
The attached news release, fact sheets, photos, and infographics have been provided for you to copy, create, or combine into news or feature stories about National CRNA Week.

This year’s theme is “Making a Difference, One Patient at a Time.”

Certified Registered Nurse anesthetists (CRNAs) are highly educated, Advanced Practice Registered Nurses who provide anesthesia in every kind of healthcare setting. To become a CRNA, a candidate must be a licensed registered nurse and have at least one year’s experience in an acute care facility, such as an ICU. CRNAs must also earn the minimum of a master’s degree in anesthesia and pass a national certification exam.

CRNAs are the sole providers of anesthesia care in nearly 60 percent of Minnesota’s counties, ensuring that medically underserved areas of rural Minnesota continue to have access to essential healthcare.

Furthermore, Minnesota’s own Mayo Clinic is home to the oldest continuously operating school of nurse anesthesia (at the Mayo Clinic). The clinic is also where key developments at the turn of the last century helped usher in the field modern anesthesia.

Mayo nurse Alice Magaw is widely associated with these key developments in the delivery of anesthesia, a procedure that just decades earlier had resulted in mortality rates high as 50 percent.

By 1906, Magaw was able to document more than 14,000 surgical anesthetics spanning the previous two decades and report not a single complication attributable to anesthesia. Her contributions earned her the title of “mother of anesthesia” from Dr. Charles Mayo.

Ever since, CRNAs have been providing patients a safe and high quality anesthesia experience. Now, more than ever, CRNAs are they key to the future of anesthesia care. Their education, experience, and long tradition of compassionate care will be needed to meet an increasing demand for highly qualified non-physician specialists who can ensure access to patient care that is both extremely safe and cost-effective.

In addition to the attached materials, you can learn more about nurse anesthesia by visiting www.future-of-anesthesia-care-today.com. Additional information will be sent in the next few weeks as part of this year’s observance of National CRNA Week.

For further help or questions, please contact Marcus Kessler at 651-690-0897 or marcuskesslerpr@comcast.net or call the office of the Minnesota Association of Nurse Anesthetists at 952-928-4652.
FOR IMMEDIATE RELEASE

National CRNA Week Reveals How Nurse Anesthetists Make a Difference — One Patient at a Time

MINNEAPOLIS (Jan. 11, 2016) — Making a Difference, One Patient at a Time will be the theme emphasized by Certified Registered Nurse Anesthetists (CRNAs) in Minnesota and across the country as they celebrate the 17th annual National CRNA Week, Jan. 24-30, 2016.

The president of the Minnesota Association of Nurse Anesthetists (MANA), Dan Loviarano, DNP, MS, MBA, RN, CRNA, said this year’s theme reflects how CRNAs dedicate themselves to each of their patients before, during and after surgery.

“CRNAs remain with their patients throughout their procedure to ensure the safest anesthesia experience possible,” he said. “This year’s National CRNA week will give us the opportunity to educate the public on how much of a difference we make to our patients and to the U.S. healthcare system.”

More than 49,000 CRNAs and student registered nurse anesthetists provide approximately 40 million anesthetics to patients in the United States each year. They deliver the same safe, high-quality anesthesia care as other anesthesia professionals – but at a lower cost, helping to control the nation’s rising healthcare costs.

Every day, CRNAs deliver essential healthcare in thousands of communities and are able to prevent gaps in access to anesthesia services, especially in rural, inner-city and other medically underserved areas of the country.

“Our patients and their safe journey through surgery is our priority,” said Loviarano. “We care for them at a very vulnerable time in their life, and it is an honor to provide safe, quality anesthesia for all of our patients, one at a time. We are there for every heartbeat, every breath, caring for America.”

For more information about the role and value of CRNAs, visit the website of the American Association of Nurse Anesthetists (AANA) www.aana.com, and The Future of Anesthesia Care Today campaign website at www.future-of-anesthesia-care-today.com.

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About the Minnesota Association of Nurse Anesthetists
MANA, with 1,700 members, is the state chapter of the AANA, which represents more than 49,000 CRNAs across the country. More information about nurse anesthesia can be found on MANA’s website, www.mnana.org, or on the AANA website, www.aana.com.

