire in January 2018.

What were the major developments from 2017 Spring Session that every CRNA must know about?

House Bill 2975 Anesthesiologist Assistants Licensure Defeated. For the second time in three years, a bill to establish the licensure of Anesthesiologist Assistants was introduced at the behest of the Illinois Society of Anesthesiologists. Quoting the Society: "...Anesthesiologist Assistants are a welcome addition to the anesthesia team!" The measure was opposed by IANA and the Department of Financial & Professional Regulation. Following a lobbying effort and negotiations by your IANA leadership team, the measure was held in House Health Care Licenses Committee – it is unlikely to be further considered by the General Assembly this calendar year.

Senate Bill 1094 (Althoff – Zalewski) CRNA Licensure Grandfathering Extended 5 Years Sent to Governor An initiative of your IANA, Senate Bill 1094 requires the Department of Financial and Professional Regulation to issue a certified registered nurse anesthetist license to an advanced practice nurse not possessing a masters degree provided they apply before July 1, 2023 (rather than July 1, 2018) and meet remaining licensure requirements. This measure received unanimous support in both the Senate and House. It is now awaiting Governor Rauner's approval.

House Bill 313 (Feigenholtz-Martinez) Nurse Practice Act Sunset – APN Full Practice Agreed to by Illinois State Medical Society – Sent to Governor Following a Sunset review process that commenced two years ago, negotiations with the Illinois State Medical Society led to agreed language. While the physician led lobby group was open to some greater autonomy, with respect to CRNA anesthesia care and independent practice, they remained opposed at this time. Upon approval by Governor Rauner, the new NPA Sunset includes:

Grants an Illinois licensed Advanced Practice Registered Nurse, certified as a nurse practitioner, nurse midwife, or clinical nurse specialist the ability to practice without a written collaborative agreement.

A notarized attestation, signed by both the APRN and collaborating physician of 1) 4000 hours of clinical experience and 2) 250 hours of continuing education or training after first attaining national certification, 3) such documentation shall be provided to IDFPR upon request. The continuing education and training shall be in the APRNs area of certification and set forth by Department rule.

For additional details on other provisions of House Bill 313 NPA Sunset please check our IANA website at <http://www.ilcna.com/>.

House Bill 3382 Removal of Physician Physical Presence Requirement for CRNA Anesthesia Care - Held in Committee Legislation authored by IANA and introduced this spring proposed to eliminate the physician's physical presence requirement for CRNAs delivering anesthesia. Facing opposition from both the Illinois State Medical Society and Anesthesiologist lobby, its fate was inextricably linked in negotiations to House Bill 2975 Anesthesia Assistants Licensure. While unlikely to be further considered in Fall Veto Session, it will be on the legislative agenda for IANA leadership discussion this fall.

This winter the House Health Care Licenses Committee (which considers all CRNA scope of practice legislation) welcomed a new Chairman, State Representative Cynthia Soto (D) of Chicago. In early February she met with IANA President Pam Schwartz and your lobby team in her Near North district office to discuss our legislative agenda. She has been very receptive to our association leadership and generous with her time. We encourage all of Chicago area members to support her.

2017 Spring Session

IANA Lobby Day

More than 50 of some of our best CRNAs and students were welcomed to our State Capitol for the annual Spring IANA LOBBY DAY. Attendees were all invited to witness an actual hearing of the House Health Care Licenses Committee, personally meet with the House Republican Minority Leader Jim Durkin (Burr Ridge), pose for a group photo with new House Health Care Licenses Chairman Cynthia Soto (Chicago) on the actual House Floor – above, visit the House and Senate Gallery and meet with a wide array of their local legislators from both parties.

Fifty plus CRNAs, students, IANA President Pam Schwartz and President-Elect Rose Slowikowski pose for a group photo with House Health Care Licenses Chairman Cynthia Soto (center in red) on the well of the House of Representatives Floor as one of their many exciting meetings with state lawmakers.



