

Technology: Advancing the Practice and Profession of Nurse Anesthesia

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Disclosure:

- No financial conflicts
- Owner and developer of PROCRNA.COM
- Texas State Advocate for the AANA Foundation
- Products described in this talk are meant to represent the technology and not the individual vendor.

Evolution of Technology

- Better
- Newer
- Easier
- Larger (or smaller)
- Faster (or slower)
- Less Expensive
- Energy Efficient
- Safer



Then and Now



Early Anesthetics



Risks of Early Anesthetics:

- Airway management
- Composition of inhaled gas (O₂ & N₂O)
- Concentration of Anesthetic agent

Then and Now

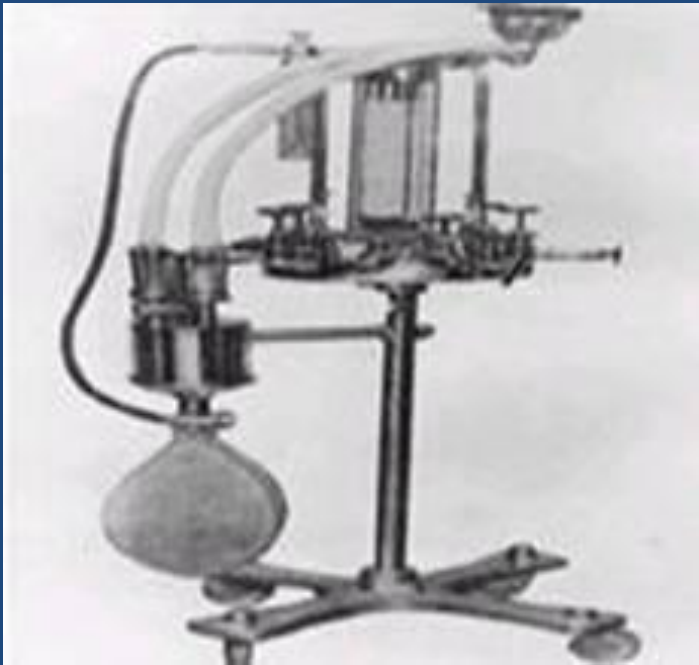
Gauze Mask



Modern Vaporizer



100 Years of Progress



Moving From Then to Now

- **Creative Thinking:**

- **Creativity** refers to the invention or origination of any new thing that has value.
- Those giving the anesthetic best know what needs to be improved

Act on your Ideas

- Thoughts are just day dreams until you put them to use.
- Dare to think outside the box...then follow through.

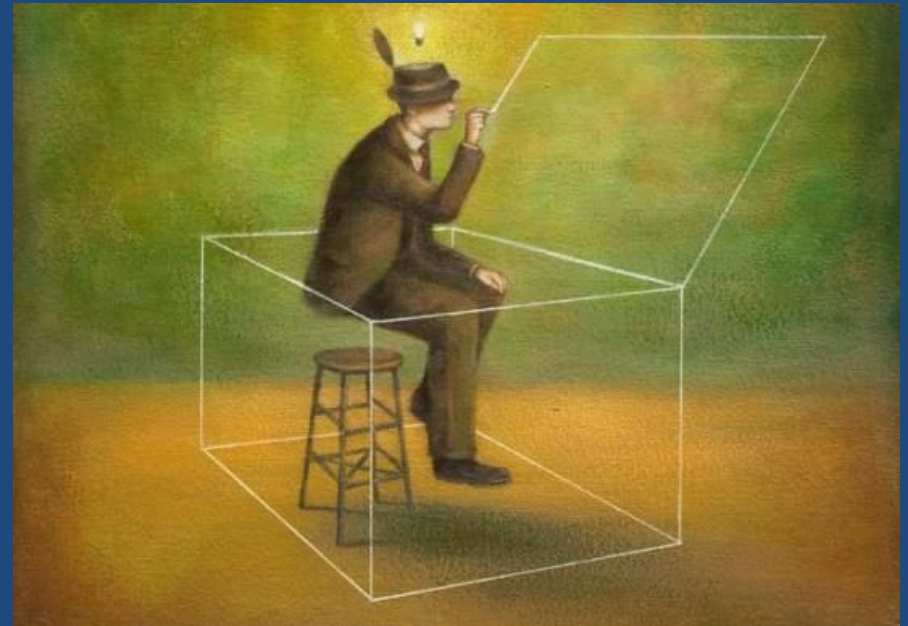
Thinking inside the Box

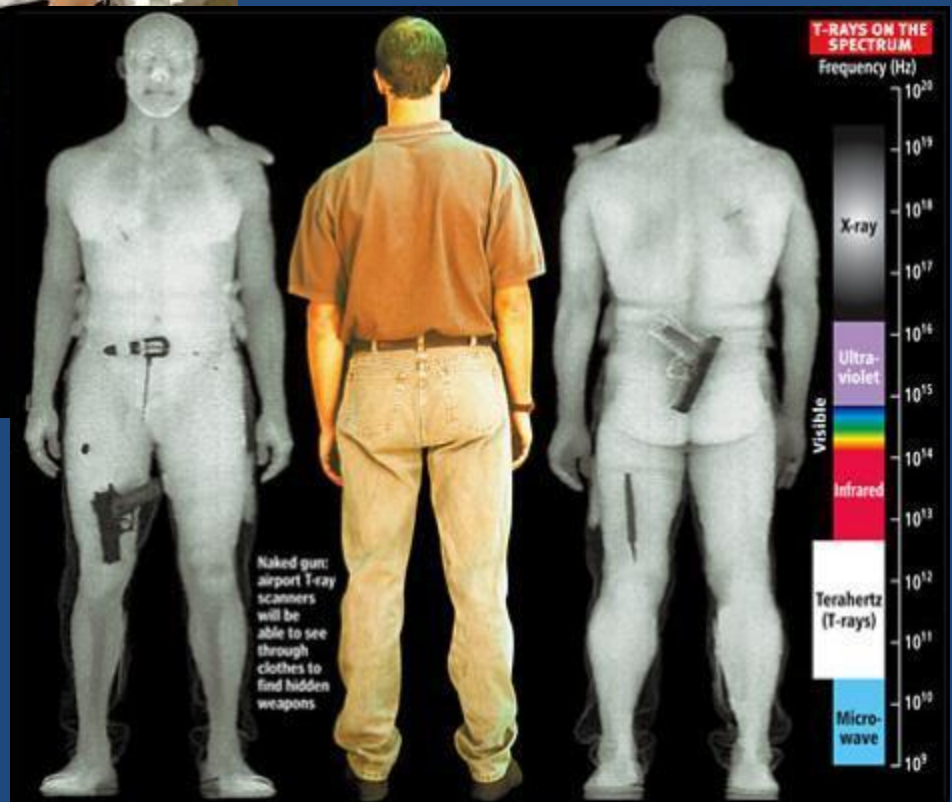
- To think in traditional fashion, bound by old, nonfunctional, or limiting structures, rules, or practices.
- “make a better mouse trap”

