

January 5, 2011

Dear or Editor/News Director:

Minnesota's nurse anesthetists will be joining their colleagues across the country to celebrate the 12th annual *National Nurse Anesthetists Week*, Jan. 23-29.

Minnesotans can proudly stake a claim in the birth of modern anesthesia. It was nurse anesthetists at the Mayo Clinic in Rochester who perfected anesthesia techniques at the turn of the last century, modernizing the delivery of anesthesia around the world and making it safer than ever before. Dr. Charles Mayo dubbed his chief anesthetist, nurse Alice Magaw, the 'mother of anesthesia' for her leadership in developing and documenting the new techniques.

We invite you to share the attached story of nurse anesthesia with your audience, some of whom may be interested in Minnesota's pivotal role in anesthesia or have a general interest in health care. We have provided links for your audience to find additional information on nurse anesthesia and the preparation for surgery. Our package includes:

- A fact sheet on the nurse anesthesia profession
- Two news releases about *National Nurse Anesthetists Week*
- A *Q & A* about anesthesia, and the nurse anesthetists who provide it.

Also, please consider listing *National Nurse Anesthetists Week* in your community calendar.

If you need more information or assistance, please contact Marcus Kessler at 651-690-0897 or marcuskesslerpr@comcast.net or call our office at 952-928-4652.

Sincerely,

Steve Mund, CRNA, MS
President, Minnesota Association of Nurse Anesthetists

Certified Registered Nurse Anesthetists (CRNAs) at a Glance

Nurse anesthetists have been providing anesthesia care to patients in the United States for nearly 150 years.

CRNAs (Certified Registered Nurse Anesthetists) are anesthesia professionals who safely administer *approximately 32 million anesthetics* to patients each year in the United States, according to the American Association of Nurse Anesthetists' (AANA) 2009 Practice Profile Survey.

The credential CRNA came into existence in 1956. In 1986, legislation passed by Congress made nurse anesthetists the first nursing specialty to be accorded direct reimbursement rights under the Medicare program.

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CRNAs are the primary anesthesia providers in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100 percent of rural hospitals.

According to a 1999 report from the Institute of Medicine, anesthesia care is nearly 50 times safer than it was in the early 1980s. Numerous studies of outcomes have demonstrated that there is no difference in the quality of care provided by CRNAs and their physician counterparts.*

CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing; when administered by an anesthesiologist, it is recognized as the practice of medicine. Whether their educational background is in nursing or medicine, all anesthesia professionals administer anesthesia the same way.

CRNAs practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists; and U.S. military, Public Health Services, and Department of Veterans Affairs healthcare facilities.

Nurse anesthetists have been the main providers of anesthesia care to U.S. military personnel on the front lines since WWI, including the current conflicts in the Middle East. Nurses first provided anesthesia to wounded soldiers during the Civil War.

Managed care plans recognize CRNAs for providing high-quality anesthesia care with reduced expense to patients and insurance companies. *The cost-efficiency of CRNAs helps control escalating healthcare costs.*

Nationally, the average 2009 malpractice premium for self-employed CRNAs was 33 percent lower than in 1988 (62 percent lower when adjusted for inflation).

More than 40,000 of the nation's 44,000 nurse anesthetists and student nurse anesthetists are members of the AANA – a membership rate higher than 90 percent. Approximately 41 percent of nurse anesthetists are men, compared with less than 10 percent of nursing as a whole.

In 2001, the Centers for Medicare & Medicaid Services (CMS) changed the federal rule that nurse anesthetists be supervised by a physician in order to be reimbursed for Medicare services they provide. State governors were given the prerogative to opt out of this requirement, thus allowing hospitals and ambulatory surgical centers – particularly in underserved areas of their state – to be reimbursed for providing Medicare services performed by a nurse anesthetists. A state must meet three criteria before its governor can opt out: 1) consult the state boards of medicine and nursing about issues related to access and the quality of anesthesia services in the state, 2) determine that opting out is consistent with state law, and 3) determine that opting out is in the best interests of the state’s citizens. To date, 15 states have opted out of the federal supervision requirement, including Minnesota and, most recently, California (July 2009). Additional states are eligible to opt out should the governors elect to do so.

Education and experience required to become a CRNA include:

- A Bachelor of Science in Nursing (BSN) or other appropriate baccalaureate degree.
- A current license as a registered nurse.
- At least one year of experience as a registered nurse in an acute care setting.
- Graduation with a minimum of a master’s degree from an accredited nurse anesthesia educational program. As of April 2010, there were 108 nurse anesthesia programs in the United States utilizing more than 1,700 approved clinical sites. These programs range from 24-36 months, depending upon university requirements. All programs include clinical training in university-based or large community hospitals.
- Passing the national certification examination following graduation.

