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Journal of the IANA

A Publication of the Illinois Association of Nurse Anesthetists

inside...

ON THE COVER

Advocacy happens at home and abroad! Over 35 CRNAs and SRNAs from Illinois attended MidYear Assembly in 2019. With successful meetings with Representatives and Senators from all over Illinois, issues that are important to patient safety, access to care, and the role of CRNAs in the delivery of anesthesia services are being heard. Student reps from the five Illiniois nurse anesthesia programs, led by Paul Pritts, CRNA and Jon Gestl, CRNA, organized the meetings.

MID YEAR ASSEMBLY

Your Illinois Association of Nurse Anesthetists

JOURNAL OF THE IANA STAFF

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Please submit questions, letters, comments or high quality photos to the editor via email..

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.

IANA

PRESIDENT'S MESSAGE

Dear IANA members, I would like to take the time to recognize the immediate past president Ed Gradman for his tireless work over his term as president. I would also like to recognize all of the members of the IANA's board and various committees. The organization would not be able to function without the countless volunteer hours spent by such a talented group of individuals.

This last year we saw the introduction of our bill in the Senate (SB 1683) and House (HB 2813). With the tireless efforts of your IANA team the bill was voted out of the Senate Committee. This is progress we have not seen for many years; however, that is where the bill stalled. What became clear is not only that CRNA's need to better educate legislators, but we also need to educate fellow CRNAs, dentists, podiatrists, ophthalmologists, surgeons and even physician anesthesiologists about what we do and what our bill entails.

Immediately after the introduction of the bill last year there appeared to be a gross misunderstanding of what the language of the bill actually meant. At least that is the only excusable reason for such a negative and unprofessional attack on the CRNA profession by the Illinois Society of Anesthesiologists. We saw multiple opinion articles published in newspapers against CRNA's; filled with false information. These articles stated that the bill would threaten anesthesia standards, dissolve the care team, harm patients, and allow CRNA's to administer anesthesia without supervision. All of these claims are patently false.

Currently, there is no law in Illinois that states a CRNA is required to be supervised by a physician. None. CRNA's work across the state as independent providers with the same anesthesia standards and patient outcomes as our physician colleagues. If the bill passes, facilities and groups that choose to operate in a medical direction model will continue to do so. Medical direction remains one of the least cost-effective anesthesia models available. Because of this, many anesthesia businesses have transitioned to a collaborative model where CRNAs bill for their services independently. This model allows CRNA's and anesthesiologists to work side by side, unhampered by an arbitrary 1:4 ratio.

The bill proposed by the IANA only seeks to remove antiquated "Physically Present" language with "available" as it pertains to the location of the collaborating physician. Illinois is only one of six states in the entire US that has language saying a physician must remain physically present during the course of an anesthetic. This is not an earth-shattering change, it is not a scope of practice change, and it is not a supervision change. So why is there so much animosity and unprofessionalism towards CRNA's in Illinois? The only logical explanation is due to a lack of understanding and education. Therefore, we must make it a priority to educate surgeons, anesthesiologists, dentists and ophthalmologists that House Bill 2813 would only help private anesthesia businesses, surgeons, hospitals, office-based practices and ambulatory surgical centers, all while maintaining standards of care and patient safety.

While the legislative efforts are of great importance, it is even more important to stay vigilant regarding wellness, suicide prevention, and chemical addiction or dependency. We lost a dear friend and integral member of the IANA Government Relations committee this year to this devastating disease. Let it serve as an important reminder to reach out to the AANA peer assistance hotline at 800-654-5167 if you or someone you know needs unbiased support. The IANA continues its role in fundraising and philanthropic activities for such important causes. If you have any cause or charity you would like highlighted in the Journal, please reach out to the editor.

It is a pleasure to work as your IANA president for the 2019-2020 year.

PUBLIC RELATIONS COMMITTEE UPDATE

PLANNING FOR 2020 AND BEYOND

The role of the IANA's public relations (PR) committee is to shape and maintain the image of Illinois' nurse anesthetists and student nurse anesthetists in the eyes of its members and the public. The IANA's public is vast and includes any and all individuals interested in anesthesia, anesthesia services, and healthcare such as our community members, law makers, members of the media, and other nursing and healthcare professionals & their organizations.

The IANA's PR Committee strives to identify and understand the interests and needs of our members and our "public" and address them in the most effective manner, be it via face-to-face meetings and conferences, emails, and/or social media outreach. Our vision is simple; we aim to engage, inform & educate.

The IANA PR Committee is made up of the IANA Executive Director, Micah Roderick, volunteer IANA board members and IANA members at large, and chaired by Susan Krawczyk. The PR Committee is assisted by and regularly consults with our lobbyists, the AANA PR Committee, as well as other state nurse anesthesia PR committees.

In 2017-2018, the PR Committee initiated an SRNA-lead fund raiser to assist the SRNAs in Puerto Rico affected by Hurricane Maria. This year we are sponsoring another SRNA-lead fundraiser, which will be revealed during CRNA week. The event aims create a fun competition between the five IL nurse anesthesia programs, with the proceeds raised going to a charity of the winning school's choice.

For the upcoming year, the IANA PR Committee aims to continue the IANA's social media presence on Facebook, Twitter, Instagram to grow member engagement. We will repeat our month-long CRNA Week activities. New for 2020 is the development of readily accessible infographics and short animated videos for Illinois members to use to promote their profession with friends, family, work colleagues, and local legislators.