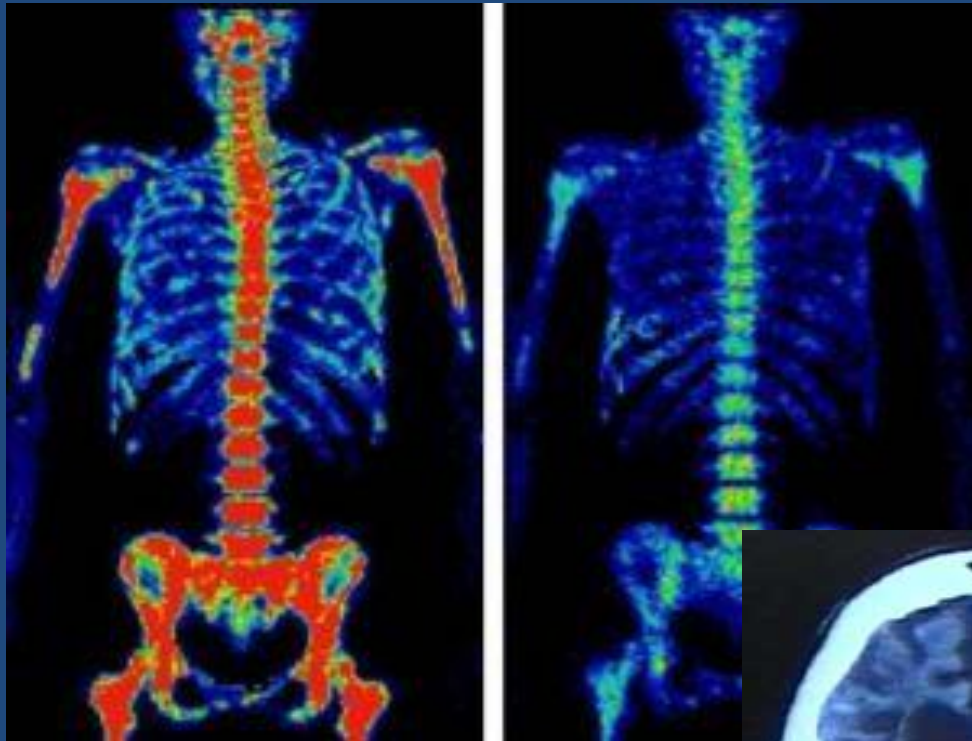


Thinking Outside the Box

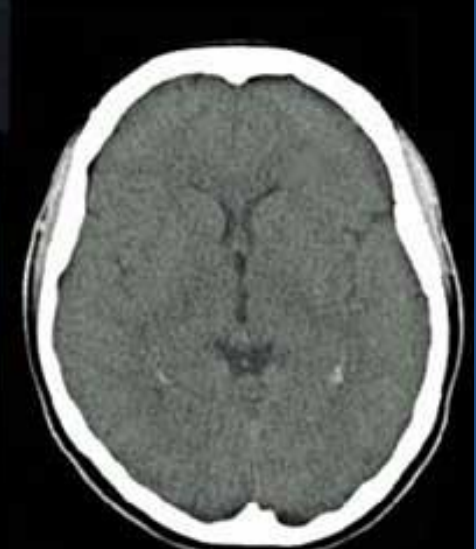
- “To think differently, unconventionally, or from a new perspective.
- Star Trek Anesthesia







TERRI'S BRAIN



HEALTHY BRAIN

You get back to
that goddamn cubicle
and start thinking
outside the box!

