The Anesthesia Record
Quarter 1 2014

The Newsletter of the American Academy of Anesthesiologist Assistants

Case Study
Malignant Hyperthermia

The Joint Commission
Understanding Standards

38th Annual Conference
April 12th-15th

THE LEGISLATIVE UPDATE ISSUE
American Academy of Anesthesiologist Assistants

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Hilton Head 2014
This year’s Annual Conference, to be held at the Westin Hilton Head Island Resort & Spa, has something for everyone.

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Errors and Omissions
Apologies to Eva Leonard, AA-C and Ania Kaiser, MD of the Department of Anesthesiology, Children’s Healthcare of Atlanta at Egleston, who were not properly credited as co-authors along with John Ng, AA-C of the article “Tetralogy of Fallot: Anesthetic Management of Congenital Heart Disease” which appeared in the fourth quarter 2013 newsletter.
By Saral Patel, AA-C

GREETINGS MEMBERS. Welcome to all our new members and a sincere thank you to all for renewing your 2014 AAAA Membership. You have already benefited from the expertise and wisdom as they have streamlined meeting manager meetings and overall management of AAAA News. Cornerstone Communications Group has stepped in with a seamless transition of the website. Please visit our new easy to navigate website at www.anesthetist.org. You will think you were on the website almost immediately with a user-friendly and better representation of the organization. As a first line of communication for members and prospective AAs, it is an elementary tool that can ensure a constant and ongoing flow of information.

During the past year, advocacy efforts were needed not only in the legislative arena, but also in dealing with AA practice issues. We received communications from AAs in multiple states dealing with payment discrepancies—Florida, Georgia, Texas, Vermont, Missouri and Washington, D.C., to name a few. The AAAA Board of Directors, the AAAA Payment Task Force (PTF) to develop resources which will be accessible to AAAA members to best troubleshoot payment issues. The PTF is being led by Melanie Guthrie and includes both AAs and physicians working together to tackle this mounting problem. Strengthening the ties with the Centers for Medicare and Medicaid Services (CMS), AAAA has given support to CMS by providing a forum to reach out to physicians to inform of upcoming changes. AAAA has published the PQRS and ICD-10 deadlines in multiple venues and in return, the AAAA has been represented at CMS stakeholders’ meetings. The AAAA has also been working with CMS staff to circulate payment issues with private payers. If you or your group experience outstanding payment issues for AA services please contact the AAAA.

The 38th Annual AAAA Meeting will be held from Saturday, April 12th-Tuesday, April 15th at the Westin Hilton Head, South Carolina. If you haven’t registered yet, please visit www.anesthetist.org to register. This year’s meeting will be held under the direction of John Absher, AAAA President-elect, delivering the keynote address on Saturday, April 12th at 12:00. The 2014 Honor Awards will be presented to Barry Hunt, AA-C, Dr. Jay Epstein, Peter Kaluszyk A-A-C, and Gholam Meah, AA-C on Saturday, April 12th at the Annual Business Meeting. Barry Hunt will be receiving the Distinguished Service Award by an AAAA Member Award. It is awarded for exceptional contributions to the AAA and the AA profession from within the organization. Barry has been active in the AAAA for nearly 10 years serving the organization as Treasurer for 3 consecutive terms. His volunteerism and dedication to profession has made him a role model to many students and fellow AAs.

Dr. Jay Epstein will be awarded the Meritorious Commitment by a Physician Award. Dr. Epstein was selected for his exceptional contributions to the AA profession within the past four to five years. Hiring one of the first AAs in Florida, Dr. Epstein has championed AA efforts for almost a decade. As President of the Florida Society of Anesthesiologists, Dr. Epstein has worked side by side with the AAAA and the FAAAA on AA practice issues. In addition, Dr. Epstein and Gholam Meah are both being awarded the Distinguished Service Award by AAAA members. Both have demonstrated excellence in their professional work and leadership in the AA community. As an example of the many opportunities to advance our legislative efforts in New York, the AAAA and leadership delegation, which consisted of President Saral Patel, Director Bill Paulsen, New York resident Gregg Mastropolo, myself, and our executive director Jet Toney, had multiple opportunities to advance our legislative efforts in New York.