Again, new to this year, the IANA PR Committee will contract with an outside agency during key legislative periods to strategically target our efforts to remove the limiting and antiquated language for CRNAs from the IL Nurse Practice Act. We need all IL CRNAs to commit to visiting their legislators and continue the discussions that are pertinent to our profession. If you are willing by nervous about setting those appointments, contact any member of the committee or board member and they will help you set the meeting or even go with you!

The PR Committee is always seeking interested members with ideas and/or the desire to help engage, inform, and educate our many members and our various publics. If you're interested in joining this exciting and creative committee, please contact Micah Roderick (micah@frontlineco.com) or Susan Krawczyk (smkraw@sbcglobal.net).

Leadership Summit

The AANA Leadership Summit was held November 8-10 in Naples, Florida. It was an engaging, inspiring, and informative meeting in a gorgeous location. Attendees included students, chief CRNAs, state association leaders, business owners, and aspiring CRNA leaders. AANA CEO, Randy Moore, DNP, MBA, CRNA, opened the meeting with a powerful message – CRNAs are the answer. He reminded all of us that healthcare spending in the United States has reached unsustainable levels and the country is looking for ways in which we can control healthcare costs. We as CRNAs need to have a seat at the table when the department, facility, and state in which we work are drafting and implementing these plans.

There were numerous presentations regarding ways in which state leaders from around the United States have helped advance CRNA practice in their areas and the direction in which CRNA practice is going in the future. The opportunity to discuss the innovative strategies being utilized to help advance our practice is extremely beneficial to those working here in Illinois to help pass legislation giving CRNAs the ability to practice to the full extent of our education and training. Brainstorming with other state leaders is an invaluable opportunity afforded at AANA meetings.

In addition to the inspiring message from our AANA leadership, business gurus Tracy Young, MSNA, MBA, CRNA and Stephen Smith, MA, CRNA, talked about how to take advantage of the opportunities to start and grow your own anesthesia business. If you've thought about going out on your own or are looking for ways in which to grow your business in the future, this meeting is an excellent opportunity to listen and learn from CRNAs that are running successful businesses, both small and large.

Other meeting highlights included the presentations by Steven Stein, PhD about Emotional Intelligence and successful group leadership by Steve Mund, DNP, CRNA, FACHE, CENP. Dr. Stein's presentation went beyond the basics of emotional intelligence and delved into how to use that information to lead and develop your staff as well as your peers. Dr. Mund discussed ways in which to develop your own leadership skills as well as how to help engage your staff for not only group success but their own job satisfaction as well. Many great networking opportunities were available to CRNA group and department leaders.

Overall the meeting combined numerous educational opportunities, invaluable networking, and the opportunity to have fun and socialize with CRNAs from around the country in a beautiful and warm destination. Plan to attend in 2020!

IN MEMORIAM...

REMENBERING THE LIFE OF JON P. GESTL

Susan Krawczyk | Jennifer Greenwood | Paul Pritts

Jon Gestl speaks with Representative Jan Schakowski regarding CRNA practice.

Thank you for being a friend. Jon P. Gestl MS, APRN, CRNA was a fan of the Golden Girls, and on a sunny afternoon in June, too many of us sang the words to that song, printed on the back of his memorial program as he was laid to rest.

"Thank you for being a friend; Traveled down a road and back again. Your heart is true, you're a pal and a confidant."

Jon unexpectedly passed away on June 5, 2019 and left us shocked and heart broken. He was our pal, our confidant, and much, much more.

Jon graduated from Rosalind Franklin University of Medicine and Science in 2017. He served his classmates as class president and student representative for the IANA. In his time as a CRNA he was a highly motivated team player, always jumping in where there was a need. Always looking to advance his own practice and education, he was also in the process of completing his Doctorate of Nursing Practice at Rosalind Franklin.

At the time of his passing, Jon was a CRNA at Illinois Valley Anesthesia Associates and worked at Illinois Valley Community Hospital in Peru. This was a great fit for Jon because it allowed him to practice independently with a supportive group of CRNA colleagues. How he advocated was how he worked. The position also allowed Jon to work with student nurse anesthetists, which brought him a lot of joy. Jon was active in the Illinois Association of Nurse Anesthetists and lobbied tirelessly for equitable healthcare and CRNA full practice authority.

Jon wasn't just an advocate; he loved politics. His partner, Robert Scharringhausen, recalls one of Jon's "a-ha" moments when he equated his love of politics to Robert's love of football. Jon knew the game – he knew all the players – and he was always on the field, watching, listening, preparing & participating in the "game". His role as co-Federal Political Director for the IANA harnessed his talents and passion for politics when he helped coordinate 20 congressional meetings over 2 days with Illinois senators and congress members during this past year's Mid-Year Assembly in Washington, D.C. This is no small task, and Jon was a natural at it. His smile and candor were his hallmarks as he enthusiastically would explain to the legislators and their staff our role as CRNAs and the policies affecting us.

In honor of his dedication to advocacy, IANA President, Michael Almeida, renamed our annual advocacy award the "Jon Gestl Advocate of the Year Award". This fall, Rose Slowikowski and Jennifer Banek were the first recognized CRNAs to receive the Jon Gestl Advocate of the Year award. Presenting the award for the first time was Robert Sharringhausen and IANA President Michael Almeida.