JOIN THE FUN AT NEXT 2018 IANA LOBBY DAY

"I have to work...Springfield is a long drive...my voice won't be heard...I really don't know who my state representative and senator are...what if they ask me about government and I don't know the answer...somebody else can do it because there are a lot of members in our association... Springfield is a long drive...I have to work"

Indeed there are many reasons considered by successful healthcare professionals why they cannot meet with their lawmaker locally. But if history has taught us anything, it is that memberships that do not actively engage with lawmakers are the ones that are largely ignored or eliminated by legislators in favor of those that do. Look at the issues from this Spring Session alone and ask yourself...can you afford not to engage and meet your legislators?

Number of bills referencing "sedation" 20

Number of bills referencing "anesthetist" 31

Number of bills referencing "anesthesia" 41

Number of bills referencing "pain" 101

Number of bills and amendments referencing "nurse" 874

Number of Senate Bills Introduced 2221

Number of House Bills Introduced 4076

Number of Senate Resolutions Filed 682

Number of House Resolutions Filed 527

A Mixed-Methods Approach to Understand How Operating Room Teams Frame Clinical Challenges

Medical simulations are an important training resource for improving patient safety, allowing the practice of team responses to unusual, but potentially catastrophic events like a fire in the operating room (FITOR). Post-simulation debriefings help support reflective learning by focusing on pragmatic lessons from the simulation experience. While pragmatic learning is a powerful tool for improving patient safety, the temporal resolution of reflection is generally too large for gaining deeper insights into how the team members conceptualized and framed the situation. The challenge in better understanding these deeper cognitive components is how to make these ephemeral processes 'visible'.

Two studies using FITOR simulations will report progress toward this goal at the 2017 Human Factors and Ergonomics Society meeting (Austin TX). The first study (Stevens, Galloway, Willemssen-Dunlap) collected electroencephalographic (EEG) data via wireless headsets from participants. Using information/organization-based approaches, subsequent modeling bridges the neurophysical measures of simulation

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participants' brain rhythms with observable team behaviors, providing a second-by-second matching of the neural rhythms with the understandings of performance by raters. The second study (Grimm, Gorman, Stevens, Galloway, Willemssen-Dunlap, Halpin) applied advanced communication analytics to the speech of the FITOR teams to construct near real-time profiles of the changing speech dynamics as the team responded to different elements of the fire situation.

This mixed-method (neurodynamics, communication, observational) triangulation approach is providing a high-resolution understanding of the team's cognition during the early moments of encountering an acute

disturbance of their rhythm, and importantly, is beginning to identify the strengths and limitations of each method. Additionally, this mixed-methods strategy for understanding team cognition will allow researchers and educators to elucidate best practices for simulation-based training aimed at improving the way operating room teams frame and understand problems, both in the moment and during the reflection that occurs during post-simulation debriefings. With this improved understanding, it is reasonable to expect that the effectiveness of teamwork training can be improved for teams managing both routine and critical situations in the operating room.

KEYWORDS: Neurodynamics, Operating Room Teams, Teamwork

This work has been published in the following journals and featured at the Proceedings of the Human Factors and Ergonomics Society 2017 meeting, Austin, TX.

Stevens, R., Galloway, T., Halpin, D., & Willemssen-Dunlap, A. (2016). *Healthcare Teams Neurodynamically Reorganize When Resolving Uncertainty*. *Entropy*, 18(12), 427.

Stevens, R.H., Galloway, T.L., Willemssen-Dunlap, A. (2016) *Intermediate Neurodynamic Representations: a Pathway Towards Quantitative Measurements of*

Teamwork? *Proceedings of the Human Factors and Ergonomics Society*. Pages 1996-2000.

Stevens, R., H., Galloway, T., Gorman, J., Willemssen-Dunlap, A., & Halpin, D. (2016) *Toward Objective Measures of Team Dynamics During Healthcare Simulation Training*. *Proceedings of the International Symposium on Human Factors and Ergonomics in Health Care*. 5: 50-54.