Representing AAs at the 67th Annual PostGraduate Assembly in Anesthesiology

NEW YORK CONFERENCE PROVIDED EDUCATIONAL AND NETWORKING OPPORTUNITIES

By Claire Chandler, AA-C

Immediate Past President

EACH DECEMBER, the AAAA HOSTS A COMPLIMENT OF BOSTON, new orleans, AND Chicago, Illinois, the National Association, the NYSSA Executive Committee, and key AAA leadership to promote bill S2495, which would provide for the licensing and regulate the practice of AAs in the state of New York. While legislation in New York does not happen overnight or without opposition, the collaborative effort of the AAAA, NYSSA, and AAA leadership in New York create an ideal opportunity for potential success through open communication and long term relationship. Your continued membership and legislative fund donations will allow the AAAA to continue to foster our relationships with pertinent New York associations and institutions and educate New York lawmakers and anesthesiologists about our profession and the value of the anesthesia care team.

If you need CMJs or are interested in visiting New York next December, consider attending the PGA in 2014 and please drop by the AAAA booth and say hello!

By Saral Patel, AA-C

Advocacy Starts at Home

By Saral Patel, AA-C

Advisory Council representatives met with the AAAA’s New York lobbyists from Weingarten Reid & McNally, LLC, representatives from the Greater New York Hospital Association, the NYSSA Executive Committee and key AAA leadership to promote bill S2495, which would provide for the licensing and regulate the practice of AAs in the state of New York. While legislation in New York does not happen overnight or without opposition, the collaborative effort of the AAAA, NYSSA, and AAA leadership in New York create an ideal opportunity for potential success through open communication and long term relationship. Your continued membership and legislative fund donations will allow the AAAA to continue to foster our relationships with pertinent New York associations and institutions and educate New York lawmakers and anesthesiologists about our profession and the value of the anesthesia care team.

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The State of AA Legislation

A Review of 2013 Legislative Efforts and a Look at What’s to Come in the Year Ahead

By Ellen Allinger, AA-C
National Affairs Committee Chair

The following is a synopsis of AA Legislative efforts and achievements, and the status of the 2014 AA Legislation as of February 3, 2014. Note that the AAAA funds both our own legislative efforts and provides funding to help to fund lobbyists employed by various AA state academies. Because lobbyists are crucial to supporting AA legislation, please consider making a donation directly to the AAAA’s Legislative Fund. Donations can be made online at www.anesthetist.org. Thank you.

2013 REVIEW OF AA LEGISLATION

INDIANA

With the full support of the Indiana Society of Anesthesiologists and the AAAA, SB243, which would require the medical licensing of AAs, was introduced. In addition to this provision, the bill also contained provisions that would have required the development and certification of music therapists. The bill would have also allowed a CRNA to administer anesthesia in an operating room for an anesthesiologist if specified conditions are met. (Current law allows a CRNA to administer anesthesia under the direct and immediate presence of a physician.)

Despite passage of the bill by both the House and Senate, Governor Pence exercised the right to veto this bill. The Governor’s office did reach out to the AAAA’s liaison to say that the Governor’s office was supportive of the AA profession but that the Governor had concerns about some of the other professions contained in the bill.

KENTUCKY

Concurrent AA licensing bills SB126 and HB428 were introduced into the KY state legislature and referred to committees. Bill language was revised significantly from the previous years. At the request of the Senate Public Affairs Committee, a booth for the 2013 PGA meeting in order to establish AA representation amongst NYSSA members and PGA attendees.

The New York legislative session is a two-year session. The current AA bill will be active through 2014.

OREGON

SB630 for an AA Practice Act was introduced by the Oregon Society of Anesthesiologists. This bill was referred to the Health Care and Human Services Committee. A committee hearing, attended by Claire Chandler, was held on April 1st, but no vote was held on the bill. The bill died in committee at the end of the session.

TEXAS

AA licensing bill SB787 was introduced by Senator Carlos Uresti and was referred to the Health & Human Services Committee. Additionally, a companion bill, HR2397, was introduced by Representative John Zerwas, an anesthesiologist and then ASA president, and was referred to the Public Health Committee SB787 and HR2397 failed to be reported out of committee.

The Texas Academy of Anesthesiologist Assistants (TAAA), along with the Texas Society of Anesthesiologists, has been working with the AAAA to draft the Texas AA licensing effort and has diligently been gathering support, drafting legislation, and building coalitions.