Many of us knew Jon and will miss him terribly. But his memory and his spirit definitely live on through the IANA and the people he inspired. In addition to the award given in his name, Rosalind Franklin has set up an endowment to support student involvement in advocacy events. For more information, please visit https://connect.rosalindfranklin.edu/impact-m

Sometimes the greatest job in the world can come with quite a price tag. We pay for it with our time away from home and family, and with time not spent caring for ourselves and pursuing wellness. Let us be reminded to keep perspective on where our true value lies and be the types of friends and colleagues that are kind, supportive, and willing to lend a hand when needed.

If you need help with substance use disorder or you know someone who does, please reach out to the AANA Peer Assistance Hotline at 800-654-5167. They provide confidential live support services and resources. This does not mean then end to someone's career, but it could be the beginning of a new life for them. We will continue to shine a light on this topic in subsequent editions of this Journal.

For a list of Peer Assistance FAQs and answers go to www.aana.com > Practice > Health and Wellness/Peer Assistance > (scroll down to) About AANA Health and Wellness, Read More > (scroll down to) The AANA Peer Assistance Program > (click on) **AANA Peer Assistance**.

A PILOT STUDY

Implementation of a Recycling Program for Anesthesia Providers

Alaina (Becker) Murley | DNP, CRNA
Brittany (Hill) Schuler | DNP, CRNA
Julia Feczko | DNP, CRNA

Abstract

Background: Twenty to thirty percent of all hospital waste originates from operating rooms, with at least 40% of this waste deemed recyclable and 25% of anesthetic origin. Operating rooms generate large amounts of waste due to the need for sterility of supplies and equipment. Recycling of plastics in medical waste can save landfill space and reduce expensive medical waste disposal costs.

Purpose: The purpose of this project was to determine whether a modified recycling program would increase anesthesia providers' participation.

Methods: A single site was utilized for this pilot with collection of baseline recycling practices, followed by the implementation of an anesthesia provider recycling program, and post-intervention data collection.

Results: Recycled waste increased from 6.5 kg during the pre-intervention period to 34.5kg in the post-intervention period (p=0.001). Kilograms per case of recycled waste increased by 409%.

Conclusion: Participation in recycling by anesthesia providers is largely dependent on the convenience of recycling and education. These barriers were addressed with this pilot project and increased recycling by anesthesia providers, which could result in significant cost savings to the institution.

Keywords: anesthesia, recycling, waste management, medical waste

INTRODUCTION

Twenty to thirty percent of all hospital waste originates from operating rooms, with at least 40% of this waste deemed recyclable and 25% of anesthetic origin.[1] Operating rooms generate large amounts of waste due to the need for sterility of supplies and equipment.[2] In the U.S., infected medical wastes are disposed of primarily through incineration while most municipal solid waste, including non-hazardous medical waste, is disposed of by landfilling. Recycling of plastics in medical waste can save landfill space and reduce expensive medical waste disposal costs.

Providers' attitudes toward recycling are important to address when considering improvements in operating room recycling programs. Major barriers to recycling by anesthesia providers include inadequate recycling facilities, staff attitudes, and inadequate information on how to recycle.[3,4] Minor barriers included lack of time, safety issues, inadequate space for a receptacle, and cost.[3, 5]

At NorthShore University HealthSystem, Evanston Hospital, a recycling program for surgical equipment has already been implemented in the operating rooms. Despite the current recycling practice at this institution, barriers such as inconvenient access to recycling bins, poor staff prioritization regarding recycling, and misinformation about recyclable items prevented anesthesia staff from contributing to recycling efforts. The purpose of this project was to determine whether a modified recycling program would increase anesthesia providers' participation.

LITERATURE REVIEW

A literature review was conducted using the following databases: PubMed, CINAHL Complete, and ProQuest Nursing & Allied Health Source. MeSH terms searched were: 'recycling', 'operating rooms', 'plastic', 'medical waste disposal' and 'anesthesia'. Within these databases, a total of 106 journal articles were discovered ranging in publication dates from 1993 to 2015. Inclusion criteria used to narrow the results for qualifying studies included a focus on recycling of plastic material, identification of (or methods for overcoming) barriers to recycling, and recycling initiative programs within the anesthesia sector.
An in-depth analysis of barriers, solutions, and agency recommendations was needed to help in the development of the anesthesia provider recycling program. Barriers to recycling identified in the literature included that operating rooms are crowded with so much equipment that there may not be additional space for recycling bins,[2] a lack of knowledge regarding which plastics are recyclable, difficulty separating different plastics, reluctance to change practices and an attitude that environmental concerns are irrelevant to medicine.[1] Large volumes of plastic waste were found to omitted from recycling mainly due to a chance of contamination or infection, and difficulty in finding a purchaser for plastic components, and a lack of classification of plastics for recycling.[6]

In 2011, Riedel published a study in the American Association of Nurse Anesthetists Journal regarding the multifaceted impacts of a hospital-wide recycling program.[7] Interventions created to address this problem were implemented in phases: Phase 1 included education of staff regarding environmental benefits of recycling and types of materials appropriate for the recycling receptacles; Phase 2 was placement of designated containers throughout the hospital with printed lists of acceptable items; Phase 3 included collection of all bins into a designated

area for weekly weight and disposal by a pre-determined company. Riedel found that the annual recycling increased 9.3 metric tons (10.3 US tons) with significant financial benefits illustrated by a $4,672.88 decrease in non-hazardous waste disposal cost.[7] Landfill waste was subsequently reduced by 40.2 metric tons, resulting in an additional cost-savings of $4,114.75.7 Riedel suggested ease of use due to single-stream recycling and effective education of staff as major contributors to success of the program.

