



# Hawaii Association of Nurse Anesthesiology

Aloha. We apologize for this delay in issuing our August newsletter. It is HANA’s commitment to support member’s continuing education and involvement with AANA. We funded 2 board members (one in-person and one virtual) to attend the AANA Congress 2 weeks ago. Below is the reports from Paige and Karen.

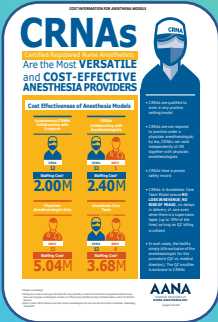
**Aloha HANA members,**



Well, August 2022 is here and our first in-person AANA Congress since 2019 just wrapped up in Chicago. It was bittersweet knowing it was my final Congress representing Hawaii, and being a part of the legislative happenings at the national level.



This year, Congress really focused on well-being of the provider. In addition to the traditional anesthesia specific education, numerous sessions addressed compassion fatigue, burnout, and PTSD in healthcare workers. The take away: being compassionate to others decreases feelings of burnout, and take care of yourself in a way that is meaningful to you.



The annual business meeting addressed AANA dues, streamlining processes and bylaw wording, and delaying the vote on amendment 2 regarding modernization of how AANA President is selected.

As my time as HANA president comes to an end, I want to say thank you. It has been one of the most rewarding opportunities I’ve had and I’m very thankful.

With Aloha,  
Paige

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## Hawaii Association of Nurse Anesthesiology



### Virtual Congress Report from Karen Young:

Did you know that some hospital administrators think TEFRA is a law and base their anesthesia staffing on it?

**HINT: it's not.**

I attended the 2022 AANA annual congress virtually, and it was well worth the money and time spent. One of the lectures: "Win the War with Effective Advocacy: Introducing "Efficiency-driven Anesthesia Modeling"- A Message from The AANA Reimbursement Task Force, was very informative. The speaker was Christopher P. Hulin, DNP, MS, MSN, MBA, CRNA, FAANA.

Health care is under tremendous pressure: staff shortages, staff burnout, lack of resources in rural areas, disparities of care, the list goes on. Anesthesia departments are often subsidized with millions of dollars, adding to the economic strain. CRNAs are part of the solution to the problem because we're effective (safe), efficient (reduced cost), and provide equity (ability for surgeons to schedule cases). The AANA Reimbursement Task Force has developed EDAM, or Efficiency-driven Anesthesia Modeling; a new way of approaching anesthesia staffing to reduce the financial strain of these subsidies.

Check out the website [www.anesthesiafacts.com](http://www.anesthesiafacts.com) for the great resource and use the information as a tool with your hospital administrator. (TEFRA regulations are MDA requirements to be paid for medical direction of a case).

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Other lectures were on patient safety - one with a panel from the Anesthesia Patient Safety Foundation (APSF) and another on production pressure.

- Emphasis has shifted to worker wellbeing and burnout: “if the clinician isn’t safe, the patient isn’t safe”, and creating a culture of safety and “no blame” for errors.
- “Substitution Error” is the most common medication error. Bar Code scanning decreases this, but if the process is cumbersome providers won’t use it.
- Research shows that after working a 12-hour shift, responses are equivalent to working after having one alcoholic drink.

A panel discussion of workplace trends mentioned the following:

- By 2027 there will be a 3-11% shortage of anesthesia providers (CRNAs, MDAs, AAs) - There is no shortage of qualified applicants to CRNA anesthesia schools. One limitation is limited specialty opportunities in clinical sites; the other bottleneck is lack of faculty - there is high turn-over due to lower salaries and high stress levels. The AANA is studying this, providing resources, and developing strategies to mitigate the problem.
- One interesting development is that 12% of CRNA are working in interventional radiology.
- Ralph Kohl, former Senior Director of AANA Government Affairs, spoke about challenges creating opportunities for creative problem solving. There is strong congressional support in both parties to find creative ways of increasing the capacity of the anesthesia workforce. He stated: *“the chance of a national opt-out is better than it’s ever been”*. *Medicare Part A supervision conditions have been lifted for 2 1/2 years due to the public health emergency, and it’s hard to put the toothpaste back in the tube.*

Karen Young

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### Message from an outgoing Board of Director:

My past year experience as a board director was very enlightening as board members met regularly to discuss strategic planning and agreed on the priorities to make HANA a stronger organization. Within a short period of time, we fulfilled several of those goals: Engaging members, advocating before the Hawai'i legislature's House Finance Committee in support for a nursing bill, increasing the number of positions on the board, and changing the association name to Hawaii Association of Nurse Anesthesiology. There is more to be accomplished, but I am proud to have been involved in meeting these goals.

I would like to congratulate and welcome the new board members and excited to have this group of individuals join the board and bring their unique talents, expertise, and perspectives to the work of the organization in advocating and promoting the practice of nurse anesthesia. I would also like to thank Kit and Karen, who are continuing their term another year, for their consistent communication and organization throughout the year. Thank you, Paige, for representing HANA as the President for the last few years. This was not an easy task!

Mahalo!  
Sarah Torabi DNP, CRNA