CREATIVITY
CORPORATION



Mr.fish

Moving from Then to Now

Gauze Mask



Modern Vaporizer



Ether Inhaler



Home Study



Creative Thinking

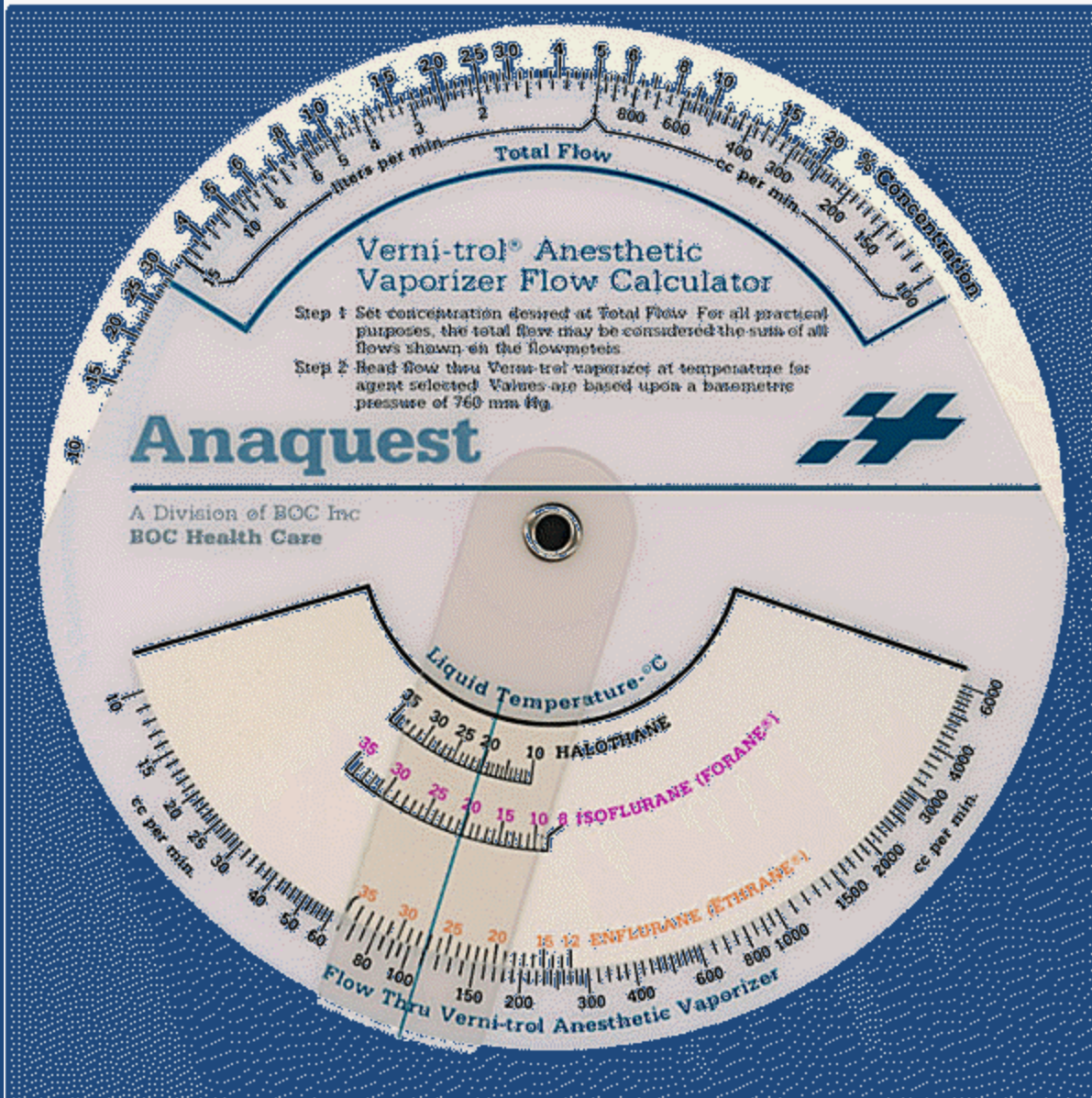
Mask

Gas Delivery



Vaporizer

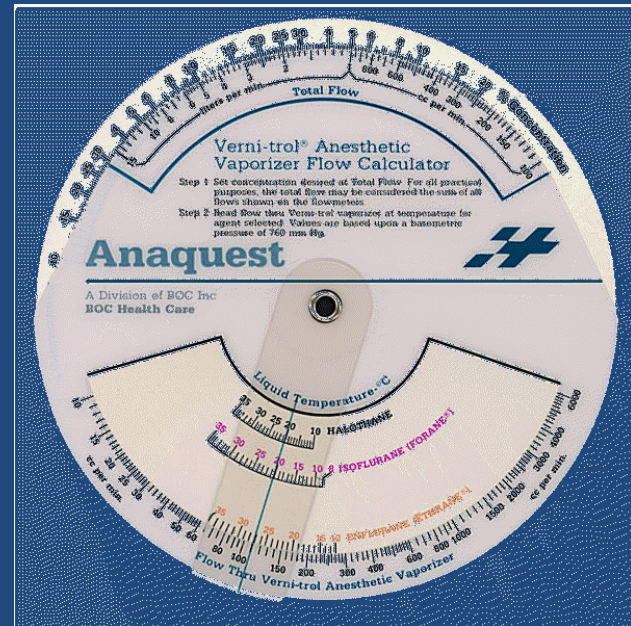
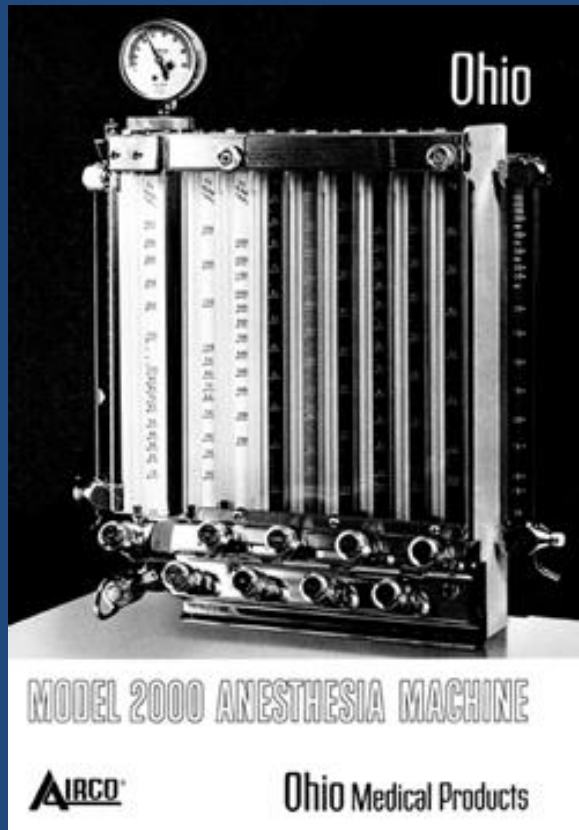




Vernitrol / Copper Kettle

Vernitrol variable bypass

“Prayer wheel”



However.....

- Patients were still injured with hypoxic injuries
 - “Fail safe” was not fail safe
 - Gas flows were manually set
 - Machines could deliver 100% N₂O
 - Pulse oximetry had not yet been introduced to practice
- OB and Anesthesia had highest number of law suits
- Anesthesia made an industry wide commitment to improving patient safety
 - Anesthesia Patient Safety Foundation.