Several national agencies exist to assist hospitals in improving their recycling practices including Hospitals for a Healthy Environment (H2E)8 Practice Greenhealth,9 and Healthcare Plastics Recycling Council (HPRC).[10] The analysis of barriers and solutions as well as guidance from previous pilot studies and environmental agencies were used in the design of this anesthesia provider recycling program. This project obtained Institutional Review Board approval from NorthShore University HealthSystem and DePaul University.

METHODS

A single group post-intervention evaluation design was utilized for this pilot study. There are seventeen operating rooms at Evanston hospital with 125 anesthesia providers on staff including anesthesiologists, nurse anesthetists, nurse anesthesia trainees, and residents. No off-site locations were used in this study. All anesthesia providers at Evanston Hospital were included in the sample as each of these providers had the opportunity to participate in recycling.

Data collection for this study was conducted in the 17 main operating rooms at NorthShore University HealthSystem, Evanston Hospital from February 15, 2016 to March 15, 2016. Baseline recycling was measured over a 10 day period in which recycled material from each operating room was collected by a member of the research team between the hours of 3 and 4 pm. Collected material was weighed in kilograms (kg) using a Tariss JetSetter luggage scale, which was zeroed prior to each use. The daily number of cases was tracked using the operating room status board (OpTime, Epic Systems, Verona, Wisconsin), with cases starting prior to 6 am and at or after 3 pm each day excluded from the case count.
Following completion of the baseline collection, an email describing the study was distributed to all anesthesia staff. A paper copy of the list of recyclable materials was posted above the anesthesia cart in each operating room (See Figure 1). Materials collected were approved by the environmental services department and included all non-contaminated plastic waste except that identified as #6-type plastic (polystyrene), all non-contaminated paper waste except that covered in waxy film, and all glass waste except those medication vials containing greater than 3% of the original contents of the vial. The same collection protocol for the pre-intervention period was used for the post-intervention 10 day period. Microsoft Excel 2013 was used to record daily collection throughout and statistical analysis was completed using IBM SPSS software.

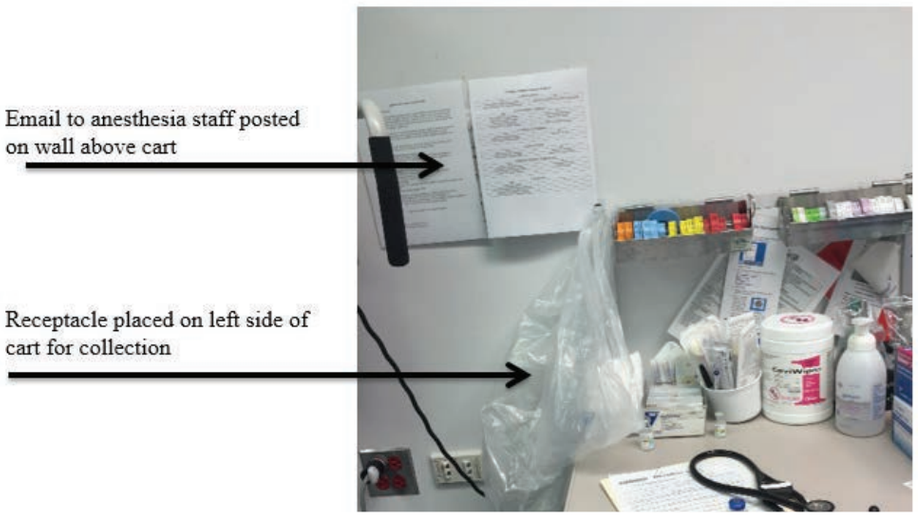

Figure 1: Recyclables Materials Flyer

RESULTS

Pre-intervention collected waste totaled 6.5 kg over the 10-day collection period (346 cases) with an average of 0.65 kg/day and 0.0192 kg/case. Post-intervention collected waste totaled 34.5kg of recyclables (371 cases) with an average of 3.45 kg/day and 0.0978 kg/case (Figure 2). Kilograms per case of recycled waste increased by 409% after the intervention period.

The difference between total recycled material collected pre-intervention (6.50 kg) and post-intervention (34.50 kg) was statistically significant, with paired t-test yielding a p-value of 0.001. The difference between recycled materials per case between pre-and post-intervention data sets was also statistically significant, with paired t-test yielding a p-value of 0.01.

To rule out systemic bias caused by variation in case volume (346 cases pre and 371 cases post), a t-test was also performed on these data points. The t-test for this data set gave a p-value of 0.498, indicating that the difference in recycling practice pre- and post-intervention was no different before and after implementation, making the increase in recycling patterns attributable to the convenient placement of recycling bags and education rather the difference in caseload.

DISCUSSION

Our findings suggest that education and convenient placement of recycling receptacles greatly increased participation in recycling by anesthesia providers, both overall and on a per case basis.

Variations in recycling practices could be attributed to factors such as baseline recycling practices of different providers, type of case, and patient acuity. A close review of the cases demonstrated that on days with more complicated surgeries, there was a higher use of supplies and, therefore, increased waste. General anesthesia cases yielded more recyclable waste than monitored anesthesia care cases. During the course of data collection, unsolicited feedback revealed that there was some confusion amongst providers about contamination of corrugated breathing circuit tubing. Hazardous material contamination of supplies (i.e. blood or other bodily fluids) renders material inappropriate for recycling, however condensation of exhaled particles within the plastic corrugated tubing is not considered contamination (per hospital policy) unless the patient has a known respiratory illness. This may have resulted in lower than expected recycled waste.

