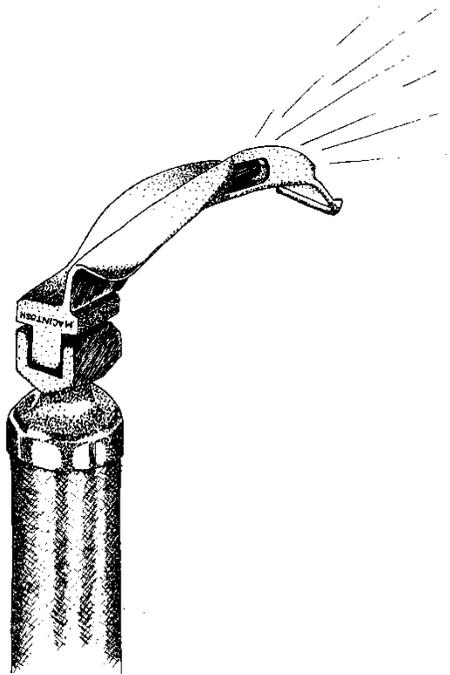


The logo for AKANA features the word "AKANA" in a large, white, serif font with a black outline. To the right of the letters are several yellow stars of varying sizes, arranged in a pattern similar to the Alaska state flag. The background is a dark blue gradient.

AKANA

ALASKA ASSOCIATION OF NURSE ANESTHETISTS

C/O ALASKA NURSES ASSOCIATION - 3701 E. TUDOR RD., SUITE 208 - ANCHORAGE, AK 99507



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AKANA Newsletter

Vol. 13 No. 2 February, 2019

Alaska Association of Nurse Anesthetists

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PUBLISHING INFORMATION

This newsletter is the official newsletter of the Alaska Association of Nurse Anesthetists and is published twice a year.

This newsletter is meant as a source of information for members of AKANA, students and other interested parties. Articles from readers are encouraged and will be accepted for publication if they have a specific value to AKANA and/or the anesthesia profession.

Letters to the Editor are also welcomed and will be printed on a space available basis. All correspondence sent to the Editor must be typed or e-mailed. Contents may be edited without submitter's approval. While being responsive to the readership of the AKANA newsletter, the Editor reserves the right of refusal of letters and articles.

Editorials and letters from readers do not represent the official view or stance of the Alaska Association of Nurse Anesthetists.

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Editorial



AKANA Members,

Welcome to the “fall” edition of the AKANA Newsletter. This edition is late in coming to you, but I hope it will be worth the wait. I am honored to be the new editor, doing my best to fill the big shoes of Wally and Ryan.

Along with the biannual reports from our officers, you will find a CRNA interview and an opening essay (in what I hope will become an ongoing saga) from Hal Schneider. Hal was an anesthesiologist in Alaska from the 1980’s until 2017. He was an advocate for CRNAs over the years and has great stories to tell about the practice of anesthesia.

My vision is for this newsletter to become a way for us to connect. Our state is large and many of us are working in small groups. It can be difficult to meet other CRNAs, especially those working in the Bush. In each newsletter, I plan to feature an interview with an Alaskan CRNA from a different community or practice. I would also welcome any submissions to the Newsletter. Tell us about your experiences as a CRNA. Write up a case study about an interesting anesthetic you have done and add “published author” to your CV. Write a letter to the editor about current issues.

I grew up hearing stories about the ’64 earthquake from my Mother and older siblings. Many of those stories have become family legends. In the days following the November 30th earthquake I was struck by how often I would hear complete strangers sharing stories about where they were, what they felt, and the damage report from their homes. People were telling their stories in Fred Meyer, Loussac Library, Home Depot, and the ladies’ room at Moose’s Tooth. Story telling is a powerful way of coping and sets the tone for how an event will be seen in history. Many of you were at work, caring for patients under anesthesia at the time of the earthquake. Send me an email with your experiences during and after the earthquake. It can be a few sentences or a short novel. It doesn’t have to be a formal essay. Just tell your story. I will include any submissions in the newsletter as a part of the history of our profession and the dedication we have to our patients and our State.

Thanks to Buck Frost for being a good sport and letting me do my inaugural interview with him. I look forward to meeting many of you and hearing your stories in the coming years.

Lois Miller CRNA
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Presidents Update

April Erickson CRNA

President Alaska Association of Nurse Anesthetists

Jan 2019

Hello and Welcome to the Alaska Association of Nurse Anesthetists.

