

Anaesthesia & The Environment | Jonny Groome MBBS BSc FRCA, Founder of GASP (Greener Anaesthesia & Sustainability Project)

The climate crisis is a health crisis and be it through rising pollution levels, extreme weather events, food scarcity, changes in vector ecology or conflict, the health of the patients we care for is likely to be impacted. As health professionals we have key role in advocating for our patients and should do our utmost ensure more is being done to mitigate the effects of climate change. We must also acknowledge that we are part of the problem. In the US, the healthcare industry contributes to **7.6% of the countries annual greenhouse gas emissions** emitting the equivalent emissions of **141 coal fired power plants per year**.

Anaesthesia is a highly polluting speciality, and there are many exciting ways we can reduce our emissions and do our bit in combatting climate change. Our choice of anaesthetic can have greater environmental impact than our choice of diet, decision to fly or drive a car.

Take home messages:

- Desflurane is 2540 times for warming than CO₂. We need to stop/reduce its use.
- 1-hour nitrous oxide at 1L/min is the equivalent of driving >100km in a car. We need to reduce its use.
- Propofol TIVA has a carbon footprint 4 orders of magnitude lower than volatile anaesthetics.
- Single use items (e.g., laryngoscopes) have a much greater carbon footprint than reusables, even when sterilization is considered.

Further reading:

- www.gaspanaesthesia.com
- Health Care's Climate Footprints (Health Care Without Harm) C: https://noharm-global.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint_092319.pdf
- Environmental sustainability in anaesthesia and critical care (Forbes McGain, Jane Muret, Cathy Lawson, Jodi Sherman) <https://pubmed.ncbi.nlm.nih.gov/32798068/>

From Research to Paper: How to Get Our Work Published! - A Special Presentation by Sarah Jingying Zhang, AANA Researcher of the Year

The pandemic has brought both many bad effects, but also some good things with it. The opioid overdose epidemic has accelerated during the pandemic, with many lives lost. Reasons include: the isolation, uncertainty, and fear from the pandemic itself. In-patient and out-patient treatment of OUD was affected by the need for social distancing and mask wearing. Many folks turned to alcohol as a coping mechanism. CRNAs were negatively affected---surges caused elective surgical schedule cancelation and job losses; CRNAs had to pivot to ICU care; there was fear of becoming infected, and spreading the infection to family amongst shortages of PPE. So the anesthesia care of SUD patients during the pandemic was challenging from the perspective of patients and providers.

But the pandemic also brought positive effects. Telemedicine use increased and became acceptable and more accurate as providers acquired skill in its use, and access to care was expanded. CRNA federal supervision rules and many state supervision requirements were relaxed, allowing data collection demonstrating safety and quality of unsupervised CRNA anesthesia care. AANA and CANA ramped up wellness initiative efforts, providing presentations and information for members. We were all reminded of the importance of self-care and flexibility as our world changed overnight. We were shown that we were endlessly adaptable as we pivoted to various care settings and helped on the frontlines to rescue America. We showed the country and ourselves that CRNAs---when we care properly for ourselves and work to our full potential----really are one of the solutions to healthcare in this country and the world.

Taking the Tax Mystery Out of 1099 Work | Truman Weston, CPA

Contractor = sole proprietor (default for self-employment)

Contractors are responsible for income taxes and 100% of your social security and Medicare taxes

3 main reasons to form an S-Corp:

1. Sometimes no choice (AB5 and business to business is sometimes required though not a complete fix)
2. Liability protection - maybe a little but professional corps need to be careful
3. Taxes
 - a. Less exposure
 - b. More deductions
 - c. More strategies with retirement

Cons for forming S-Corp:

1. More complexity
2. Higher tax prep fees
3. Startup costs (incorporation, consultations)
4. Annual CA minimum tax of \$800 and \$25 to annual Secretary of State

Decision should be balanced between Monetary AND non-monetary factors



CANA

CALIFORNIA ASSOCIATION OF NURSE ANESTHETISTS

VIRTUAL SPRING MEETING 2021

MAY 1-2 | Session Summary

Administrative Barriers to Implementing Multimodal and Multidisciplinary Practice Changes | Andy Baum, CRNA

Objectives:

- Anticipate barriers to implementing new protocols
 - Example: Enhanced Recovery After Surgery (ERAS); Regional Anesthesia/ Block team
- Offer solutions in regards to anticipated barriers and resistance to practice change
- Assess progress over time
 - Outcomes driven, staff feedback

Barriers:

- Usually similar frustrations within specialties and often easy to identify
- Resistance to new practice, techniques
- Compliance with new protocols
- Knowledge deficits
- Resources not available

Solutions:

- Clinical coordinator
- Multidisciplinary team
 - Include IT, Finance leadership in addition to clinical staff we typically think of
- Benchmarks
 - Share data and be transparent, set clear goals to achieve
- Specialties involved
 - And adapting protocol for specific specialties
- Opportunities for engagement, education, recognition, and celebration
- BE COLLABORATIVE, NOT AUTHORITARIAN



VIRTUAL SPRING MEETING 2021 MAY 1-2 | Session Summary

The Pandemic and Wellness | Charles A Griffis, PhD CRNA; Anna Lai Mark, CRNA; and Emily J Marsh, BSN, RN, SRNA

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A Practical Introduction to Narrative Medicine | Pamela Schaff, MD, PhD and Erika Wright, PhD

Narrative Medicine is founded on the idea that stories matter in the clinical encounter. Drawing on tools from other disciplines, such as literary studies, creative writing, philosophy, anthropology, and sociology, Narrative Medicine provides individuals with tools to strengthen and reshape the ways institutions and individuals understand the relationship between clinical medicine, public health, and social justice.

Training in Narrative Medicine facilitates:

- Attention - heightened focus on the patient's story
- Representation - written or visual form of what was heard
- Affiliation – resulting bond between patient and practitioner

Going from Anesthesia Care Team to Independent Practice | Michael MacKinnon, DNP, FNP-C, CRNA

In this roundtable discussion the group talked about the important differences between each practice model and what is required and what it takes to transition from an anesthesia care team model to an independent practice model. Some of the things people need to think about during this transition is where their skill set is at the time as there's an expectation in independent practice model that the skills are already developed. Skills such as central lines, peripheral nerve blocks, epidurals and spinal's are some examples. Some of the things discussed were the options for going to courses to help train in the skills, but also going to transitional practices which are apolitical and train a CRNA to work to the top of their license and prepare them for independent practice, if they do not feel currently ready. These practices really bridge the gap as many independent style practices do not have the additional people to train someone available. We also discussed the perspective of the employer as many of the people on the panel are employers and recognize some of the obstacles that may be in the way for transition.

Key Takeaways:

- There are many types of practice models and only you can decide for yourself based upon your family situation and your personal needs which is the best option for you
- It is often very difficult to transition directly from an anesthesia care team which is restrictive to any autonomous or independent practice model without significant preparation ahead of time.
- Transitional practices offer a place where you can get additional training to get you up to speed and prepared to move into an autonomous or independent practice
- Many independent practices do not have additional staff to help train someone who is not ready to hit the ground running. This is an important factor for employers.
- Obstacles to transitioning to independent practice can range from personal family concerns to Location needs and confidence/skill needs.