It was noted during the post-intervention data

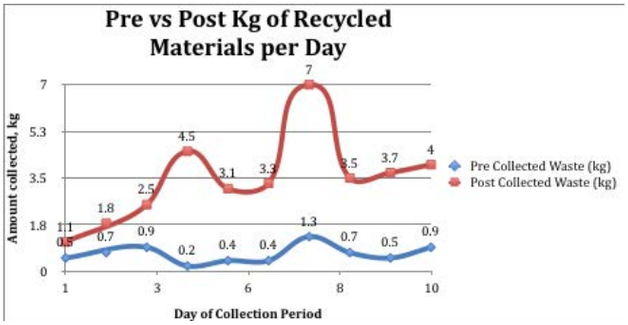

Figure 2: Comparison of Kg recycled Pre vs Post

collection phase that the amount of recycled material increased steadily over time (from 1.1 kg on day one to 4kg on day 10). This increase in participation over time may be attributed to increased awareness of the study among anesthesia providers as well as buy-in yielding increased support and participation.

Increased recycling convenience improved recycling practices by 409% in this institution's anesthesia department. When extrapolated to one year of participation at the post-intervention rate, an estimated 900.45kg of waste could be diverted from municipal solid waste for this intervention group alone. The environmental implications of an increase in waste diversion of this magnitude are impressive and may serve as motivation for providers to continue recycling participation. An in-depth cost analysis focused on cost savings was beyond the scope of this pilot project, but NorthShore University HealthSystem pays approximately three-times as much for solid waste disposal as it does for recyclable waste so the cost savings could be significant.

Participation in recycling by anesthesia providers is largely dependent on the convenience of recycling and education. These barriers were addressed with this pilot project and increased recycling by anesthesia providers by 409%. Expansion of this program to the off-site anesthetizing locations within Evanston Hospital as well as the main OR and off site locations at the other 3 hospitals within the NorthShore University HealthSystem could yield even more impressive results and significant cost savings.

AUTHORS

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ANESTHESIA CART: RECYCLABLE ITEMS BY DRAWER

YES	NO
1: Medications	
Plastic back of black rubber syringe cap package	Paper portion of black rubber syringe cap package
Glass vials/ampules (<3% med remaining)	Glass vials (>3% med remaining)
2: Syringes/IV Cannulas	
Plastic portion of syringe package	Paper portion of syringe package
Plastic portion of needle package	Paper portion of needle package
Entire 20 ml syringe package	
Plastic portion of IV catheter package	Paper portion of needle package
3: Airway Accessories	
Oral airway package	Paper with waxy film
Plastic bags covering extra blades	
Plastic breathing circuit (non-contaminated)	
4: ETTS/Stylets	
Plastic portion of ETT package	Paper portion of ETT package
Plastic portion of stylet package	Paper portion of stylet package
5: NG Tubes/Blue Towels/Temp Probes	
All plastic from NGT package	Used/contaminated NGT
Clear plastic from temp probe package	Used/contaminated temp probe
Entire 60 ml syringe package	
6: IV Fluids	
IV bag outer package	
IV bag (without fluid, non-contaminated)	
IV tubing (non-contaminated)	
Clear plastic from IV tubing package	

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CRNA JENNIFER BANEK RUNNING FOR LAKE COUNTY CORONER

LET'S GET A CRNA ELECTED TO LOCAL OFFICE AND BEYOND.

CRNAs throughout Illinois are encouraged to get off the sidelines and start being part of the legislative process. For most of us, that means visiting with legislators and building relationships with representatives in Springfield. But for Jennifer Banek, she's throwing her own hat in the ring! This winter, Jennifer Banek, CRNA, MS announced she will be running for Lake County Coroner in the March 17th primary.

Banek is a resident of Green Oaks, a northwest suburb of Chicago. She practices as a CRNA in Illinois and Wisconsin. In addition, Banek is currently serving as the IANA Region 1 and PAC Director and is an AANA PAC committee member. When asked why she is running for public office, Banek stated, "I am passionate about serving. The coroner position brings together my medical training and interest in serving my community. Running for office has also given me the opportunity to discuss with constituents the nurse anesthesia profession and our contributions to the medical field." While leading investigations determining the cause and means of death are a key responsibility of the Lake County Coroner, she also views the position as an opportunity to be involved in efforts to ensure community health and safety. Banek cited health issues that can lead to premature mortality such as vaping, opioid addiction, gun safety, and ethylene oxide emissions. Banek is a captain in the Army Reserve and is currently mobilized with a surgical group to the Middle East until January 2020. While she's away she has an election committee working on her behalf in Lake County to get her on the ballot and get her elected. If you are a Lake County resident, make sure you vote. If you are an Illinois resident, make sure you make your voice heard as well.

Those living in Lake County and beyond are welcome to show their support for the campaign. People can "like" and share campaign posts on FaceBook at Banek for Coroner. Supporters may also email the campaign at banekforcoroner@gmail.com and donate to the campaign at https://secure.actblue.com/donate/friends-of-jennifer-banek-1.