Anesthesia Patient Safety Foundation

- Established to improve patient safety
- Crosses all professional lines
 - CRNAs
 - MDs
 - Engineers
 - Manufacturers
 - Vendors



Watch Med Safety Video

Watch Fire Safety Video

About APSF

Donors

Donate

Initiatives

Resource Center

Grants

Contact Us

The APSF's Mission is to improve continually the safety of patients during anesthesia care by encouraging and conducting:

- Safety research and education;
- Patient safety programs and campaigns;
- National and international exchange of information and ideas.



 NEWSLETTER

 MONTHLY POLL

 ANNOUNCEMENTS

 [Click here to read the current issue.](#)

For transport of the average patient to PACU, we use:

- View our Fire Safety Video now!
- Pre-anesthetic Induction Patient Safety Checklist-Take the Survey

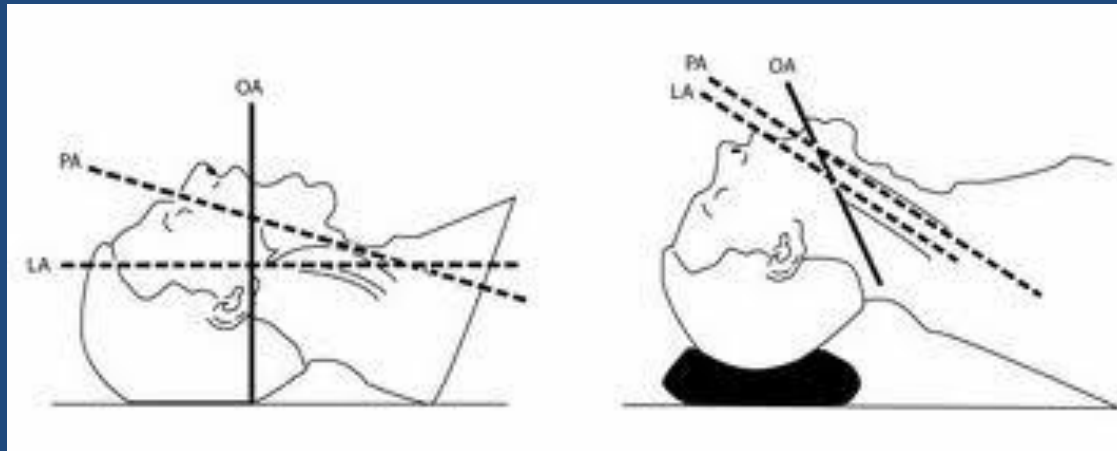
Culture of safety

- Shared values
- Anticipate events
- Inform and teach
- Develop a plan
- Engage
- Empower
- Recognize & reward

Technology Breakthroughs for Anesthesia Safety

- **Pulse Oximetry**
 - Became “standard of care” almost overnight.
- **Anesthetic gas analysis**
 - First systems were multiplexers serving the entire OR
 - Now standard on every machine.
- **Fiberoptic imaging.**
 - Quickly adapted for intubation

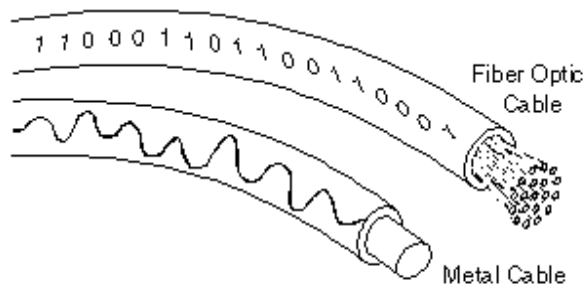
Airway Management



**Standard intubation is based on
line of sight visualization**

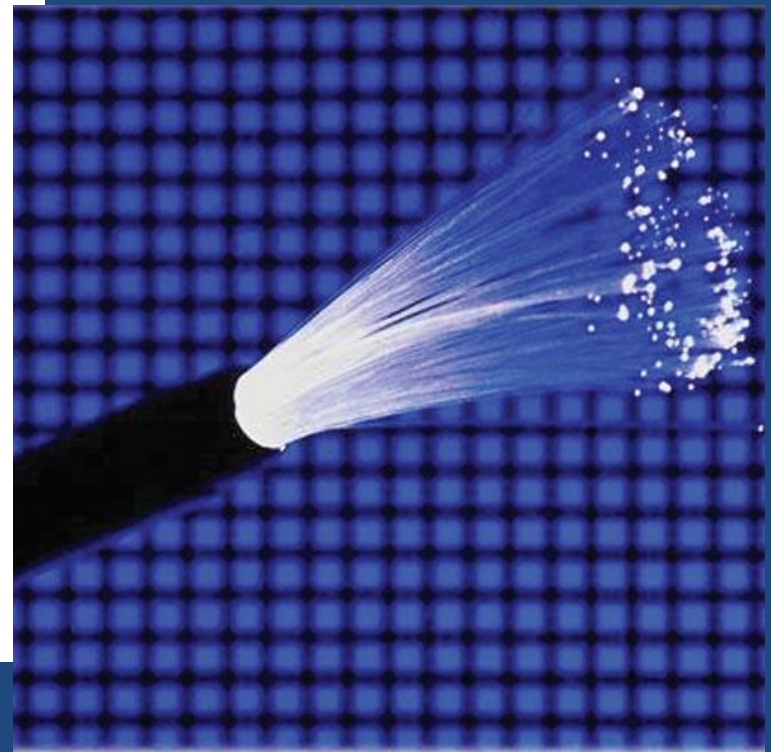
Fiberoptic Technology

fiber optics



A technology that uses glass (or plastic) threads (fibers) to transmit **data**. A fiber optic cable consists of a bundle of glass threads, each of which is capable of transmitting messages **modulated** onto light waves.

Fiber optics has several advantages over traditional metal **communications** lines:



Just for fun.....



Video Laryngoscopes

- Reliable Airway management
- Replacing fiberoptic intubations
- Standard of Care?

McGRATH®

Video Laryngoscope | Series 5

The McGRATH® Video Laryngoscope is the first fully portable video laryngoscope designed for difficult airways and wherever a laryngoscope would normally be used.