*Corresponding author Ann.M.Willemssen-Dunlap@osfhealthcare.org

Dr. Ann Willemssen-Dunlap is Director of Interprofessional Education at Jump Simulation Center, and a practicing CRNA at OSF Medical

Center in Peoria, IL. Her research is focused on understanding the cognitive aspects of interprofessional teamwork in order to improve simulation-based training, and on the development of 3D conversational agents for use on patient portals to improve compliance with prescribed medications.

ACKNOWLEDGEMENTS: The authors would like to thank Dr. Jamie Gorman of Georgia Tech and Mr. Donald Halpin, MS, MBA of Jump Simulation Center for their review of the manuscript, as well as all of the CRNAs who have graciously given their time to be part of these studies.

AANA Announces NEW CEO

The IANA is pleased to announce that our own Randall Moore II, DNP, MBA, CRNA, has been named the new Chief Executive Officer of the American Association of Nurse Anesthetists (AANA). He will succeed the current CEO Wanda Wilson, PhD, CRNA, who announced her upcoming retirement earlier this year.



Randy diligently served our organization in various capacities from 2007 to 2010. He was the IANA president-elect from 2009-2010 and president from 2010-2011. He then was elected to serve the AANA as a regional director from 2014 to 2016 and then as treasurer from 2016 to 2017.

“I am honored to have been selected by the AANA Board of Directors to serve as the association’s new CEO,” said Randy. “The AANA has a long and storied 86-year history of educating, promoting, and advocating for the nation’s foremost anesthesia experts, Certified Registered Nurse Anesthetists. I look forward to working with the AANA Board of Directors, committees, staff, and the membership at large to continue the impressive work of the association on behalf of the millions of patients our members serve each year.”

For the last two years Randy has worked as the director of Perioperative and Anesthesia Services at Passavant Area Hospital in Jacksonville, Illinois, where he managed a \$35 million budget and more than 100 employees.

Earlier this year, Randy received his Master of Business Administration (MBA) from Southern Illinois University-Carbondale. He earned his Doctor of Nursing Practice (DNP)

from the University of Alabama in 2014, his Master of Science in Nursing from Bradley University/Decatur Memorial Hospital Anesthesia Program, Decatur, Illinois, in 2005, and his Bachelor of Science in Nursing from Northern Illinois University in 1999.

Randy is also a retired commissioned officer of the U.S. Army Reserve with more than 22 years of military service. Retiring at the rank of Major, he served as an infantryman, combat medic, and CRNA during that time frame. He had several experiences serving as an active duty CRNA with the Army, including with Forward Surgical Teams in Afghanistan providing combat casualty care in austere locations.

A staunch defender of nurse anesthesia practice rights at the state and federal levels, Randy will apply his advocacy ideas, skills, and experience to working with the AANA’s government affairs staff in Park Ridge, Illinois, and Washington, D.C., to champion AANA issues as diverse as VA full practice authority, reimbursement, and retaining provider nondiscrimination language in healthcare reform bills.

The members of the IANA extend our congratulations to Dr. Randall Moore and look forward to a prosperous tenure under his leadership.

Rush University

College of Nursing

NURSE ANESTHESIA PROGRAM UPDATE

Michael Kremer, PhD, CRNA, FAAN

We are proud to announce the 50th anniversary celebration for the Rush Nurse Anesthesia Program, started by Richard Thomason, MD and Candy Thomason, CRNA of Presbyterian-St. Luke's Hospital. We will be celebrated during the Rush College of Nursing Homecoming, November 2-5, 2017.

Graduates from the class of 2016 are working as CRNAs locally and around the country. Our recent graduate David Harvat, CRNA, DNP said "after graduating from Rush and beginning work in a large anesthesia group with a diverse case load, I was grateful to be well-prepared and able to hit the ground running when I started my first job in Austin, TX."