For more information, contact Marcus Kessler at 651-690-0897 or maruskesslerpr@comcast.net.
Certified Registered Nurse Anesthetists Fact Sheet

Certified Registered Nurse Anesthetists (CRNAs) are anesthesia professionals who safely administer approximately 40 million anesthetics to patients each year in the United States, according to the American Association of Nurse Anesthetists (AANA) 2014 Practice Profile Survey. Nurse anesthetists have been providing anesthesia care to patients in the United States for more than 150 years.

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.

CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. As advanced practice registered nurses, CRNAs practice with a high degree of autonomy and professional respect. They carry a heavy load of responsibility and are compensated accordingly.

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

All anesthesia professionals give anesthesia the same way, regardless of whether their educational background is in nursing or medicine. 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.

Minnesota nurse Alice Magaw is widely credited for her innovations in the field of anesthesiology, earning the title, “mother of anesthesia,” from Dr. Charles Mayo. In 1906, Magaw published the seminal “A Review of Over 14,000 Surgical Anesthetics” in *Surgery, Gynecology, and Obstetrics*, documenting more than 14,000 anesthetic procedures without a single complication attributable to anesthesia. This was a remarkable feat for a procedure that, just a few decades earlier, had mortality rates as high as 50 percent.
Legislation passed by Congress in 1986 made nurse anesthetists the first nursing specialty to be accorded direct reimbursement rights under the Medicare program.

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.

A nurse anesthetist delivers anesthesia to a patient in Paris during World War I. Nurses first provided anesthesia to wounded soldiers during the Civil War. Since WWI, nurse anesthetists have been the main providers of anesthesia care to U.S. military personnel on the front lines.

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

Nationally, the average 2013 malpractice premium for self-employed CRNAs was 33 percent lower than in 1988 (65 percent lower when adjusted for inflation).

In 2014, the Minnesota Legislature granted advanced practice registered nurses, including CRNAs, the authority to practice to the full extent of their education and experience. The legislation followed the recommendations of a 2010 report by the Institute of Medicine and those of numerous other health care officials to meet the growing demand for safe, accessible, and affordable health care. CRNAs, who already have the ability to provide anesthesia care independently of physician supervision, can now prescribe the medications they use in the course of providing anesthesia care and pain management services.

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 a critical care setting.
- Graduation with a minimum of a master’s degree from an accredited nurse anesthesia educational program.
- 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.

As of Aug. 15, 2015, there were 115 accredited nurse anesthesia programs in the United States
utilizing more than 2,500 active clinical sites; 37 nurse anesthesia programs are approved to
award doctoral degrees for entry into practice, including the program at the University of
Minnesota. Nurse anesthesia programs range from 24-36 months, depending upon university
requirements. All programs include clinical training in university-based or large community
hospitals.

In addition to the nurse anesthesia program at the University of Minnesota, there are three other
graduate nurse anesthesia programs in Minnesota: the Mayo School of Health Sciences,
Rochester; the Minneapolis School of Anesthesia, St. Louis Park; and St. Mary’s University,
Minneapolis.

Dr. Charles Mayo called his chief anesthetist, Alice Magaw (seated, center),
the “mother of anesthesia.”

More than 49,000 of the nation’s nurse anesthetists (including CRNAs and student registered
nurse anesthetists) are members of the American Association of Nurse Anesthetists (AANA) –
approximately 90 percent of all U.S. nurse anesthetists. Of these, 1,700 Minnesota CRNAs and
student registered nurse anesthetists belong to the AANA. More than 40 percent of all nurse
anesthetists are men, compared with less than 10 percent of the nursing profession as a whole.
CRNA Education and Training

Certified Registered Nurse Anesthetists (CRNAs) are highly educated, advanced practice registered nurses who deliver anesthesia to patients in exactly the same ways, for the same types of procedures and just as safely as physician anesthesiologists.

CRNAs have a minimum of 7 to 8 years of education and training specific to nursing and anesthesiology before they are licensed to practice anesthesia.

