

KANSAS ASSOCIATION OF NURSE ANESTHETISTS



Jan. 18, 2008

Dear KANA Members;

I am writing as your current president to update you on several important issues that have the potential to affect CRNAs across the state. When I assumed the role of president in October, I had no idea that one unexpected issue (the ability of CRNAs to write orders and for RNs to follow those orders) would highlight the other two issues- member apathy and barriers to participation. I will give you some background on the issues and request help and support in fighting the fight for us all.

In early August KANA leadership was notified by several CRNAs that the surveyors for KDHE (Kansas Department of Health and Environment) had been directed to enforce rules that stated that CRNAs could not write orders and that RNs could not follow orders from a CRNA. Investigation of the issue yielded that the rule being enforced was from an opinion by Diane Glynn JD, RN, who is a practice specialist with the KSBN (Kansas State Board of Nursing), to KDHE survey leadership. Then in mid November, Hiawatha Hospital was surveyed and a report citing deficiencies related to CRNAs ordering was issued. KANA leadership was again involved and investigated the issue with the KHA (Kansas Hospital Association), KDHE and KSBN. KANA, along with practicing CRNAs, provided testimony at the December ARNP Committee meeting on Dec. 18th and the KSBN meeting Dec. 19th. Other interested parties included KDHE, KHA, and KSNA (Kansas State Nurses Association). After much discussion and testimony, some contentious, the KSBN elected to issue a statement requesting KDHE to not enforce the ruling until further notice and to call a special board meeting in January. That meeting was held Jan. 14, 2008 with many of the same interested parties involved: KANA, CRNAs, KSNA, KDHE, and KHA. The result was an official statement issued by the KSBN, "It was moved to issue a policy statement stating that the practice of anesthesia and analgesia care by RNA and acceptance of their orders by nurses should continue as conducted since the implementation of KSA 65-1158 in 1996 pending further deliberation by KSBN" and the development of a RNA Taskforce who will be charged with identifying the current practice on nurse anesthetists and recommend further action to the KSBN. That taskforce will include members from KSBN, KDHE, KSNA and KANA. In response to these findings, KDHE agreed to withdraw current deficiencies for facilities regarding CRNA ordering practices and to not issue deficiencies for this matter until further notice. I will keep the KANA membership apprised of further decisions on this issue.

The significance of this issue highlighted the importance of the KANA membership to keep informed and active in their organization. If we don't take charge of our own practice and future, someone else will step in and try to do it for us. We frequently only become involved when something happens that directly effects us as individuals but it is vital that we keep informed of the issues and are willing to be active when it effects CRNAs across Kansas or across the nation. I am proud to say that CRNAs have the highest participation of any profession in their professional organization (95-97% of CRNAs belong to AANA), but paying your dues, while important, is not the end of that professional responsibility.

We must stay knowledgeable and remain vigilant to protect our practice and the practice of all CRNAs. In addition, I am asking you to do two things for your professional organization: take the time to respond to the enclosed membership survey and donate to the KANA PAC.

The enclosed membership survey is an opportunity for you to tell the KANA leadership what it is that you want from the organization and what keeps you from participating. Please take a few minutes to complete and return the survey. It will give you a chance to have a voice in your organization.

The third issue regards financial support. It is increasingly important to actively support candidates that are familiar with the long-standing safe history of nurse anesthesia. If every Kansas CRNA gave a sum equal to one hour's pay, we could have an impact. Imagine what impact we could have if every Kansas CRNA gave one days pay? You can include a check in the enclosed PAC envelope or donate via the KANA web site. Please help keep CRNAs across Kansas strong and allow our message to be heard.

Sincerely,

Sharon Niemann CNRA, MHS
KANA President

KANA Membership Survey:

Member name (optional): _____

How many years have you been a CRNA? _____

Have you held an office or belonged to a committee for KANA? _____

If so, how many years? _____

My practice is: (mark all that apply)

- Rural
- Urban
- Solo
- Employed by hospital
- CRNA only practice
- MDA/CRNA practice
- Contract/locums

Rank each of the following KANA benefits/purposes between 1-5 (1- not important, 2 -somewhat important 3- important, 4- very important, 5- vital):

- ____ Leadership
- ____ Provide CEU's
- ____ Protect Kansas CRNA practice
- ____ Promote Kansas CRNA practice
- ____ Education
- ____ Provide networking/social connections
- ____ Other (_____)

Rank each of the following potential barriers to participation between 1-5 (1-not a barrier, 2- somewhat a barrier; 3- barrier, 4- important barrier, 5- major barrier):

- ____ Time
- ____ Distance
- ____ Personal Importance
- ____ Financial
- ____ Family
- ____ Lack of personal interest
- ____ Other (_____)

How would you prefer to remain in contact with KANA?

____ Phone ____ E-mail ____ Mail

How much would you be willing to pay per hour of CE credit?

____ \$15.00-20.00 ____ \$20.00-25.00 ____ \$25.00-30.00 ____ \$30.00-35.00 ____ \$35.00-40.00

Would you support/attend a state meeting at a destination resort? _____

What else would you like from KANA?

Please return to:
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