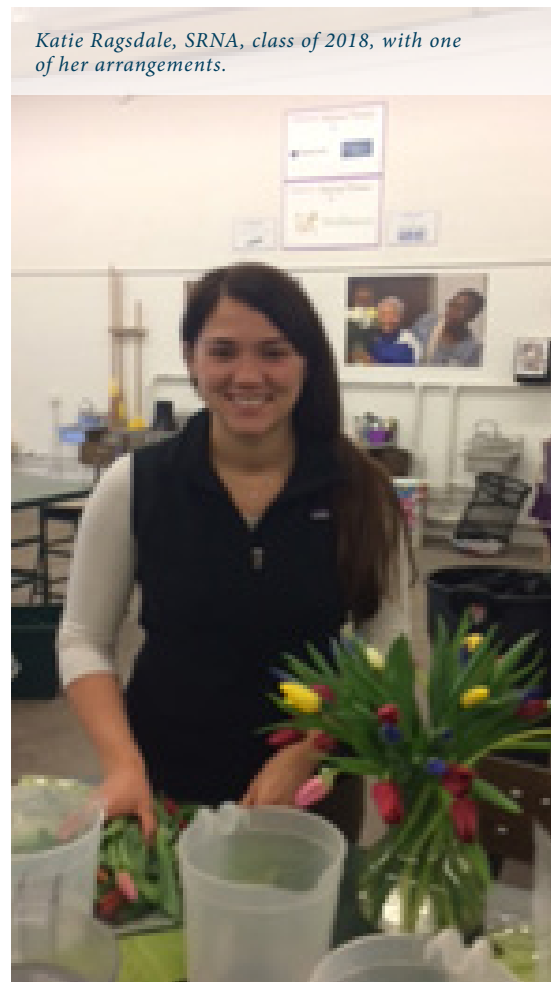
Emily Lange, SRNA from the class of 2017 was selected to present her DNP project, "Obtaining Accurate Blood Pressure Measurements in the Cardiac Intensive Care Unit," at the 44th Biennial Convention of Sigma Theta Tau in Indianapolis.

During National CRNA Week, Rush CRNAs and SRNAs volunteered at Random Acts of Flowers in Evanston, IL. This organization accepts donated vases and flowers that are re-purposed for floral arrangements that are delivered to patients in hospitals and nursing homes.

FACULTY NEWS:

- Renee Przygodzka, DNP, CRNA is the Illinois Advocate for the AANA Foundation.
- Judy Wiley, DNP, CRNA received the DAISY Award for Extraordinary Nurses from the Rush University College of Nursing Department of Adult Health and Gerontological Nursing. Dr. Wiley's commitment to excellence and contributions as a practitioner, teacher, program administrator and Army Reservist were all cited when this award was announced.
- Members of the AANA Foundation Closed Claims research team, including program director Dr. Michael Kremer, were all selected to receive the 2017 AANA Researcher of the Year Award.

Katie Ragsdale, SRNA, class of 2018, with one of her arrangements.



Rosalind Franklin

University of Medicine & Science

NURSE ANESTHESIA PROGRAM UPDATE

Franklin McShane, DNP, CRNA

Greetings from just a little north of Chicago. Things are busy and exciting here at RFUMS. I am happy to report the following updates to the IANA membership.

Faculty News

We are please to announce that Dr. Steven Klinkhammer has been selected from a national slate of candidates to serve on the Board of Directors of the NBCRNA. Steve starts this prestigious position in July. In addition to his selection to the NBCRNA, Steve obtained national certification as a Certified Healthcare Simulation Educator. Dr. JoseRay Tumalak recently published his research on bupivacaine following lumbar spinal fusion in the AANA Journal. Jay continues to serve the IANA as the Region 1 Director. Lastly, the Nurse Anesthesia Program is expanding our faculty and is currently recruiting for a full time faculty position to assist with the delivery of didactic and simulation content as well as help manage the student doctoral projects. We are looking for a doctorally prepared (research doctorate preferred) CRNA to join our faculty.

Student News

Joshua Franklin, SRNA class of 2017, was selected to be the student representative to the AANA Education Committee. Josh has been doing a very nice job in his role and you may have already read a couple of his newsletter articles in the AANA Bulletin. In addition, Josh represents all SRNAs across the country at the

national level. He has participated in several conference calls and committee meetings at national conferences. Amy Grant, SRNA class of 2019, was selected as one of two Association of Veterans Affairs Nurse Anesthetists 2017 ALPS scholarship recipients. Many of you were able to meet Amy at the Mid Year Assembly. She reports extremely productive visits on the hill, and was very impressed with all the CRNAs she met. Alexis Ortiz, SRNA, also from the class of 2019, received the AANA GALA scholarship. This is the first time anyone from our program has received this national scholarship.