Into the Future

Oct
12

Anesthesia Staffing: First Robotic Tracheal Intubations in Humans Using the Kepler Intubation System

Author : Lindsey Crawford

T. M. Hemmerling; R. Taddei; M. Wehbe; C. Zaouter; S. Cyr; J. Morse
Authors

Br J Anaesth. 2012;108(6):1011-1016. Copyright 2012 Oxford University Press

Abstract

Background Intubation is one of the most important anaesthetic skills. We developed a robotic intubation system (Kepler intubation system, KIS) for oral tracheal intubation.

Methods In this pilot study, 12 patients were enrolled after approval of the local Ethics board and written informed consent. The KIS consists of four main components: a ThrustMaster T.Flight Hotas X joystick (Guillemot Inc., New York, NY, USA), a JACO robotic arm (Kinova Rehab, Montreal, QC, Canada), a Pentax AWS video laryngoscope (Ambu A/S, Ballerup, Denmark), and a software control system. The joystick allows simulation of the wrist or arm movements of a human operator. The success rate of intubation and intubation times were measured.

Results Eleven men and one woman aged 66 yr were included in this study. Intubation was successful in all but one patient using KIS at a total time of [median (inter-quartile range; range)] 93 (87, 109; 76, 153) s; in one patient, fogging of the video laryngoscope prevented

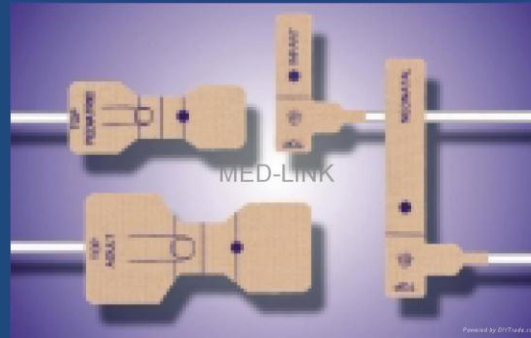
Kepler Intubation System



Controller is a standard gaming joystick with the possibility to program up to 12 buttons

Keys to Medical Technology

- Sensors



- Data processing

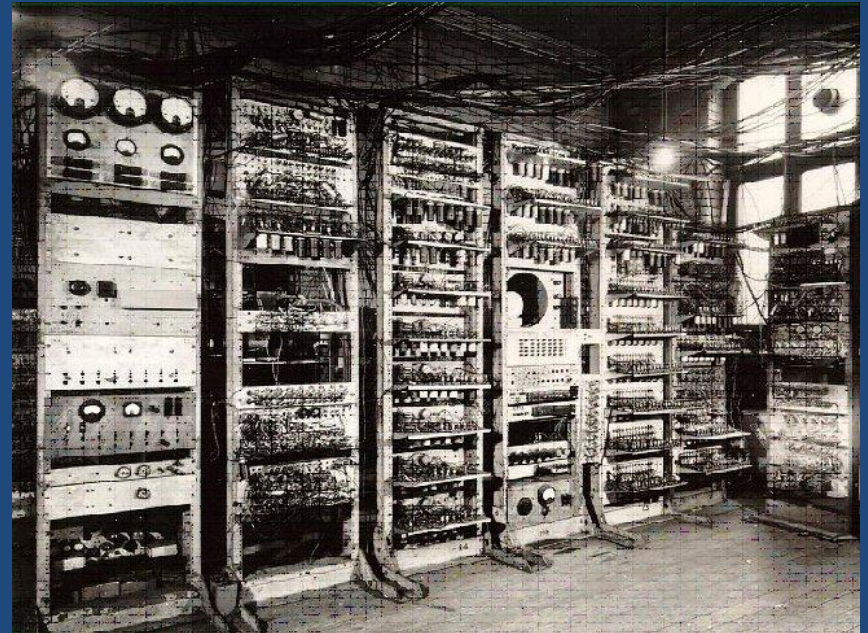


- Display



Early Computers

- Large in size
- Produced large amount of heat
- Had to be programmed separately for each task.



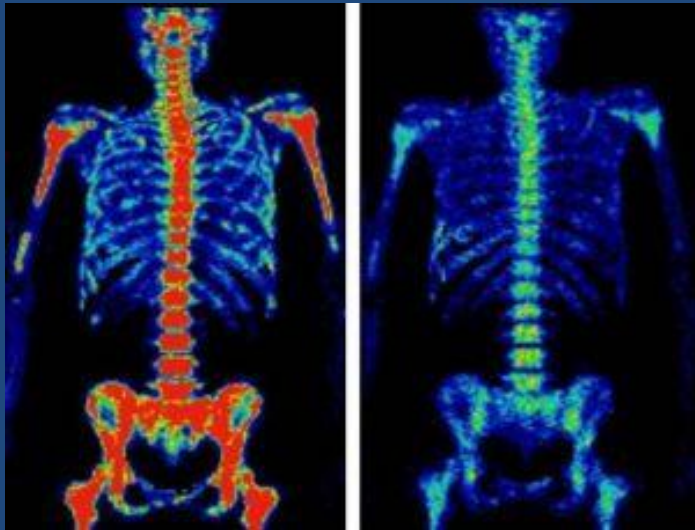
1980's: Computers become main stream

- Word processing
- Supply ordering
- Data storage



Digital Technology Enhances Clinical Practice

- Digital imaging and algorithms for data analysis have lead to many breakthroughs to enhance patient care.



Sensors

Processors

Display

Radiology / Ultrasound images

- Vascular access
- Regional blocks
- Standard of care?



Resuscitation, 2011 Oct;82(10):1279-84. Epub 2011 Jun 1.

Tracheal rapid ultrasound exam (T.R.U.E.) for confirming endotracheal tube placement during emergency intubation.

Chou HC, Tseng WP, Wang CH, Ma MH, Wang HP, Huang PC, Sim SS, Liao YC, Chen SY, Hsu CY, Yen ZS, Chang WT, Huang CH, Lien WC, Chen SC.