UTAH

The Utah Society of Anesthesiologists introduced HB109, sponsored by Rep. Brad Dee, which would allow AA practice by licensing. The USA worked closely with Sen. Mike Lee’s office and the state staff to re-craft the language and strategy for the bill. Despite significant lobbying efforts to get this bill passed, including the hiring of an AAAA lobbyist, there was considerable opposition from the Speaker of the House, Becky Lockhart. Despite getting a member of her leadership team, Majority Leader Brad Dee, to sponsor the legislation, the Speaker, who is an anesthesiologist, was not willing to express deep concern with the allowance of licensure for AAs. The bill was introduced on the House floor for a final consideration, but the Speaker refused to make an effort to maintain some collegiality among the leadership team. Rep. Dee, agreed, in a meeting with the Speaker, to not bring the bill further during this session. With that agreement, further progress of HB109 ended.

Because of the ongoing position of the Speaker, it is anticipated that the next time that AA licensure legislation will be in 2015.

2014 AA LEGISLATION

INDIANA

The AAAA has continued to retain the services of Barnes and Thornberg for the 2014 legislative session. A new bill, SB244 (The Governor’s Healthcare Portal bill), was introduced by the Governor’s office and seeks to allow any health care professional that is able to receive payment for services by CMS (Center for Medicaid and Medicare Services) but is currently not licensed or otherwise regulated in Indiana to practice in the state. Although AAs would be one of the professions to benefit from this bill, NAC leadership was greatly concerned about the lack of oversight of the AA profession that assures patient safety, such as regulation by the state board of medicine. The bill received testimony on committee January 22nd. Because of many concerns and meetings with the legislators on the language in the bill, the author of the bill with agreement from the Governor’s staff decided to create a new original provisions to a study of the Portal bill’s concept by the Indiana Professional Licensing Agency and a report back to the legislature.

Meanwhile, the AAAA’s lobbyist, Heather Way, will not be any focus of time or energy on the current AA licensing bill, SR 438, which currently sits in the Committee on Health Policy. The AAAA continues to support AA licensuring efforts.

NEW YORK

The New York lobbying firm of Reid, McNally and Savage has been retained to continue their efforts at the MMO and the AAAA leaders Saral Patel, Claire Chandler, Gregg Mastropolio, Bill PaulSEN and AAAA Executive Director Jet Toney attended the December 2013 NYSSA sponsored PGA meeting. During this time, Saral, Claire and Jet participated in the Greater New York Hospital Association in regard to the pending AA bill. The legislative session for the NY legislature is in session through 2014 and ends on January 7, 2015.

NEW MEXICO

As with all even-numbered years in the NM legislature, the annual session is a short session of only 30 days and only financial bills may be filed. This does not allow for any AA legislation to be filed in 2014.

TEXAS

There is no legislative session in Texas in 2014.
Student News

MARYA WILLIAMSON OF NOVA SOUTHEASTERN UNIVERSITY WINS THE PRESTIGIOUS SCHOLARSHIP FOR 2014

Congratulations to Marya Williamson, winner of the 2014 Sheridan National Allied Health Scholarship for Anesthesiologist Assistant Students. The $5,000 scholarship recognizes student anesthesiologist assistants, enrolled in a nationally accredited anesthesiology program, for exemplary clinical and leadership skills. Williamson will graduate from Nova Southeastern University College of Health Care Sciences Master of Science in Anesthesia in August 2014. Williamson is a student member of the American Society of Anesthesiologists, the American Academy of Anesthesiologists and the Florida Society of Anesthesiologists. She was also an independent author and presenter of abstracts at the American Society of Anesthesiologists. She was also an independent author and presenter of abstracts at the American Society of Anesthesiologists. She was also an independent author and presenter of abstracts at the American Society of Anesthesiologists. She was also an independent author and presenter of abstracts at the American Society of Anesthesiologists.

"I am honored and humbled to receive the Sheridan National Allied Health scholarship," expressed Williamson. "I set out on this journey aspiring to offer quality clinical care and become a source of comfort to patients at a point in their lives when they feel extremely vulnerable: as they enter surgery. I respect and hold dear the trust that patients put into our hands, and I want to give 100% to my patients 100% of the time. With Sheridan's support, I feel one step closer to achieving this goal."