Our transition cohort will graduate in August 2017 with their Masters Degree and be eligible for the NCE and jobs! All of them have elected to stay with us for an addition 9 months in order to finish their doctoral degrees.

The Class of 2019 is a couple of months away from the transition from didactic to clinical and many of you will get to see them in our clinical sites. They are excited and nervous, which is entirely appropriate at this point.

We have just matriculated our Class of 2020. This is the largest class in our history – 30 SRNAs. We are happy with

their energy and enthusiasm. Of course, they aren't sleep deprived yet....

Program News

We are pleased to announce that our University Simulation Center just received national accreditation from the Society for Simulation in Healthcare. This is the culmination of an incredible amount of work by an amazing interprofessional team. Another recent development is our recognition as an affiliate center for the Johanna Briggs Institute. We are part of an international collaboration of over 80 entities across the world working to accelerate the linkage of scientific evidence to policy and practice. We currently have two ongoing projects within the JBI framework and will have one published soon. Lastly, we have developed a long-term sustainable relationship with a healthcare organization in St Lucia. We will now offer 1-month clinical rotations on the island for all our students who are interested in the opportunity to practice in an austere environment. This has been well received by both the students and the clinical site. Sodium Thiopental is no longer just a historical drug for many of our students as they have the opportunity to actually administer it. Brings back memories, doesn't it?

How Can I make a Difference FOR MY PROFESSION?

All lawmakers maintain local district offices and welcome meetings of introduction with their employers – that would be you. General Assembly Members remind us that the most important letters and messages they receive are not from out of town providers, but from you, their individual constituent who put them in office.

Here is what you can do to get engaged with IANA and your legislators:

- ✓ Look for the IANA Membership briefings on our website.
- ✓ Plan on joining us for our spring 2018 Lobby Day in Springfield – look for announce the date notices in early 2018 and join the excitement in Springfield.
- ✓ Contact 2017-2018 IANA President Elect and Chairman of our Government Relations Committee Edward Gradman, CRNA at ianapresidentelect@gmail.com to learn how to coordinate scheduling a district office meeting of introduction with your local lawmakers this fall.
- ✓ Support your CRNA Political Action Committee.

Past IANA President, Bernadette Roche, poses for picture with her State Representative Michael McAuliffe (R), Member, House Health Care Licenses Committee.



YOUR IL CRNA PAC

The IL CRNA PAC supports our political action committee which, in turn, supports candidates who share our vision and who will ensure our continued success and growth as nurse anesthetists. The challenges to our scope of practice and profession from competing stakeholders are real and ever present.

To make a donation to the IL CRNA PAC, visit www.ilcrna.com, log in and click the "Support IANA" button. All donations to the PAC must come from personal funds, including donations made by credit cards or checks. Contributions made to the ILCRNPAC are not tax-deductible as charitable contributions for federal income tax purposes.

Students from Rosalind Franklin head to St. Lucia

Rebecca Feldman, RN, BSN

Two classmates and I were recently afforded the opportunity to travel to St. Lucia for a very unique clinical site rotation. As part of our experience, we spent one month at St. Jude's Hospital in Vieux Fort, St. Lucia. Our responsibilities while there included providing anesthesia care for surgical patients, developing and implementing an education program for critical care nurses, organizing supplies for a simulation lab, and performing moderate sedation as requested by the emergency room physicians.

Upon receiving notification of our trip, we prepared a course outline based on tested topics from the American Association of Critical Care Nurses (AACN). Our goal was to develop and deliver a presentation on each topic. We planned to give three presentations each week covering the same topic and reinforce those concepts through simulation. Upon arrival to St. Lucia we met with multiple hospital employees at St. Jude's Hospital and other stakeholders who helped us coordinate and carry out our responsibilities. With a maximum of two operating rooms running at one time, we were able to devote one student nurse anesthetist (SRNA) solely to educating the staff, while the remaining two SRNA's gained valuable experience providing anesthesia in a truly unique setting.