Source:

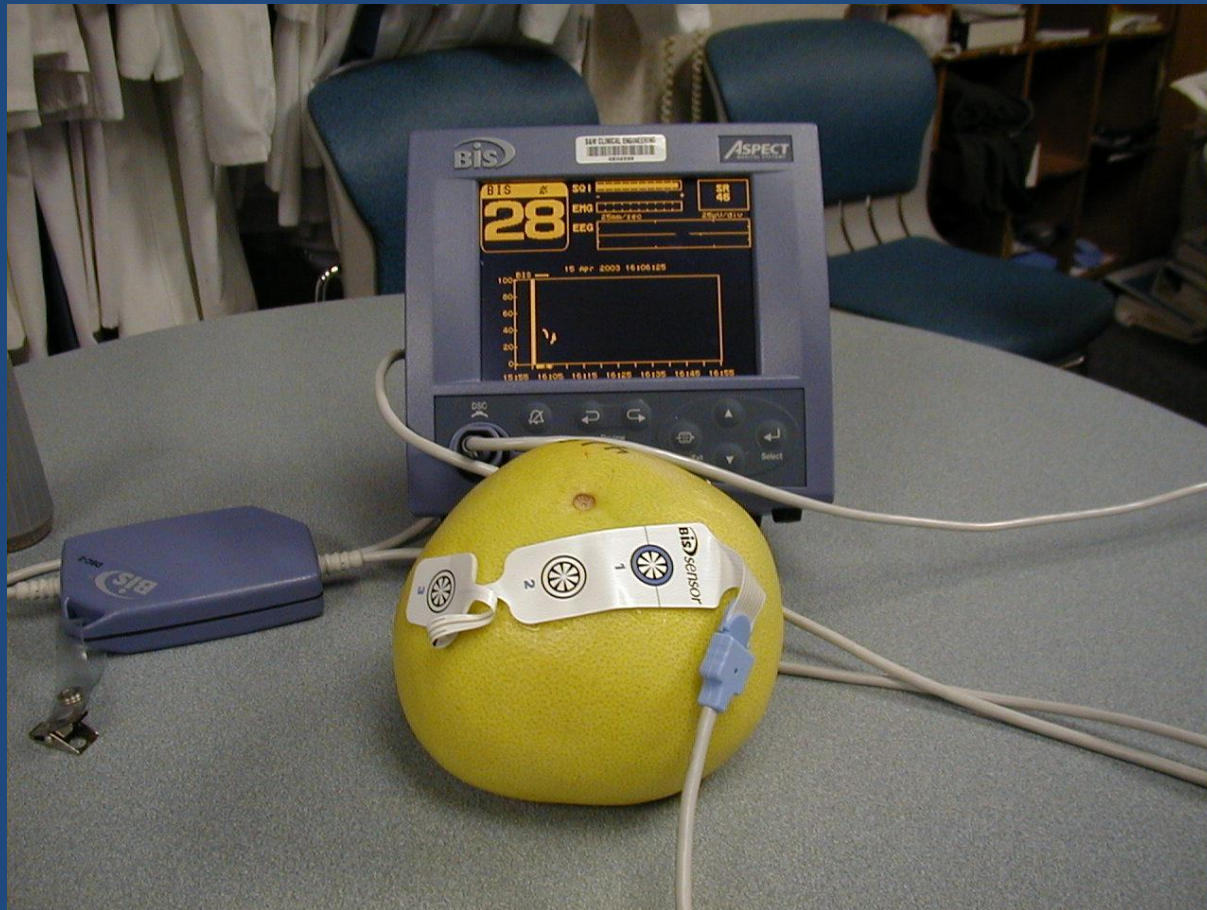
Department of Emergency Medicine, National Taiwan University Hospital, Taipei, Taiwan. erichaochang@gmail.com

Abstract

OBJECTIVES:

This study aimed to assess the diagnostic accuracy and timeliness of using tracheal ultrasound to examine endotracheal tube placement during emergency intubation.

To BIS or Not to BIS?



Sensor Processor Display

- “Awake during Anesthesia” is a major fear
- Well known by Lawyers and Media
- Indicates
 - Depth of anesthesia
 - Trends

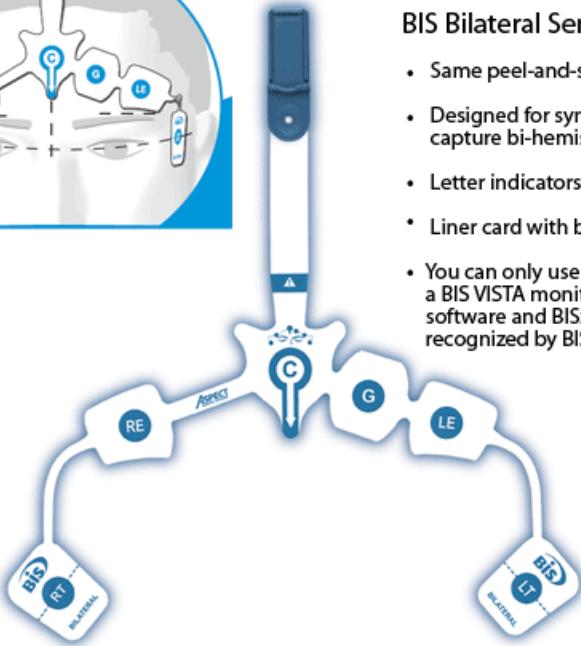


Bilateral BIS



BIS Bilateral Sensor features

- Same peel-and-stick simplicity
- Designed for symmetrical placement to capture bi-hemispheric data
- Letter indicators for electrode positions
- Liner card with break away tab sections
- You can only use the Bilateral sensor with a BIS VISTA monitor with minimum 3.0 software and BISx4; it will not be recognized by BISx



Cerebral Oximetry



Cerebral Oximetry in Cardiac Surgery

By: Thomas J. May, D.O.

& Phillip E. Greilich, M.D., FAHA

University of Texas Southwestern Medical Center at Dallas

Department of Anesthesiology and Pain Management

“The development of a neurological monitor capable of detecting ischemic events during cardiac surgery is long overdue. Emerging evidence suggests that cerebral oximetry may be capable of detecting ischemic events, guiding therapeutic interventions, and possibly reducing the incidence of neurological and systemic insults during cardiac surgery.”