The Sheridan National Allied Health Scholarship is made possible by the Education Outreach Program (EOP) at Sheridan Healthcare, Inc. Established in 1993, Sheridan’s anesthesiology division is the leading anesthesiology provider in the country, with more than 2,100 anesthesiologists serving in more than 216 programs in 18 states. EOP is a resource designed to assist allied health students, residents and fellows with their transition from training to practice, and lend a hand in their pursuit of knowledge, opportunity and personal growth.

We are so pleased to award Marya with this year’s scholarship,” said Gilbert Droidzow, M.D., M.B.A., president of anesthesia services at Sheridan. “We are so pleased to award Marya with this year’s scholarship.”

The deadline for next year’s scholarship is January 15, 2015. For information on scholarship eligibility and to download an application, please visit www.sheridanhealthcare.com.
Two-hundred Surgeries, 5 days, One life-changing experience for CWRU Washington, D.C. Students and Faculty
By Camille Dittmar AA-S and Kayla Imbrogno AA-S

I N FEBRUARY 2014, four students from Case Western Reserve University’s Master of Science in Anesthesia Program, Washington, D.C. location traveled to the Philippines to partake in a five day medical mission. This one of a kind experience was made possible in collaboration with CWRU’s Center for International Affairs and through the support of D.C. society Sabaeha Kachwalla and David Dunipace, and D.C. Program Director Shane Angus, all of whom are practicing anesthesiologist assistants (AA’s). The Medical Mission of Mercy is an annual trip that has been happening for the past 20 years.

The group of AA’s and MSA students on this year’s mission performed anesthesia for more than 200 major surgeries that took place over a period of five days. Participants in the mission included second year MSA students Kayla Imbrogno, Anish Purohit, and Meagan Barbish, first year student Camille Dittmar, and licensed AAs, D.C. Academy of Anesthesiologist Assistants and American Academy of Anesthesiologist Assistants members Kachwalla, Dunipace, Daphne Tolentino, and Priya Nett. The mission was hosted at St Fernando’s Provincial Hospital in Sorsogon, a small province about 300 miles southeast of Manila. The province is one of the poorest in the Philippines, and the team came from one of the richest in the world. The people in this province have few resources available to help them thrive, foregiving it is to have simple amenities such as a bed and running water. “Seeing the smiles on the patients’ faces made the makeshift anesthesia rooms accompany every OR and are designed solely for the anesthesia providers.”

The students and the mission brought many of their own medical supplies, knowing the hospital did not have much in stock. “The team had to really love having “American girls” around the hospital. Glangwili GuRu, which gives you a thorough visual and written guide to reference and learn about anesthesia. The team has been working surgical cases during their medical mission trip to the Philippines. From left: Kayla Imbrogno, Anish Purohit, and Meagan Barbish AA-S.

The anesthesia plan was to work with what was available and provide the best anesthetic possible for the patient. The mission members participated in a variety of cases such as cleft palate and hernia repairs, thyroidectomies, myomectomies, and several emergency C-sections. Many of the patients had never seen a doctor before and did not understand what having surgery entailed. The patients were among the most thankful the team had ever encountered. Everyone who made the trip expressed how happy they were to have traveled such a long way to care for the people of Sorsogon. “Seeing the smiles on the patients’ faces made the makeshift anesthesia rooms and the stress that accompanied providing it vanish and made the whole trip worthwhile.

The team has also taught the student participants many things, most importantly, that first world problems are nothing compared to the daily realities of people in less developed countries. The team came back with a new appreciation for the resources we take for granted such as running water, unlimited food and clothing,” said Dittmar.

The AAs and students on the mission brought many of their own medical supplies, knowing the hospital did not have much in stock. “This opportunity to study medicine in Great Britain under world-class anesthesia providers was an experience I feel so blessed to have. When approached, I would do my best to very diplomatically speak to anyone and everyone who was interested in learning more about how anesthesia is coupled by significant cultural and societal influences. Bags packed, stethoscope in hand, I headed east and quickly realized that this would be an experience that I was going to completely immerse myself in, making sure to take advantage of every opportunity abroad you could possibly imagine.”