Our experiences in the operating rooms were invaluable. The opportunity to work with anesthetic agents not commonly used in the United States was likely the most obvious benefit of our work in St. Lucia. However, we also found significant value in learning the ways in which healthcare delivery in this country was very different from the one we were accustomed. We learned to practice anesthesia with limited resources. Everything was reusable; nothing was wasted. Inexpensive drugs and gases were favored over more costly alternatives. For example, we used sodium thiopental and Demerol for induction in place of the more expensive propofol and fentanyl. Our experience in the operating rooms was enhanced by the



guidance and mentorship of Dr. Soe and Dr. Prakash, who are the only two anesthesia providers in the hospital. We were grateful for the experiences we shared with Dr. Soe and Dr. Prakash as well as the other healthcare providers at St. Jude's Hospital.

In addition to providing anesthesia care, we were tasked with formulating a critical care training program for the nurses in the intensive care unit, emergency room, and



operating room. We spent our first couple of days at St. Jude's Hospital speaking with the staff in these units to establish rapport, explain our role, understand their work environment, and listen to them state their needs. We also spoke with physicians to understand their expectations and what they hoped for us to achieve with our training program. It was evident within this time frame that the training plan we had devised prior to our arrival did not reflect the most immediate needs as expressed by both the nurses and the physicians. Instead, we formulated a new plan that addressed the needs the staff felt were most important. By the end of our first week, we started a simulation lab and presented our first topic: basic airway management and airway equipment. We presented the content using a power point presentation, followed by hands on experience with airway equipment and mannequins in the simulation room to reinforce the content learned in the presentation. This class confirmed what we already knew based on feedback from the staff; the nurses working in critical care areas were not comfortable managing an airway using basic skills and basic equipment.

The second week our topic was setting up for intubation and ventilator management, which was a request from one of the emergency room doctors. We presented the material in a step-by-step manner, allowing us to incorporate the previous basic airway management presentation with the intubation set up so the nurses could see the progression from

basic airway management to advanced airway management. We delivered the content of the ventilator management presentation in a classroom setting. For the simulation component, we used the ventilators in the intensive care unit to help the nurses become more comfortable operating the ventilator, using the ventilator as a monitor, and making or recommending ventilator changes based on patient behavior.

In our third week, our topic was electrocardiogram (EKG) interpretation. This was one of the more highly anticipated classes for the nurses. The classroom portion consisted of identification of EKG components and their relevance in the cardiac cycle as well as identification of various dysrhythmias. Our plan for week four was to incorporate dysrhythmias learned in week three with basic life support concepts. However, at the request of the Dr. Soe, we gave a presentation on neonatal airway management and neonatal ventilator management to nurses and pediatricians in the maternity ward. We also presented malignant hyperthermia (MH) to the operating room staff and anesthesiologists our fourth week.

By listening to the guidance of the local doctors and nurses, we were able to share information on patient safety practices that are standard

in the United States, but absent at St. Jude's Hospital. One change that occurred through our lectures and recommendations was having every female of child bearing age tested for pregnancy on the day of surgery. This had not been the protocol previously as long as the patient was able to verbalize the date of her last menstrual cycle. Our presentation to the operating room staff and anesthesiologists on MH prompted Dr. Soe to coordinate with the hospital pharmacist to begin stocking dantrolene. It previously had not been in the formulary because it was expensive and expired before it was used. Additionally, other hospitals on the island did not carry dantrolene either. We believe that these changes in policy reflect the hospital's commitment to patient safety and demonstrate that we were able to have a potentially significant impact of patient safety through our educational lectures.