Fluid Management

- Vigileo monitor
 - Stroke Volume Variation
 - “if it’s below 12, give albumin”



Minimally Invasive Hemodynamic Monitoring Vigileo Monitor

- “Getting ml/beat from mmHg”
- Arterial Pressure-based Cardiac Output

FloTrac Sensor

- Arterial pressure based CO
- Measured from A-Line
- Applied physics in complex algorithm



Nexfin

Noninvasive, continuous hemodynamic monitoring

- CO/CI
- Sys/Dias
- MAP
- HR
- SV
- SVV
- SVR

Immediate and Reliable Hemodynamic Picture

ccNexfin system provides a hemodynamic overview within two minutes of starting and connects to the patient by simply wrapping an inflatable cuff around the finger.¹⁰ The pulsating finger artery is 'clamped' by applying equivalent counter pressure that results in a pressure waveform.

This is how ccNexfin system provides beat-to-beat, continuous blood pressure in a totally noninvasive manner, thus without the need for arterial cannulation. The resulting blood pressure waveform serves as the basis for the measurement of continuous cardiac output.

ccNexfin system measures real-time continuous cardiac output and other hemodynamic parameters by a pulse contour method (Nexfin CO-Trek), which is based on the systolic pressure area and a physiological three-element

Windkessel model for cardiac afterload.⁸





If something were wrong, how would you know?

“Triple Low”

- Hypotension
- Low BIS
- Low end tidal agent

The screenshot shows the homepage of Anesthesiology News, a monthly newspaper for anesthesiologists. The page features a navigation menu with links to Home, Departments, Medical Education, Supplements, Buyer's Guide, Archive, Subscribe, and Podcasts. The main article is titled "Clinical Anesthesiology" and is dated November 2009, Volume 35:11. The article title is "“Triple Low” During Surgery Tied To Greater Post-Op Mortality" with a subtitle "Risk for Death, Other Poor Outcomes Rise as Markers Fall" by Michael Vlessides. The article text begins with "New Orleans—If the phrase “triple low” is not part of every anesthesiologist’s professional vernacular now, it may be in the near future." and continues with "Retrospective analyses by researchers at the Cleveland Clinic in Ohio have found that patients who simultaneously experience low-normal bispectral index score (BIS; BIS Monitor, Aspect Medical), mean arterial pressure (MAP) and end-tidal volatile anesthetic concentration (MAC) have nearly triple the risk for 30-day mortality as those whose numbers are higher. Mortality was

Video Amplification

Researchers amplify variations in video, making the invisible visible

New software amplifies changes in successive frames of video that are too subtle for the naked eye.

Larry Hardesty, MIT News Office

June 21, 2012



At this summer's Siggraph — the premier computer-graphics conference — researchers from MIT's Computer Science and Artificial Intelligence Laboratory (CSAIL) will present new software that amplifies variations in successive frames of video that are imperceptible to the naked eye. So, for instance,



In these frames of video, a new algorithm amplifies the almost imperceptible change in skin color caused by the pumping of the blood.

PHOTO: MICHAEL RUBINSTEIN

Eularian Video Magnification

- **New technology from MIT**
 - **Filters image to seek variation**
 - **Magnifies variation x 100**
 - **Displays new image**
 - **Shows motion / color change not detected by the eye**

Patient Identification



Anesthesia Cart Security



Mobile Computing

Medical Carts

Medication Carts

Sterile Processing

Storage / Shelving

Home | Medical Carts | Anesthesia Carts | AC Anesthesia Carts | Overview



Request Demo

Product Brochures

[Brochure](#)

[Warranty](#)

AC Anesthesia Carts

AC Anesthesia Cart Overview

Overview

Models

Security

CartWatch

Power

Storage

Accessories

Specs

Artromick Series AC Self-Locking Anesthesia Cart from Capsa Solutions

Enjoy optimal security combined with the flexibility to configure drawers and accessories to your exact specifications. The Artromick Anesthesia Cart is designed with a synergy of function and technology to meet the unique needs of your anesthesia department. Small and medium units are available.

- Internal pass-thru waste receptacle ensures a trim-line footprint
- Expansive work area with slide-out writing surface
- Magnetic stripe, proximity or bar code security for cart access
- Optional keyless access with auto-relocking
- Integrated and flexible drawer divider system
- Configurable medication storage with 2 bin sizes and 3 drawer sizes

Track Your Equipment



Internet, iPhone and iPad



Text message on phone:



“Your husband’s induction was smooth. Anesthesia autopilot has been set and now we are programming the procedure into the surgical robot.”

The Internet

- Safety
- Communication
- Education (patient and provider)
- Data collection and storage
- Facilitates “top of license” practice
- Anesthesia related APPs

Patient use of internet

- Know about procedure
- Know safety concerns
- Know about you and your group / hospital
- Patient access to national quality forum

Google “questions to ask about anesthesia”

- Are there different kinds of anesthesia?
- Is anesthesia safe?
- What are the risks of anesthesia?
- How do they know how much to give?
- Should I continue my medications?
- What happens during the pre-op visit?
- What is the difference between an Anesthesiologist and a Nurse Anesthetist?