By Kristi Kamm, AA-S

W HEN I FIRST RECEIVED THE EXCITING NEWS in May that I would be studying anesthesia in England and the British Isles, I was bitten with excitement. The opportunity to study medicine in Great Britain under the National Healthcare Service is an experience that is unique in that it is unlike ours, but is also immutable in that it is an experience that is coupled by significant cultural and societal influences. Bags packed, stethoscope in hand, I headed east and quickly realized that this would be an experience that I was going to completely immerse myself in, making sure to take advantage of every opportunity abroad you could possibly imagine.

My experience, alongside my colleagues, Paige Hathaway and Bailey Hocking, began by spending September in Birmingham, England at Queen Elizabeth Hospital. This provided us with exceptional training and real-world experience in regional anesthesia with a talented and readily available team of PAAs and anesthesiologists. Our days were filled with studying the nerves with the extensive amount of nerve blocks performed at QEH and learning how to become fluent in the language of ultrasound. The team has recently created a very impressive app, available for purchase, called GuRu, which gives you a thorough visual and written guide to reference for nearly any nerve block you could want to perform. Being the largest hospital in Europe, this facility boasted 42 ORs and gave us exposure to working in and experiencing nearly any field of anesthesia that had interested us—cardiac, neuro and the Burn Unit, amongst many others.

On a cultural level, we enjoyed having some of the most delicious food and fish and chips you could imagine and found ourselves taking weekend trips to London and Ireland to experience more of what Britain had to offer. As our trip progressed, we were placed in Wales for the month of October, I can very accurately describe our time at Glanxious Hospital in Carmarnid, Wales as full of education with a lot of laughter on the side. The staff at Glanxious Hospital embodied the qualities of an outgoing and encouraging group of people who really enjoyed teaching and seemed to truly love having “American girls” around the hospital. Glanxious Hospital was a lovely place to learn where we had weekly teaching seminars with the medical residents to explore more in-depth anesthetic concepts. While in Wales, we spent time enjoying the coast on weekends, jumping off of cliffs in St. David’s, and soaking in as much Rugby and Cadw were we could!

When I truly think about how anesthesia and Wales in the fall of 2013, I realized at the end of the day the objectives are the same: safety, comfort and effectiveness. Interestingly, no matter what differences in practices, there are little things regarding the technique and ideals behind their anesthetic choices.

Anesthetic rooms accompany every OR and are designed solely for induction. Drugs like morphine, ketamine and atropine were utilized nearly every case. When administered and fentanyl were rarely utilized, if at all. If LMAs were placed for the case, the patient would typically be excised to the PACU with the LMA in place, where nurses were trained to remove it when necessary. Regional anesthesia involving axillary, interscalene and femoral blocks amongst many other blocks were used preoperatively and intraoperatively on nearly every patient that could potentially benefit from such procedures. The team worked very well under regional anesthesia, for example surgery on the hand, we would provide the patient with an axillary block for the procedure and they would stay completely local and have an EM to entertain themselves during the entire procedure. Similarly, in urology and obstetrics, patients would receive spinals and stay completely conscious during procedures. The rationale behind utilizing regional anesthesia so frequently is the decrease in cost, patient safety and quicker recovery time for turnover in the PACU. Since health care is socialized and funded by the government. To my surprise, the British people were all extremely compliant and supportive of the anesthetic technique suggested by their anesthetist, and it was very encouraging to see the trust they put in their health care providers. The health care providers were all so lovely to work with and learn from, and the overall demeanor in the hospital was incredibly positive, supportive of one another and of us, as students and visitors.

One of the most interesting things about spending time experiencing health care in Europe was their interest in our health care system. We were frequently asked questions like, “Can you tell us about how things would be done differently in this hospital?” or more commonly, “So what’s the difference anyway?!” The overall intrigue about how things are handled in America was very humbling and I felt very interesting. When approached, I would do my best to very diplomatically speak with their health care providers about their system and ours, the procedures and ours and their protocols and ours. What I found with overwhelming consistency was that there are many positive attributes to their system as three as well. As is anything in life, nothing is 100% perfect, but to have the opportunity to take all the positive experiences from studying medicine in their system and have the ability to implement them into ours, was an experience I feel so blessed to have had.