Every presentation we delivered was made available to any nurse that requested it through the Medline University website. In addition to having access to each power point, the nurses were able to take a test covering each topic. The presenter of each topic drafted a test consisting of 10 to 20 questions, and the nurses were able to get continuing education credits for passing these tests. One of the challenges we faced with the training program was trying to change the culture of



the nursing practice at St. Jude's Hospital. While some nurses were quite eager to learn, we faced indifference and disinterest as well. Despite requests from the physicians for a more autonomous nursing staff, there was not total buy-in from the nursing staff that more autonomy was possible. While we believe that we can directly affect the knowledge and skill of the nursing staff in critical care areas at St. Jude's Hospital, the evolution of a more autonomous nursing staff will take time.

Reflecting on this trip, I realize it was a wonderful opportunity to immerse myself in a new culture, provide healthcare in a resource constrained environment, gain experience with new pharmacologic agents, perform new techniques, and form meaningful relationships within St. Jude's Hospital. While taking advantage of these opportunities, I believe we succeeded in fulfilling our goal and expectation of creating a favorable environment to present information and share ideas with the staff at St. Jude's Hospital. I hope that the relationship between Rosalind Franklin University of Medicine and Science and St. Jude's Hospital remains a mutually beneficial one, as the potential gains for both parties are boundless.



Outstanding Young Alumni Award Presented

DMH NURSE ANESTHESIA ALUMNI ASSOCIATION

Decatur, Ill...Michael J. Almeida , MSN, CRNA, received the 2017 Outstanding Young Alumni Award from the DMH Nurse Anesthesia Alumni Association. He received a BSN from Saint Francis Medical Center College of Nursing in 2006 and an MSN from the Bradley University/Decatur Memorial Hospital's Nurse Anesthesia Program in 2012.



While

working as an RN and prior to becoming a Certified Registered Nurse Anesthetist (CRNA), he was the Charge Nurse of a Cardiovascular Intensive Care Unit providing direct care to cardio-thoracic surgery patients post-operatively.

In addition to earned academic degrees, Michael holds Illinois licensure as a Registered Nurse and is certified and recertified by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). Other certifications include Cardio Pulmonary Resuscitation: Basic Life Support, Adult Advanced Cardiac Life Support, Pediatric Advanced Life Support and completion of a Neonatal Resuscitation Program.

Michael was honored with the 2017 Outstanding Young Alumni Award for promoting the nurse anesthesia profession as both a student and graduate. His leadership was recognized by his classmates who elected him their Student Representative. During this time, he attended Illinois Association of Nurse Anesthetists (IANA) meetings and the national assembly for nurse anesthetists in Washington, D.C.

As a graduate, Michael has returned to Washington, D.C., every year for the national assembly to promote Nurse Anesthesia to legislators. He is now a Co-Federal Political

Director for IANA and is responsible for organizing and attending appointments with federal legislators both in D.C. and in home districts to advocate for the profession.

Michael serves as the IANA Region Director for region IV. In this position, he has organized easily accessible events for CRNAs to keep them informed. During these events, he incorporates updates from the IANA and American Association of Nurse Anesthetists (AANA). One of his events was held at the Semi Pro Baseball Field in Bloomington. Another event brought Dr. Ronald Miller, a well-known anesthesiologist, to Decatur as a guest speaker.

The DMH Nurse Anesthesia Alumni Association was pleased to honor Michael J. Almeida with the 2017 Outstanding Young Alumni Award for his dedication to promoting the practice of Nurse Anesthesia.

Decatur Memorial Hospital (DMH), located in Decatur, Ill., is a 300 bed, not-for-profit, community hospital that has been providing medical care since 1916 for the residents of Central Illinois. Today, DMH has nearly 2,150 dedicated employees and 300 physicians. DMH encompasses 11 state-of-the-art centers of excellence. For more information, visit www.dmhcares.com.

Regional News

In an attempt to reach out to more members of our organization, the IANA has reinstituted region meetings. Region meetings are arranged by each region's director and are intended to spread out to local venues in the regions to meet members, to socialize, and to discuss the business of the IANA. Region meetings are announced by the IANA via email and notifications of meetings can be found on the IANA website (www.ilcrna.com). Region directors are always looking for suggestions for the best locations to get many local members together. If you have a location or venue in mind, please contact your region director and share your ideas.