CLARIFICATION ON NEW CONTINUING EDUCATION CREDIT REQUIREMENTS

Jennifer Greenwood | CRNA, PhD

Due to the changes related to advancing practice and removing practice barriers for APNs in Illinois, a provision was included that all APNs (even CRNAs who did not benefit from the removal of practice restrictions) increase the number of continuing education credits needed for renewal of their license every two years. In addition to the number of education credits going up, an additional provision was included that specified 20 hours of CE credits MUST be in pharmacotherapeutics. Of those pharm credits, at least 10 hours of CE credits must be related to opioid prescribing or substance abuse. To be clear, the 10 opioid CE hours count towards the 20 pharm CE hours. We have provided guidance on the requirements from the state and the NBCRNA as it related to your licensing and recertification with both entities as it stands currently. Our website is constantly being updated as changes occur, so check in often if you have questions.

CLASS A CREDITS

Class A CEs must be pre-approved by the AANA, which requires a fee. The fee is paid by the meeting organizer or the author of the online course. That's why you are frequently charged for these types of credits. These pre-approved, Class A credits will be advertised as such, and usually the credits are directly reported to AANA for you. There are many places to obtain these credits, including AANA and IANA meetings and workshops. A convenient place for online credits is AANA Learn (https://shop.aana.com). As a member of the AANA, you have 6 free learning credits to redeem every year by entering a code when checking out with your courses. This is at least a $210 benefit, so don't forget to use these online credits! All Class A credits count toward the state 50 hour requirement also. Depending on the content, the Class A credits might also meet the pharm and opioid requirements too. To renew the CRNA credential every 4 years, you will need at least 60 Class A credits, and 100 total credits (Class A + Class B). You can have more than 60 Class A credits and reduce the number of Class B credits, but you must at least meet the minimum Class A requirement.

Class B Credits: Class B credits do NOT require pre-approval by the AANA, but they do require some sort of documentation. The AANA offers a portal for reporting of these credits and the ability to upload documentation to support the claim. For example, if a CRNA wanted to claim time precepting student nurse anesthetists in the clinical area, that CRNA would attest to the number of days being claimed by providing dates that the precepting occured and the contact information for their chief or

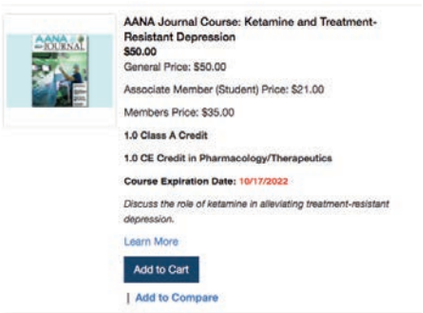
	ILLINOIS STATE (APN)	NBCRNA
Total CES	80 per renewal period (2 years)	100 per renewal period (4 years)
CE breakdown	50 hours must be continuing education • 20 hours of pharmacotherapeutics CEs • 10 pharm CEs must be in opioid prescribing or substance abuse education	60 Class A credits (Prior approval by the AANA) • Includes some type of assessment (quiz) if online or in print • In-person courses (meetings) Class A credits in excess of 60 can count towards the Class B requirements
	Up to 30 hours can be obtained by • presentations in the APN's clinical area • implementation of evidence-based projects • QI projects or QI tracking in your department • publications • research projects • preceptor hours	40 Class B credits (Professional development, no prior AANA approval required) Examples: • Teaching in the clinical setting: 1 day =1CE • Academic credits: 1 credit course = 3CEs • Presentations: 1 hour delivered = 3 CEs • Publication of peer reviewed article: 1 article = 5 CEs • Service: Advocacy or PR (CRNA lobby day): 1 activity = 1CE • ACLS/BLS/PALS/NALS: up to 20 CEs • Research or practice inquiry: member of DNP committee or team: 1 project = 5 CEs • Service (elected activity): 1 year = 5 CEs See AANA à CPC resources for full list of class B activities https://www.aana.com/ce-education/cpc-resources
Renewal date	May 31, 2020	Q2 year "check in" due by July 31

the program director who can confirm that the CRNA did actually precept students. The portal even provides the document in pdf form to be filled out by the CRNA claiming the credit. Many activities fall under the Class B heading. The NBCRNA offers a comprehensive document to assist the CRNA in making their claims for Class B credits. These professional development credits may also be applied to the additional 30 hours required by the state since many of the categories overlap for the AANA and IL.

ACLS/BLS/PALS/NALS/ATLS: if offered by a generic provider, you can count these as Class B credits. Use the process outlined above through the portal. If you attend a nurse anesthesia conference, like the spring IANA conference that offers these classes, you can receive Class A credit for them if the meeting received prior approval as part of their meeting application.

PHARMACOTHERAPEUTIC CREDITS

When registering for courses online or in person, any offering that is approved for pharm credit will be noted with a separate credit designation. For example, on the AANA lists online courses for 1 Class A credit and 1.0 pharm credit. Sometimes only a portion of the course will be approved for pharm credit. Since this particular example doesn't include opioid treatment or dosing, it would not be eligible to be counted for opioid credit.



OPIOID CREDITS

Opioid CEs are not designated in the credit statement (only the pharm credit will be stated). However, any CEs that involve opioid education or substance abuse can count towards the opioid requirement from the state of IL. You may obtain these from Class A approved courses that discuss opioid topics or substance abuse lectures at a meeting (counts for Class A, IL CE, pharm credit, and opioid credit). You can also obtain these from free credits in a nursing print journal without prior approval of the AANA (counts for IL CE and opioid credit). Another option would be to present a lecture on substance abuse (counts for 3 Class B credits and IL CE).

The rules are continuing to be written in Springfield. Right now, there are no Illinois state rules on what counts and what does not for opioid credit. Look at the title of the educational offering, read the abstract or learning objectives. If they deal with opioid prescribing or substance abuse education, it should count. You are encouraged to keep an outline of content from any meeting or course for which you are claiming opioid credit in case of an audit.