In order to be recertified, CRNAs must obtain a minimum of 40 hours of approved continuing education every two years, document substantial anesthesia practice, maintain current state licensure, and certify that they have not developed any conditions that could adversely affect their ability to practice anesthesia.

***To receive a copy of Quality of Care in Anesthesia, please call (847) 692-7050, or visit <http://www.aana.com/practicedocuments.aspx>.**

FOR IMMEDIATE RELEASE

Nurse Anesthetists: Always There Caring for America

Minnesota's Certified Registered Nurse Anesthetists celebrate National Nurse Anesthetists Week

MINNEAPOLIS (Jan. 5, 2011) — Minnesota's 1,500 Certified Registered Nurse Anesthetists (CRNAs) will join thousands of their colleagues from around the country to celebrate the 12th annual National Nurse Anesthetists Week campaign: *Caring for America*, Jan. 23–29.

Steve Mund, CRNA, MS, and president of the Minnesota Association of Nurse Anesthetists (MANA), said the *Caring for America* theme highlights the goal of the nurse anesthesia profession, which is to ensure all Americans have access to quality anesthesia care.

“Since the Civil War, nurse anesthetists have remained at the head of the operating table every moment of their patients’ procedures,” said Mund.

“For nearly 150 years, CRNAs have administered anesthetics to patients, monitoring their patients’ vital signs, and helping to ensure that, each year, millions of patients receive the safest anesthesia care possible. As CRNAs we administer anesthesia to patients undergoing cardiac, neurological, oral, and labor and delivery surgeries just to name a few.

“Regardless of the setting, the same high standards of care are applied. It is a privilege to be a part of a profession that is dedicated to providing a safe anesthetic and has historically played a pivotal role in every facet of anesthesia advancement,” Mund added.

Nurse anesthetists are advanced practice nurses who administer approximately 32 million anesthetics in the United States each year. CRNAs practice with a great deal of autonomy in every setting in which anesthesia is available including, but not limited to hospital operating and delivery rooms; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, and plastic surgeons; pain management centers; and within the U.S. Military, Public Health Services, and Department of Veterans Affairs medical facilities.

CRNAs are the main hands-on provider of anesthesia care in both military and civilian settings. They are the primary providers of anesthesia care in rural America, and the sole anesthesia providers in nearly 100 percent of all rural hospitals.

National Nurse Anesthetists Week was established by the American Association of Nurse Anesthetists (AANA), and was created to encourage CRNAs to take the opportunity to educate the public about anesthesia safety and the benefits of receiving anesthesia care from a nurse anesthetist.

MANA, with more than 1,500 members, represents the nurse anesthesia profession in Minnesota. More information on nurse anesthesia can be found on its website www.mnana.org or on the website of the American Association of Nurse Anesthetists at www.aana.com.

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FOR IMMEDIATE RELEASE

Certified Registered Nurse Anesthetists celebrate providing professional quality and personal care to patients

MINNEAPOLIS (Jan. 5, 2011) — Providing patients with the professional quality they expect and the personal care they deserve, Certified Registered Nurse Anesthetists (CRNAs) in Minnesota and across the country are celebrating the 12th annual National Nurse Anesthetists Week, January 23-29, 2011.

Steve Mund, CRNA, MS, and president of the Minnesota Association of Nurse Anesthetists (MANA), said National Nurse Anesthetists Week is a chance for CRNAs to educate the public about anesthesia safety and the benefits of receiving anesthesia care from nurse anesthetists.

“One of the many rewards of being a nurse anesthetist is providing patients with the comfort of knowing that I will be by their side monitoring their vital signs and adjusting their anesthetics during the entire time they are asleep, a fact many patients are unaware of,” said Mund. “National Nurse Anesthetists Week serves as an opportunity to promote exactly what CRNAs do and who we are.”

Nurse anesthetists are advanced practice nurses who administer approximately 32 million anesthetics in the United States each year. Practicing in every setting where anesthesia is available, CRNAs are the sole anesthesia providers in more than two-thirds of all rural hospitals, and have been the main provider of anesthesia care to U.S. service men and women on the front lines since World War I.

“I take pride in belonging to a profession that has been at the forefront of anesthesia patient safety for nearly 150 years,” said Mund.

“CRNAs play a key role in developing trends related to monitoring technology, anesthetic drugs, and provider education. In fact, anesthesia today is nearly 50 times safer than it was just 20 years ago,” he added.

MANA, with more than 1,500 members, represents the nurse anesthesia profession in Minnesota. More information on nurse anesthesia can be found on its website www.mnana.org or on the website of the American Association of Nurse Anesthetists at www.aana.com.