REGION 7

Region 7 has had two region meetings this year. On January 17th, Region 7 members met at Al's Steak House in Joliet, IL. Dinner was provided by Legally Mine, a personal financial/asset protection consulting group. A brief meeting discussing current issues pertaining to the IANA preceded the sponsoring lecturer.

REGIONS 2 & 7

On March 30th, Regions 2 & 7 met together at Shaw's Crab House in Chicago, IL for a dinner meeting sponsored by Merck. The speaker for the evening, discussing Sugammadex, was Dr. Bernadette Henricks PhD, CRNA. A brief meeting discussing current issues pertaining to the IANA preceded the sponsoring lecturer.

REGION 4

Region 4 has held three meetings this year. Thank you to Region Director, Michael Almeida for organizing meetings in Decatur, Bloomington and Champaign with much thanks to our partnership with corporate sponsor, Merck. Thank you to all the CRNAs who attended! All CRNAs are encouraged to attend these meetings as a great way to meet and discuss pertinent topics in addition to the spring and fall meetings. Keep a look out for an invite coming soon for the next region 4 meeting that will be held in Decatur on September 21st!



Region 7 CRNA members - Sitting: Sue Aardema-Caughlin, Kim Price (with Eric Price), Candace Wills // Standing: Melissa Terhark, Moji Ogunbuyide, Susan Krawczyk (Region 7 Director), Shamiah Dekker, Dan McNeff (CEO, Legally Mine), Jenni Walsh, David Draksler, Eunice Riemer



Rush nurse anesthesia students enjoying a good time together at the combined Region 2 & 7 meeting.



Dr. Bernadette Henricks PhD, CRNA; Jennifer Kurtovic, Merck representative; Dr. Susan Krawczyk DNP, CRNA, Region 7 Director



IANA Region 2 CRNAs: Ruta Shavez, Michelle O'Connor, and Becky Belk



Illinois Association of Nurse Anesthetists

100 East Washington Street
Springfield, IL 62701
Phone: 877-345-2762 or 217-528-6221
www.ilcrna.com

Dear IANA members,

The IANA and Illinois CRNA PAC speak for the interests of the over 1,400 CRNAs in Illinois. In order to successfully advocate for CRNAs in Springfield, the organization must have a strong three-pronged approach: **1) High profile and experienced lobbyist 2) Engaged volunteer force, and 3) Robust PAC fund.** Your membership dollars currently support high profile lobbyists on both the state and national levels. Our state PAC fund requires growth. We need more engaged volunteers for our committees.

We fully anticipate the Illinois Society of Anesthesiologist to actively pursue licensure of Anesthesiologist Assistants in Illinois. To combat this, we need your help. The success of our state association is dependent on the volunteer contributions from CRNAs and SRNAs. Additionally, we cannot expect to obtain legislation granting full practice authority without the help of our members!

HERE ARE SOME COMMITTEES THAT NEED VOLUNTEERS:

Public Relations

The public relations committee is looking for individuals who are savvy with social media and/or individuals with knowledge or interest in:

- Social Media (i.e. Facebook, Twitter, Instagram, etc for marketing and engagement)
- Newsletter Drafting
- Website Design

Ultimately, this committee will leverage various electronic/social media sources to engage members and promote our profession.

State Government Relations/PAC

The State Government Relations/PAC committee supports the development of relationship with Illinois state legislature that effect CRNA practice within the Illinois General Assembly. The state government relations and PAC committee work closely together to strengthen our profession's voice within Illinois. Funded entirely by voluntary contribution of CRNAs, the IL CRNA PAC makes contributions to Illinois legislators that support our profession.

Federal Political Relations

The Federal Political Relations committee works with the Federal Political Director of IL to develop relationships with Illinois federal legislatures in Washington D.C. The Federal Political Relations works closely with the AANA Government Relations and AANA PAC committee to maintain relationships with congressional representatives that support our profession.

Thank you for your support,
Edward Gradman, CRNA, MSN
Incoming President-elect, IANA