WHY ARE WE DOING THIS?

Every two years, when all CRNAs renew their RN and APN licenses in IL, they must ATTEST (affirm to be true) that they have completed the number and type of CEs required by the state. At that point you are "on your honor". However, if you are AUDITED, the APN must be able to provide proof that they obtained all 80 credits with 20 pharm and 10 opioid credits within the 2-year period.

Obviously, there is a gap between the state requirements (160 every 4 years) and NBCRNA requirements (100 every 4 years). When attempting to account for "additional credits" required for the state license (30 out of 80 every 2 years that do not have to be CE offerings), you are encouraged to keep written documentation of the activity and the time spent on it. Identify a person that can be contacted to confirm the time spent and activity. If the activity you are counting for IL would also count as Class B credit with the NBCRNA, register it there. You can log as many Class B credits as you would like, well in excess of the requirement. The AANA offers a very nice accounting tool for your CE credits. If you do not want to keep a virtual or paper folder of courses and meetings, use what the AANA is providing already. If you are ever audited by the state, you can easily retrieve the documentation from the AANA CE portal for the dates needed.

WHERE TO GET CREDITS?

Get the most bang for your buck and look for educational programs that can check more than one "box." Class A credits give you the most flexibility because they are required by the state and the NBCRNA, and they might contain pharm and opioid content. Use the free credits given to you by the AANA. Attend IANA meetings. Attend weekend lecture seminars conducted by the nurse anesthesia programs in IL. They offer Class A credits several times per year. Keep track of the professional development activities you already do and enter them in the portal.

Be proactive. This is not a small task, but it is a condition of your licensure and professional credential, so do not ignore it. Your frontline staff and board of directors are here to answer your questions as well.

ADOPT YOUR LAWMAKER

7 STEPS TO A SUCCESSFUL RELATIONSHIP

Micah Roderick | IANA Executive Director

Your legislators were elected to represent you, the constituent! When deciding how to vote on an issue, they look to the information they have at hand—be it from staff, from lobbyists, their own personal experience, or from trusted leaders in the profession.

In order to be that trusted leader….**THE KEY IS IN ESTABLISHING A RELATIONSHIP**

Our legislators, whether they are state or federal, are being bombarded by literally thousands of issues on a variety of concerns. In the face of this challenge, there are several strategies on how that you can begin to get some attention and establish a lasting relationship.

If you have never had a meeting with a legislator, it may feel outside of what you are normally comfortable with. That's understandable! IANA is here to help. If you wish to set up a meeting with your legislator but feel uneasy for the first meeting, we can send a lobbyist, IANA leader or staff for your first time.

If you have any questions, please call me at (217) 528-6221 or email me at micahroderick@ilcrna.com.

1. ATTEND EVENTS HELD BY YOUR LEGISLATORS.
This can be effective for both state and federal legislators. Let them know you value the work they do on your behalf, and if the opportunity arises, introduce yourself. Let them know you represent nurse anesthetists in Illinois. If you decide to attend an event for a state legislator (state representative or senator), please contact IANA headquarters. The Illinois CRNA PAC can make a donation to their campaign. We would also ask that you take pictures with the legislator and send to IANA headquarters.

2. GET TO KNOW THEIR STAFF.
Visiting their office when they are home can be especially effective, as they have may have more availability. For a list of legislators and their phone numbers and addresses, go to https://elections.il.gov/ElectionOperations/DistrictLocator/AddressFinder.aspx

3. LEARN THEIR PREFERRED METHOD OF COMMUNICATION.
Some of the Washington, DC staffers prefer email, while some may prefer a phone call or fax. For Illinois state legislators, they usually prefer direct phone calls to their home offices and/or Springfield offices.

4. CONTACT YOUR LEGISLATOR OR THEIR STAFF REGULARLY.
Weigh in on issues regularly; communication on all aspects of anesthesia. Compliment them when it is appropriate…they work hard and deserve recognition for their efforts. When an issue of importance arises, they will remember you, and may be likely to hear you when you need attention. Don't be discouraged if a legislator has not supported the CRNA profession in the past. Close relationships with CRNAs have changed the hearts and minds of legislators.

5. BE THE EXPERT!
Provide information to support your issue…articles, excerpts or data from trusted sources (cited) may be just what is needed to assist them in making a decision in support of our cause.

6. INVITE YOUR LEGISLATOR ON AN OR VISIT.
This is a good one-on-one opportunity for you and your legislator to show them the work that we do and meet those patients we serve. Before arranging a visit, please take the necessary steps to ensure all facility rules are followed and administrators are aware. If you are successful, make sure to arrange for a photo opportunity for the legislator, and make sure to send this on to IANA!

7. KEEP THE RELATIONSHIP STRONG!
Make sure to maintain ongoing communication. Send them notes and place phone calls of support if they vote favorably on an issue that impacts our profession.

NORTHSHORE UNIVERSITY HEALTHSYSTEM SCHOOL OF NURSE ANESTHESIA

NorthShore School of Nurse Anesthesia, Class of 2019

NorthShore NAT in Honduras for a surgical mission trip November 2019

In 2020, NorthShore University HealthSystem School of Nurse Anesthesia begins its 95th year of training nurse anesthetists! The School currently offers a 36-month fulltime DNP curriculum with DePaul University School of Nursing. 25 nurse anesthesia trainees (NAT) are admitted each autumn. Over the course of their studies, the NAT's complete a 20-month clinical residency at 17 academic, city, and suburban hospital clinical sites. During year three, all NAT have an office -based experience, and nine NAT per year are afforded the opportunity travel on 1-week surgical brigades to Honduras.