It's an exciting time to be a CRNA in Alaska where CRNA's are leading the way in advancing patient safety and our profession every day!

Nurses were the first professional group to specialize in and provide anesthesia services in the United States, beginning in the 1880's. CRNAs have always been on the front lines of anesthesia delivery and here in "The Last Frontier" is no exception. Many of our talented CRNAs are the sole anesthesia provider for their communities and provide critical access to care for many Alaskans.

The Alaska Association of Nurse Anesthetists (AKANA) is a non-profit association affiliated with the American Association of Nurse Anesthetists (AANA) whose aim is to advance the profession of nurse anesthesia, enhance the art and science of anesthesiology, and facilitate the provision of accessible, affordable, high quality health care to Alaskans. We work to facilitate cooperation between nurse anesthetists and the medical profession, hospitals, healthcare providers, and other agencies interested in anesthesia.

As President of AKANA, I am here to serve our members and our community. In the 7 years I have been in Alaska, we have fought many battles in the protection of our profession. Our success on these fronts is due to countless hours contributed by committed CRNAs advocating on behalf of all Alaska CRNAs and our patients.

The autonomy and respect Alaska CRNAs enjoy, makes practicing in Alaska a highly sought-after privilege. Not to mention the amazing scenery and outdoor adventure opportunities! If you appreciate practicing independently and love the outdoors, come up and join us!

Here's to continued safety and success for all Alaska CRNAs in 2018-2019.

April Erickson CRNA

tcucrna@gmail.com

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Meet the Secretary

Kristen Hatch CRNA

Secretary, Alaska Association of Nurse Anesthetists

Jan 2019



Dear fellow Alaskan CRNAs,

I hope you are enjoying the Holidays! New Year's is one of my most favorite holidays. To me, it means belief and hope for a better year and a new change. I'm glad to be serving the 2018-2019 year as your secretary. It has been a slow start, but I know the New Year will bring rejuvenation and innovated ideas from everyone.

I wanted to introduce myself and let you know that if you need anything, please do not hesitate to let me know. Even if it is change, or updates to our website, I'm happy to help. I have been in Alaska for the past 8 years and have primarily worked at the Alaska Native Tribal Health Consortium in Anchorage. I started there as a new grad and I am extremely thankful for the knowledge and insight that every anesthesia provider has given me. Hearing about the differences in practice that a CRNA is given in other areas of the US, I am proud that the practice in Alaska has given me the opportunity and trust to be a proficient and caring independent provider. I also know that the CRNAs at the Native Hospital and other locations has helped shaped me into the practitioner I am today.

With the job opportunity in Alaska, my husband and I decided to move to Alaska on a whim and never looked back. I think the saying goes: when you move to Alaska, you buy truck and a dog. Well, for us...a truck, a dog, a house, and three kids. we have come to call Alaska home.

As a CRNA in Alaska, I think it is important to realize the capability we have to provide for our patients. In the New Year, I hope to grow to be an even better provider and be part of a board that can provide you with any change we might need.

Kristen Hatch, CRNA

(907)

akanasecretary@gmail.

Treasurer's Update

Nicole Bonfoey CRNA

Treasurer, Alaska Association of Nurse Anesthetists

January 2019



There's not much to report on the financial front at this point. I have set up an email for the AKANA Treasurer, that can be carried over from person to person as new Treasurers are elected in the future. AKANAtreasurer@gmail.com.

Nominations Committee

Erin Mickelson CRNA

Nominations Committee Chair, Alaska Association of Nurse Anesthetists
January 2019



The Alaska Association of Nurse Anesthetists (AKANA) is seeking nominations for members to represent the following constituencies:

- President Elect
- Two Board Members

Serving on the AKANA board provides opportunity to meet and interact with fellow professionals from across the state as well as represent the profession in a positive light and create opportunities to make an impactful change. The duties of the three positions mentioned are outlined in the bylaws of the AKANA organization. For the specific duties of the president elect see article V, section B.3 and for the specific duties of the board members see article V, section A.2. Attached are the AKANA bylaws.

Self-nominations are highly encouraged, and the most common form of nomination received by the committee. All nominations must be accepted in writing (Email and mobile phone texts are considered acceptable forms of written acceptance.).