You can truly learn a lot about yourself during your time so far from home and in a place so foreign. Of all the feelings I hold regarding my time in Europe, the ones that resonate the most with me are how fortunate I feel to have had the experience abroad with the National Healthcare Service of Britain and the incredible people that work within it, how humbled I feel to have provided anesthesia to military servicemen and servicewomen that serve alongside our heroes and fight for freedom every day and how proud I am to be studying medicine and anesthesia in the United States of America. If I could sum it up in one phrase, I would say it was truly the experience of a lifetime, one that I will hold as such a treasure for the rest of my life.

Paige Hathaway, AA-S, Kyle Hocking, AA-S, Kristi Kamm, AA-S, Bailey Hocking, AA-S

My Life Abroad
By Kristi Kamm, AA-S

The author, Kristi Kamm, in front of Tower Bridge in London which crosses the River Thames.

The author, Kristi Kamm, in front of Tower Bridge in London which crosses the River Thames.
STATE OF AFFAIRS

UPDATES FROM STATE COMPONENT ACADEMIES OF ANESTHESIOLOGY ASSISTANTS

GEORGIA

The GAA has started 2014 off with yet another first. As a part of the Georgia Society of Anesthesiologists (GSA) Winter Forum in January, the GAA hosted an informative Legislative Workshop. The goals of this breakout session were to provide the attendees with a refresher course in State Civics 101, address effective means of approaching and influencing our state representatives, and to discuss current AA national issues. We were honored to have three experts in legislative affairs as panelists: Georgia State Senator Chuck Huiektstett, AA, Mr. Jet Toney, the principal partner of Cornerstone Communications and Executive Secretary of GSA, and Michael Nichols, AA-C, seasoned veteran in AA national affairs and current AAAA representative for the District of Georgia; Senator Chuck Huiektstett, AA, Mr. Jet Toney, the principal partner of Cornerstone Communications and Executive Secretary of GSA, and Michael Nichols, AA-C, seasoned veteran in AA national affairs and current AAAA representative for the District of Georgia. Senator Chuck Huiektstett, AA, Mr. Jet Toney, the principal partner of Cornerstone Communications and Executive Secretary of GSA, and Michael Nichols, AA-C, seasoned veteran in AA national affairs and current AAAA representative for the District of Georgia. Senator Chuck Huiektstett, AA, Mr. Jet Toney, the principal partner of Cornerstone Communications and Executive Secretary of GSA, and Michael Nichols, AA-C, seasoned veteran in AA national affairs and current AAAA representative for the District of Georgia. Senator Chuck Huiektstett, AA, Mr. Jet Toney, the principal partner of Cornerstone Communications and Executive Secretary of GSA, and Michael Nichols, AA-C, seasoned veteran in AA national affairs and current AAAA representative for the District of Georgia. Senator Chuck Huiektstett, AA, Mr. Jet Toney, the principal partner of Cornerstone Communications and Executive Secretary of GSA, and Michael Nichols, AA-C, seasoned veteran in AA national affairs and current AAAA representative for the District of Georgia. Senator Chuck Huiektstett, AA, Mr. Jet Toney, the principal partner of Cornerstone Communications and Executive Secretary of GSA, and Michael Nichols, AA-C, seasoned veteran in AA national affairs and current AAAA representative for the District of Georgia. Senator Chuck Huiektstett, AA, Mr. Jet Toney, the principal partner of Cornerstone Communications and Executive Secretary of GSA, and Michael Nichols, AA-C, seasoned veteran in AA national affairs and current AAAA representative for the District of Georgia.

Jet Toney, who has over twenty years of experience in state politics as a successful lobbyist, began the discussion with an overview of legislation that will be discussed during the current legislative session in Georgia and how these pieces affect healthcare delivery and anesthetic practice. He also outlined the anatomy of how a bill becomes a law at the state level. Most importantly, he provided his valuable insights into the knowledge in the art of establishing a positive relationship with our elected officials. He stressed the importance of always having a consistent, clear message, and he emphasized the need for communications with our representatives. Jet reminded the attendees that although it is important for us to understand the workings of our legislative system, it is equally important to listen to the requests and concerns of that legislation.

With a greater understanding of the mechanics of Georgia legislative affairs, Senator Huiektstett continued with an informative and engaging presentation. The Senator began his legislative service as Floyd County Commissioner prior to becoming an AA and being elected to represent the 52nd District of Georgia; thus, he has a wealth of political experience to share. He explained the structure of our bicameral state legislature and spoke about the various committees in the House and Senate where the work is predominately completed. He gave us an inside look into the mechanisms of contacting our officials and articulating our message in a memorable fashion.