The Class of 2019 graduated in August, with the majority of students accepting positions in the Midwest.

NorthShore prides itself on involving faculty and NAT in CRNA advocacy efforts. In December, four 3rd year NAT will attend the University of Chicago Anesthesia & Critical Care Meeting. Forty–two NAT attended the Fall IANA conference at Northwestern Memorial in Chicago, where they had an opportunity to participate and teach in the airway workshop. In August, 2019 seventeen NAT from all three cohorts attended the AANA Annual Congress in Chicago where they cheered for two fellow students who were chosen for the College Bowl. A highlight event of the conference was the alumni outing to Pinstripes in Chicago sponsored by the NorthShore Foundation. Over eighty students and program alumni attended the event. The evening was organized by school faculty, Susan Krawczyk DNP, CRNA.

Continuing the advocacy effort, nine NAT and several faculty attended the Illinois CRNA lobby day in Springfield last March and 10 NAT from the of Class of 2021 attended the Mid-Year Assembly in Washington D.C. in April 2019.

Karen Kapanke DNP, CRNA, program assistant director, and Bernadette Roche, CRNA, EdD, former program director, continue to head up three, one-week surgical mission trips in Honduras at Holy Family Surgery Center each year. Three NAT travel on each of the mission trips providing much needed care for Honduran adults and children.

In addition to CRNA advocacy and clinical excellence, the School focuses on DNP projects which improve anesthesia practice. Recent DNP publications in print or scheduled for publication include:

- A Comprehensive Reentry Policy for Student Registered Nurse Anesthetists with Substance Use Disorder *Thomas Nigro (2018)*
- Facilitators to intraoperative opioid alternative administration: Examining CRNA perspectives and practices *David Velasco (2018)*
- The role of intravenous magnesium sulfate in preventing postoperative pain *Jennifer Kudirka (2017)*
- Propofol, Ketamine, and Ketofol use for procedural sedation *Angela Meyer (2017)*
- Opioid-free anesthesia in obese patient *Alison Karmanian (2017)*
- Perceived knowledge and attitudes of certified registered nurse anesthetists and student registered nurse anesthetists on fire risk assessment during time-out in the operating room *Kathryn Coletto (2016)*
- A needs assessment for development of the TIME anesthesia handoff tool

What's next? In 2020 the School will begin a new clinical site and NorthShore affiliation with Swedish Covenant Hospital on the Northside of Chicago. The School is also offering a clinical instructor workshop on January 18th.

LOBBYIST UPDATE

On the final day of a relatively quiet fall veto session, a political earthquake was felt from Springfield to Chicago. That earthquake was Senator John Cullerton announcing his retirement as Senate President at the end of this year. As you may know, when one of the top four legislative leaders announces retirement, and especially if it is not anticipated, it rocks the Statehouse and sets off a flurry of speculation about who will replace him. The answer to that will be officially determined by a Senate vote in early January. This, coupled with reports of Federal investigations into individuals who are closely connected to Speaker Madigan, makes for uncertainty on the horizon for the 2020 spring legislative session. Since both of these leadership positions represent the majority party of the legislature, they determine the session legislative agenda, priorities, and what will ultimately be called for a vote in their respective chambers.

As lobbyists, we are often asked to predict the outcome of legislative proposals. While always difficult, this year it is nearly impossible. What we do know is: 1) The first day legislators will be in Springfield is January 28th; 2) the deadline for bill introduction in both chambers is February 14th and; 3) the deadline to pass bills out of a standing committee is March 27th. There are other dates of importance, but March 27th is the first major deadline to pass your bill. We understand many of you may not like politics or are nervous about talking with your elected legislators. However, we urge you to embrace the importance of grassroots action and make time to visit your legislator and discuss the bill we have crafted. Your involvement is the key to being successful in the legislative/policy arena. Your lobbying team is ready to be on the ground in Springfield, but we need you to be on the ground in your home and work districts meeting and educating legislators about CRNA practice. Discuss what really happens in operating rooms across this state. Invite them to come see you practice! Your IANA board and committee chairs, as well as the staff at Frontline, are here to help you be prepared for those visits. Feel free to reach out for more information about talking points and for copies of lobbying materials. We are all in this together.

Fall IANA Meeting in Chicago

The IANA fall meeting took place at Northwestern Memorial Hospital on Saturday, September 14th. A highlight of the meeting was an airway workshop, complete with an afternoon of hands-on stations to simulate fiberoptic intubation in the supine and sitting positions, pediatric airway management, cricothyrotomy and reverse intubation on pig tracheas, and double lumen tube placement. This was a great opportunity for beginner and seasoned anesthesia providers to try their hands at some new tools for difficult airway management.

Speakers at the main meeting included Audrey Rosenblatt, MSN, CRNA from Lurie Children's Hospital, Susan Krawczyk, DNP, CRNA from

Loyola University HealthSystem, and Xavier Moreno, DrAP, CRNA with Xact Anesthesia. Student representatives Erica Jacobs from Rush University, Amanda Hemple from NorthShore University HealthSystem, and Mitchell Coval from Southern Illinois University at Edwardsville also provided great presentations. The meeting was well attended, with an informative business meeting that covered a legislative review and the Illinois CE requirements.

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AANA 2019 ANNUAL CONGRESS