Please submit nominations to:

April Erickson, CRNA AKANA President

- tcucrna@gmail.com

Erin Mickelson, CRNA AKANA Nominations Committee Representative

- erinamickelson@gmail.com

Nominations are due by Sunday, February 10, 2019. Please feel free to contact a board member if you have any questions.

Semi-True Stories: CRNA Interview

With Buck Frost

Lois Miller: What was your path to becoming a CRNA?

Buck: I started out in college wanting to be a lab tech. I was in Washington D.C. in 1984 when there was a snow storm. The city got 3 feet of snow overnight. At the hospital, the only staff they were asking to come in were nurses. The lab had completely shut down and they sent the lab techs home. That was when I realized how important nurses were in the healthcare system. Also during that time, Regan was bringing in DRGs (Diagnosis Related Groups). Prior to DRGs, physicians could order as many diagnostic tests as they wanted. After DRGs, lab techs were being let go in large numbers because the volume of lab tests diminished greatly. I graduated with my undergraduate degree and had completed training to start working in the lab, but never worked as a lab tech. Jobs were hard to come by because there was a recession going on.

I returned to Oregon and took a heavy load of prerequisite classes so I could apply to nursing school. I was accepted by nine nursing schools, and chose to attend the University of Texas for my nursing degree. After graduation I accepted a commission in the Public Health Service (PHS). My first duty station was Pine Ridge Reservation in South Dakota. I was an OR nurse in Pine Ridge. They had one OR and two Air Force trained CRNAs. They were both amazing and I thought being a CRNA was something that I wanted to do. They both encouraged me to become a CRNA. After my time at Pine Ridge, I transferred to Phoenix Indian Medical Center in AZ to work in the ICU for 18 months. I applied and was accepted to Texas Wesleyan University in Fort Worth, TX, where I did my CRNA training from 1989-1991.

LM: How did you learn about the Public Health Service?

Buck: From a magazine. In those days we didn't have the internet, so we found job opportunities in magazines and other printed material. I wrote to them and they sent me several brochures. Nurses could join Indian Health Service as either Civil Service or PHS. Since I had prior military service with ROTC and the Army Reserve, I joined the PHS Commissioned Corps.

LM: Where have you practiced since graduating from CRNA School?

Buck: Primarily at Alaska Native Medical Center (ANMC). I have also done some temporary duty in Browning, MT and Bethel, AK. In Browning and Bethel, you were the only anesthesia provider in town.

LM: What was it like at ANMC when you first arrived?



Buck: There were two anesthesiologists, Hal and Lumi, and five CRNAs. The oldest CRNA was 73 and I was the youngest at 29. Most of the CRNAs were trained in the military. Annie Saville (CRNA) was still working well into her 70's before she retired. We took call one week at a time, for the full seven days. In the old hospital (downtown at 3rd and Ingra), the layout of the ORs was so crowded that ambulatory patients walked into the OR so we didn't have to try and maneuver them through the area on stretchers. There were five ORs and one C-section OR.

In April of 1993, there was a Chinese Eastern airplane that made an emergency landing in the Aleutians. Many of the passengers had severe trauma from turbulence that occurred prior to the landing. [**Editor's Note:** *This was Chinese Eastern Airlines Flight 583. Of the 255 people on board, 53 had serious injuries. The book Airframe by Michael Crichton was based on this incident.*] The neurosurgeon who was in Anchorage at the time preferred to operate at ANMC. He told EMS to bring all the patients with head trauma to ANMC. There was an RN who worked with us who happened to speak Mandarin, so she was able to translate for the Chinese patients. Several patients had craniotomies and others were admitted for various types of trauma. All the hospitals in Anchorage received patients from the same flight. Indian Health Service gave an award to all the staff who participated in the emergency response.

The old hospital was heavily damaged in the 1964 earthquake. I was at the hospital when we had another significant earthquake in the early 90's and there was additional damage. We moved to the new hospital in 1997. After that we became a Level II Trauma hospital and the number of cases we did increased, requiring additional CRNAs.

LM: What do you remember about AKANA in the 1990's and moving into the early 2000's?