Finally, we had the pleasure of hearing from Michael Nichols, who has been extraordinarily active in AAAA legislative affairs for over a decade. He shared with us the many ways that AAAA is working with state component societies and individuals to provide additional opportunities for AAs throughout the nation. Michael shared his enthusiastic vision of the state of our profession as a whole and how the changes in healthcare place the AA and Anesthesia Care Team in good position for growth. When asked how current national issues of the AA profession will be impacting Georgia AAs, Michael challenged the attendees to focus on how the GAA can impact national issues instead. The AAs and Anesthesiologist present left the workshop with a greater understanding of the logistics of contacting and building a relationship with our elected representatives and how to effectively advance our growing profession in State Houses across the country. The GAA would like to thank Jet Toney, Senator Huiektstett, and Michael Nichols for taking the time to share their knowledge and experiences with our organization and for participating in the many member-focused workshops. The GAA is looking forward to implementing these tools during our 1st AA Day at the State Capitol in Atlanta on February 24, 2014.

SOUTH CAROLINA

SOUTH CAROLINA FORMS A STATE COMPONENT SOCIETY, WORKS WITH SCSA TO IMPROVE SUPERVISION RATIO

By Jey Bensin, AA-C

Greetings from South Carolina! Since the AAAAA’s 34th Annual Conference is on Hilton Head Island, South Carolina this year, we would like to update you on the Anesthesiologist Assistant practice in our beautiful state.

Currently, there are 24 AA-Cs practicing in South Carolina, in Rock Hill, Myrtle Beach, Hilton Head, and Aiken. In the past three years this number has grown significantly, from 8 to 24. Our biggest issue in the State of South Carolina is our supervision ratio. While we have been licensed practitioners from the start, our supervision ratio is only 2:1, compared to CRNAs who enjoy a 4:1 ratio. That alone drastically reduces our financial benefit as anesthesiologists as well as creates a scheduling headache within our practices. We have been working with the South Carolina Society of Anesthesiologists (SCSA) and hope that this is our year to increase the supervision ratio to 4:1.

We are also in the process of forming the South Carolina Academy of Anesthesiologist Assistants. The academy will conduct unannounced inspections within 18 to 39 months after the previous inspection. Accreditation is awarded to any organizations deemed to be in compliance with all or most of the applicable standards. A recent presentation to the Director of Surgical Services for HCA hospitals shed some light on commonly cited mistakes involving the Anesthesia Department. They include time out protocols, hand washing, and drug handling. Here are some things to remember:

Anesthesia providers must be active members of “Time Out”.

During Time Out, anesthesia providers must pay attention and cease all other activities. States such as Florida require a separate anesthesia Time Out before induction or prior to blocks or lines outside the procedure room. Again, anesthesia must cease all other activities and wash their hands often. This includes before and after any direct patient contact.

Syringes must be labeled with drug, dose, date, and initials. Narcotics need to be secured at all times. All narcotics must be accounted for and washed at the end of the procedure. Anesthesia providers must check the IV line prior to the “Time Out” to ensure it has not been tampered with.

S.C. Anesthesia providers will not be held personally liable for any mistakes made by another anesthesia provider.

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Frequently Asked Questions About Malignant Hyperthermia

By Megan Varelas, AA-C

1. What is MH and what causes an MH episode?

Malignant hyperthermia is an inherited metabolic disorder that causes a muscular response to airway exposure to the triggering anesthetics. The condition presents when a patient undergoes general anesthesia. MH is often referred to as an “allergy to anesthesia” by laypersons. MH is recognized by the healthcare practitioner. Survivors of an episode may be left with brain damage, failed kidneys, muscle damage, or internal hemorrhage, brain injury, liver failure, and may be fatal. Episodes may be triggered up to one hour following surgery and in rare cases from exposure to the triggering anesthetics. The drug will not dissolve in crystalloid irrigations. False. Patients with MH susceptibility are at risk with exposure to the triggering anesthetics. The signs include muscle rigidity, tachycardia, tachypnea, decreased O2 sat, hyperthermia, dark brown urine, flushed skin and sweating. The drug will not dissolve in crystalloid irrigations.