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Anesthesia Q&A

by

Steve Mund, CRNA, MS
President, Minnesota Association of Nurse Anesthetists

Q: Is anesthesia safe?

A: According to a 1999 report released by the Institute of Medicine, anesthesia today is nearly 50 times safer than it was in the early 1980s. New monitoring technologies and drugs, increased education, and more extensive professional standards have made the administration of anesthesia one of the safest aspects of a surgical or obstetrical procedure.

Q: Who administers anesthesia?

A: In the majority of cases, anesthesia is administered by a Certified Registered Nurse Anesthetist (CRNA). CRNAs work with your surgeon, dentist or podiatrist, and may work with an anesthesiologist. CRNAs are advanced practice nurses with specialized graduate-level education in anesthesiology. For nearly 150 years, nurse anesthetists have been administering anesthesia in all types of surgical cases, using all anesthetic techniques and practicing in every setting in which anesthesia is administered.

Q: Will the nurse anesthetist stay with me throughout my surgery?

A: The nurse anesthetist stays with you for the entire procedure, constantly monitoring every important function of your body and individually modifying your anesthetic to ensure your maximum safety and comfort.

Q: Are there different types of anesthesia?

A: There are three basic types of anesthesia: *General anesthesia* produces a loss of sensation throughout the entire body; *regional anesthesia* produces a loss of sensation to a specific region of the body; and *local anesthesia* produces a loss of sensation to a small, specific area of the body.

Q: What determines which type of anesthesia is best for me?

A: The anesthesia chosen for you is based on factors such as your physical condition, the nature of the surgery, and your reactions to medications.

Q: Do different types of patients require different types of anesthesia?

A: Many factors go into determining the best anesthetic and administration technique for each person. Pregnant patients, children, older adults, and patients with hereditary disorders such as diabetes or sickle cell anemia all require special consideration. Even lifestyle choices such as the use of complementary and alternative medicines, tobacco, or alcohol can influence the anesthesia selection process.

Q: Why haven't I heard about CRNAs? Is it a new profession?

A: Nurse anesthetists pioneered the practice of modern anesthesia and have been administering anesthesia for nearly 150 years. Nurse anesthesia was established in the late 1800s as the first clinical nursing specialty in response to the growing need that surgeons had for anesthetists. Minnesota's own Mayo Clinic is widely considered to be the site of some of the most significant developments in the birth of modern anesthesia at the turn of the last century. Dr. Charles Mayo honored his chief anesthetist, nurse Alice Magaw, by calling her the "mother of anesthesia" for her leadership in developing and documenting the new techniques.

Q: What is the difference between a CRNA and anesthesiologist?

A: The most substantial difference between CRNAs and anesthesiologists is that prior to anesthesia education, anesthesiologists receive medical education while CRNAs receive nursing education. However, the anesthesia part of the education is very similar for both providers. They are both educated to use the same anesthesia process in the provision of anesthesia and related services, and both adhere to the same standards of patient care.

Q: Tell me what to expect when I go for my anesthesia?

A: During the procedure, anesthesia allows you to be free of pain. All anesthesia care is provided with the highest degree of professionalism, including constant monitoring of every important body function. In addition to the nurse anesthetist's role in the procedure itself, he or she also makes many preparations for the patient before surgery. So it is important that patients take an active role in these preparations by communicating and cooperating with their nurse anesthetist and surgeon. For example, frank and open discussion with the nurse anesthetist is *key* in the selection of the best anesthetic. In particular, the patient must speak freely and follow instructions closely regarding the intake of medications, food, or beverages before anesthesia. Such substances can react negatively with anesthetic drugs and chemicals.

Q: What educational qualifications must all CRNAs have?

A: As advanced practice nurses, CRNAs receive their specialty anesthesia education in more than 100 accredited graduate programs offering a master's degree. Admission requirements include a BSN or other appropriate baccalaureate degree, RN license, and a minimum of one year of acute care nursing experience. The anesthesia curriculum covers advanced anatomy, physiology, and pathophysiology; biochemistry and physics related to anesthesia; advanced pharmacology; and principles of anesthesia practice, plus hours of hands-on experience in a wide variety of cases and techniques. Upon graduation from an accredited program of nurse anesthesia education, the individual must successfully pass a national certification exam to hold the CRNA credential. Thereafter, the CRNA is committed to lifelong learning, with one requirement being 40 CE (continuing education) hours every two years for recertification. From the commencement of the professional education in nursing, a minimum of seven years of education and training is involved in the preparation of a CRNA.

Q: Where can consumers get more information about anesthesia?

A: Consumers are encouraged to call the American Association of Nurse Anesthetists at (847) 692-7050, or visit the AANA websites at www.aana.com and www.AnesthesiaPatientSafety.com.