<table>
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<th>Baccalaureate prepared RN</th>
<th>Critical care nursing experience</th>
<th>Classroom and clinical education and training</th>
<th>Master’s or Doctoral Degree from a COA-accredited nurse anesthesia educational program</th>
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<td>Minimum 1 Year</td>
<td>24-36 Months</td>
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<td>By 2025, all anesthesia program graduates will earn doctoral degrees</td>
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CRNAs obtain an average of 3.5 years of critical care nursing experience before entering a nurse anesthesia program. They are the only anesthesia professionals with this level of critical care experience prior to entering an educational program.

CRNAs are qualified to administer every type of anesthesia in any healthcare setting, including pain management for acute or chronic pain.

- Manage difficult cases
- Use advanced monitoring equipment
- Interpret diagnostic information
- Respond appropriately in any emergency situation

Constant Learners

CRNAs must pass a National Certification Examination and be recertified every 2 years so they are current on the latest anesthesia techniques and technologies. Anesthesiologists are recertified every 10 years.

CRNAs are less costly to educate and train than anesthesiologists.

- Research shows that CRNAs are 85% less costly to educate and train than anesthesiologists.
- 97% of employers report high satisfaction levels with the preparedness of recently graduated CRNAs.

As the demand for healthcare continues to grow, increasing the number of CRNAs will be key to containing costs while maintaining quality care.

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1. Council on Accreditation of Nurse Anesthesia Educational Programs
3. Cost Effectiveness Analysis of Anesthesia Providers, Nursing Economics, June 2010
4. Assessment of Recent Graduates Preparedness for Entry into Practice, AANA Journal, November 2013

For more information, visit future-of-anesthesia-care-today.com

American Association of Nurse Anesthetists® 2014
ANESTHESIA AND THE CHANGING HEALTHCARE LANDSCAPE: CRNAs’ Valuable Role

THE CHANGING HEALTHCARE LANDSCAPE
As the U.S. patient population ages and becomes more diversified, Certified Registered Nurse Anesthetists (CRNAs) play a vital role in ensuring access to safe, cost-effective anesthesia care for all Americans.

WHO ARE CRNAs?
CRNAs are highly educated anesthesia experts who provide **EVERY TYPE OF ANESTHESIA, FOR PATIENTS OF ALL AGES, FOR ANY KIND OF PROCEDURE, AND IN EVERY HEALTHCARE SETTING** where anesthesia is required.

- General anesthesia
- Regional anesthesia
- Sedation
- Pain management

CRNAs ARE SAFE
Anesthesia is **50 TIMES** safer today than in the 1980’s. Institute of Medicine
There is a **0%** difference in safety between CRNAs and anesthesiologists. Research Triangle Institute

CRNAs ARE COST EFFECTIVE
Research shows that CRNAs are the most cost-effective anesthesia providers with an exceptional safety record.

- **25% More Expensive** anesthesiologist directing 4 CRNAs
- **BEST VALUE** CRNA as sole anesthesia provider
- **110% More Expensive** anesthesiologist directing 1 CRNA

CRNAs IMPROVE ACCESS TO CARE
**MILLIONS OF AMERICANS** rely on CRNAs for their anesthesia care, especially:

CRNAs ARE TEAM PLAYERS
Like all anesthesia professionals, CRNAs collaborate with other members of a patient’s healthcare team:

- surgeons
- obstetricians
- endoscopists
- podiatrists
- pain specialists
- other qualified healthcare providers

For more information, visit www.aana.com.
Anesthesia Q&A

by

Dan Loviarano, DNP, MS, MBA, RN, CRNA
President, Minnesota Association of Nurse Anesthetists

Q: Is anesthesia safe?

A: Statistics show that anesthesia today is safer and more effective than ever before. New technologies, extensive specialty training, and high 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 more than 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 my 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 tobacco or alcohol use can influence the anesthesia selection process.

Q: Why haven't I heard about CRNAs? Are you a new profession?

A: Nurse anesthesia was established in the late 1800s as the first clinical nursing specialty in response to the growing need surgeons had for anesthetists. Nurse anesthetists have played a significant role in the development of modern anesthesia. Minnesota’s own Mayo Clinic is widely considered to be the site of some of the most significant innovations in 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 an 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.

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 nurse anesthetists’ role in the procedure itself, CRNAs make many preparations for the patient before surgery. So it is important that patients actively participate 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: 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 or www.future-of-anesthesia-care-today.com.