2. How do you recognize an MH episode?

The anesthesia circuit and CO2 canisters werechanged and a Forane and 50% nitrous oxide were delivered via the LMA. The drug will not dissolve in crystalloid irrigations.

3. Dantrolene does not block neuromuscular transmission.

True. Dantrolene does not block neuromuscular transmission or interver with reversal of muscle relaxants. The mechanical response to nerve stimulation will be depressed with non depolarizing neuromuscular blockade potentiation. True. Dantrolene does not block neuromuscular transmission or interver with reversal of muscle relaxants. The mechanical response to nerve stimulation will be depressed with non depolarizing neuromuscular blockade potentiation. Treatment is dependent upon preparation for a rare event. Every anesthetic should immediately discontinue triggering agents, change out of the MH hotline prominently displayed. True. Dantrolene does not block neuromuscular transmission or interver with reversal of muscle relaxants. The mechanical response to nerve stimulation will be depressed with non depolarizing neuromuscular blockade potentiation. The drug will not dissolve in crystalloid irrigations.

4. What is MH treated with?

The signs include muscle rigidity, tachycardia, tachypnea, decreased O2 sat, hyperthermia, dark brown urine, flushed skin and sweating. The drug will not dissolve in crystalloid irrigations.

5. Dantrolene does not cross the placenta.

True. Dantrolene does not cross the placenta. The drug will not dissolve in crystalloid irrigations.

6. MH susceptible persons are at risk for a cardiac arrest when exposed to waste gases in the OR.

False. There are no reports of MH susceptible patients having problems when exposed to waste gases while working in the operating room. Typical air handling procedures maintain a low amount of volatile anesthetic in the air. During mask induction, inhalation anesthesia can be avoided and volatile anesthetic are less than six feet away, flowing down to the floor where the ventilation system should clear the vapor.

7. Dantrolene expires in 36 months from date of manufacture.

True. Dantrolene is good for 36 months after manufacture. The drug will not dissolve in crystalloid irrigations.

8. Calcium gluconate or calcium chloride is more potent but less irritating to the peripheral veins and calcium chloride (4-10 mg/kg) which is more appropriate in an acute crisis may be given for hyperkalemic cardiac arrhythmias.

9. Masseter muscle rigidity (MMR) is a prognosticator of an MH episode.

False. Mastic muscle rigidity (MMR) is a prognosticator of an MH episode. The drug will not dissolve in crystalloid irrigations.

10. The anesthesia machine should be flushed for 20 minutes prior to being used on an MH susceptible patient.

True. The machine should be flushed at 10 L/min through the circuit via the ventilator for 20 minutes (60 minutes in some newer machines (see your machine user manual). The vaporizers should be taped in the off position or removed (draining is not acceptable) and the CO2 absorber often needs to be changed.

March
9 – 12 – Marco Island, FL
Perioperative Management – In Its 30th Year. The Johns Hopkins University School of Medicine designates this live activity for a maximum of 23.75 AMA PRA Category I Credits™. Register online at www.HopkinsCME.edu.

22 – 26 – Walt Disney World® Resort
The 51st Annual New York Anesthesiology Review. The Ichan School of Medicine at Mount Sinai designates this live activity for a maximum of 40.25 AMA PRA Category 1 Credit(s)™. Register online at www.newyorkanesthesiologyreview.org.

April
12 – 15 – Hilton Head Island, SC
AAA 38th Annual Meeting
This live activity is seeking 24.0 hours of AAPA Category 1 CME, accepted by the NCCAA for CME credit. Discounted meeting registration available with hotel reservation. See www.anesthetist.org for details.

24 – 27 – Baltimore, MD
29th Society for AMBulatory Anesthesia (SAMBA) Annual Meeting. The ASA designates this live activity for a maximum of 23.5 AMA PRA Category 1 Credits™. Register online at www.SAMBAhq.org or call (312) 321-6872.

May
17 – 20 – Montreal, Canada

June
13 – 15 – Palm Beach, FL
The Florida Society of Anesthesiologists Annual Meeting. For more details, visit FSA online at www.fsahq.org.

25 – 29 – Kiawah Island, SC
27th Annual Carolina Refresher Course: Update in Anesthesiology, Pain and Critical Care Medicine. The Mountain AHEC designates this live activity for a maximum of 28.5 hours of AMA PRA Category 1 Credit(s)™. Online registration available at www.aims.unc.edu.

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