Buck: In the early 90's there were about 20 CRNAs in Alaska. There were five at ANMC, about five in Fairbanks, and groups of one or two in Southeast, Homer, Bethel, Kodiak, and other small hospitals. We would meet in the solarium (top floor) of the old ANMC hospital and later we had a space to meet at Alaska Regional Hospital. There would be about eight people at the annual meeting. I was president a couple of times. We had six boxes of documents that were passed from president to president. We didn't have a computer then. During one of my tenures, we hired a CPA to help organize our finances and establish a budget and state business plan. Shortly after that, we got a computer and that got passed from president to president along with a clock and the boxes of documents. At some point, Mary Holman brought us into the digital era by scanning all the boxes of documents and storing them on CD's. As our organization gets bigger and more CRNAs come to Alaska, it's more and more important for us to be involved in politics and have a voice in what happens with our practice. It's like they say, "if you're not at the table, you're part of the menu".

LM: What is your favorite case to do?

Buck: Probably a craniotomy. I like the challenge of adjusting the anesthetic to whatever is being done with the brain, whether it's trauma or a tumor excision or aneurysm clipping. I also like ortho in general, but especially pelvic girdle fractures.

LM: Do you have any special skills from your background that make you a better CRNA?

Buck: I think it's the opposite. Becoming a CRNA made me better at things outside of work. An anesthetic has a beginning, middle and end with a preop, anesthetic and recovery. Having that way of thinking makes me more organized and methodical in other things I like to do, like mechanics.

LM: What have been your biggest adventures in Alaska so far?

Buck: In 1993, on Halloween weekend, I went snow machining up near Eureka with my son who was four years old at that time. While we were riding, the snow machine went into a crevasse. I couldn't get the machine out, so we had no choice but to walk back to the highway. It was a dark, moonless night and we were eight miles from the truck. My son walked the whole way on his own and we finally made it back. From that trip I learned you should never snow machine by yourself.

Another time I was with a friend from work. We left from Big Lake and it was minus 29 degrees. We rode our snow machines to Yentna Station Roadhouse. It was minus 52 degrees there. On our way back to Big Lake, we made a wrong turn and got off the main channel of the Susitna River and into the slough. I knew we were going north, which was the wrong direction, but we were running low on gas. We had brought extra gas, but it was so cold the plastic containers ruptured, and we lost all our extra gas. The only thing to do was keep going. We saw a cabin with smoke coming out of the chimney and stopped. The people there invited us inside to warm up and they gave us hot toddies. They also gave us directions to Deshka Landing. Once we were warm again, we rode to Deshka, but my truck and trailer were at Big Lake. There were some drunk teenagers in the parking lot at Deshka Landing who were going to Big Lake. They gave me a ride to my truck, and I drove back to Deshka Landing to pick up my friend and the snow machines.

When my kids were younger, there was a period of about five years when we would put 1,000 miles on our snow machines every winter. My two sons and my daughter would all be out there riding with me. I've learned over the years that Alaska can be very unforgiving, so you have to be prepared.

AKANA Updates

AKANA is now a member of The Society for Opioid Free Anesthesia (SOFA).



To learn about the benefits of SOFA, visit their website: <https://goopioidfree.com/>
Contact April Erickson for further information.

Around the Bend with Hal Schneider: One Man's History of Anesthesia in Alaska

Introduction:

In 1980 finishing a fellowship in NYC, I had to make a decision on what to do next. Stay at NYU as a junior attending or going to the Bronx and working with Gertie Marx with whom I had trained in OB anesthesia. Incredibly there was a commercial airing on TV in NY. It was an entertaining cartoon chorus line consisting of dancing bear, moose, elk, crab, lynx, wolf, beavers, and more. "Wild About Anchorage". The decision became easy. July 1981 we loaded the car and made the trip across country and up the Alaska Highway. My oldest son had just won a NYC Social Science Fair on the Tlingit Indians and was very excited.

The Anchorage of 1981 was not the Anchorage of today. We first lived in the original Eaglewood Subdivision. Our neighbor across Eagle River Road routinely landed on the road, then pulled his plane into his driveway.

I, along with others, have been asked to talk about the anesthesia of the time. To talk about the transition from the Middle Ages of anesthesia to the beginnings of the modern era. I was fortunate to work with a very experienced group of CRNAs anxious to make the transition at an institution willing to spend the resources.

We'll talk about copper kettles, pressure ventilators, precordial stethoscopes, manual blood pressure cuffs, hot water mattresses in the age of needles, surgeons commenting "the blood looks dark" instead of a Hb sat monitor, no ETCO₂ monitors, etc. Halothane, enflurane, and methoxyflurane. Sux drips, gallamine, pavulon and d-tubocuarine. We'll talk about these challenges and more.

Hal