From the Internet:

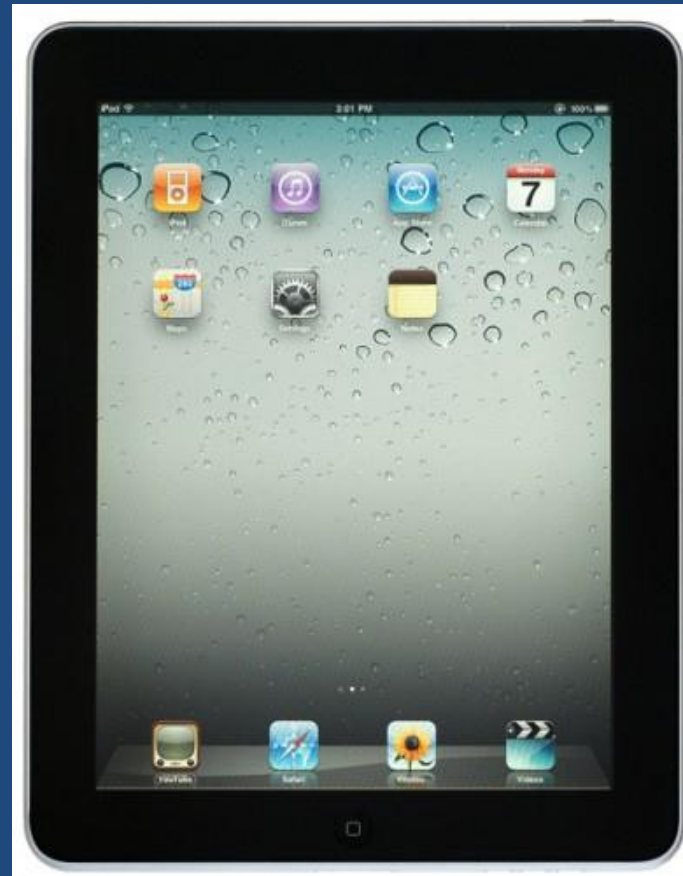
- “As physicians, anesthesiologists go through years and years of rigorous training. Anesthesiologists have at least eight years of post-graduate education and training, while nurse anesthetists have two-three years.”

- “Nurse anesthetists are able to perform the technical aspects of the administration of anesthesia, but anesthesiologists have the education, skills and training to fully manage patients and respond to medical complications. “

The good, the bad and the ugly



What is your favorite Medical App?



AliveCor iPhone ECG

<http://alivecor.com/>



Ford Driving Health, Safety With Mobile Apps

The new programs may eventually warn patients with chronic disorders of an impending emergency, or let them upload data directly to a personal health record.

By [Marianne Kolbasuk McGee](#)  [InformationWeek](#)

May 18, 2011 01:00 PM

Ford Motors is working to bring new meaning to the term "mobile healthcare apps." The automobile maker is researching in-car health and wellness connectivity services and applications for people with chronic conditions such as diabetes and allergies. And if you're prone to road rage, a stress monitoring app may help you "tame the beast."



The apps leverage the Bluetooth connectivity, voice control, and cloud-based services of [Ford's Sync](#) "infotainment" system that allows drivers to make hands-free calls from their cellphones, use voice commands to change the music playing on their MP3 players, as well as access

Lifecomm MPERS

- A far cry from the 1980s "I've fallen and I can't get up" panic buttons, today's mobile personal emergency response service (MPERS) devices include GPS locators, accelerometers to detect falls automatically, and embedded cellular chips to summon help even if the wearer blacks out and is unable to push a button.



Intelligent M Handwashing Bracelet

- Enforces Compliance
 - Records length of time for washing
 - Vibrates when hands have been washed a sufficient time
 - Alerts observers about level of compliance

A new wristband measures hand washing compliance by healthcare providers

Mar 28, 2013 by Cory Schultz

[Tweet](#) 59 [Like](#) 30 [2](#)

mHealth News



Hand washing is one of the most important and easy ways of reducing the transfer of pathogens from person to person. It is so important, that most hospitals have guidelines on proper hand washing techniques. However, it is not always consistently done.

According to the CDC, nearly 2 million people get infections while in US hospitals annually and around 100,000 of those people die.

Even the best efforts can sometimes go awry, which is why a new startup, IntelligentM, has a novel solution.

Electronic Medical Records

- CMS incentives
 - Funded by stimulus package money
 - \$44,000 from Medicare
 - \$63,750 from Medicaid

The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs

The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Eligible professionals can receive up to \$44,000 through the Medicare EHR Incentive Program and up to \$63,750 through the Medicaid EHR Incentive Program.

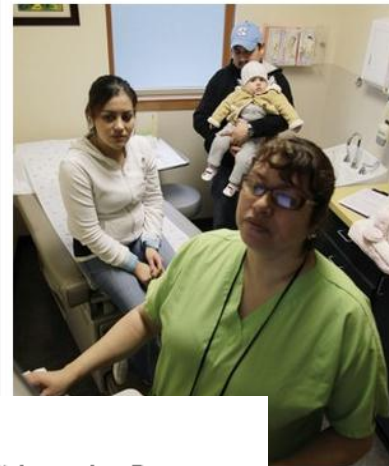
14 Comments

The future of electronic medical records, in one doctor's visit

Posted by Sarah Kliff at 09:40 AM ET, 10/05/2011

Text Size Print E-mail Reprints

Share: Facebook Twitter More >



If you want a glimpse into the future of health care, there's a good crystal ball here in our nation's capital: [the D.C. Primary and Immediate Care Clinic](#). I spent Tuesday morning there, not as a reporter, but as a patient with a fever and earache. Still, the visit turned out to be incredibly illuminating in ways that had nothing to do with my diagnosis, and everything to do with the future of electronic medical records.

Both the health reform law and the stimulus put serious money behind moving our health care system off paper and onto electronic medical records. The Recovery Act alone puts **\$19 billion** into incentive programs to reward doctors who meet "meaningful use" standards for electronic records. The Affordable Care Act builds on that, providing **additional funds** to get doctors to go digital.

From the moment I walked in the door, the clinic

The future of electr... Microsoft PowerPoi... Technolo

Protected Patient Information

- Department of HHS
 - Office of Civil right
- Pilot program to investigate 20 medical centers for HIPAA violations
 - \$50K fine per occurrence.



Chief CRNA: Are your Electronic Records Secure?

BY ADMIN ON [SEPTEMBER 16, 2012](#) • [COMMENTS](#)



Patient privacy and the security of protected health information is a hot issue throughout healthcare from the primary physician's office through diagnostic testing and including records of hospitalization. The Federal Government is urging health care workers to move to total electronic records and have initiated bonus money to encourage compliance. However, the move to electronic records presents the challenge of security.

Writing for the on line blog [The Anesthesiology Insider](#), Tony Mira

states:

"Collecting, analyzing, reporting and storing electronic patient information present perhaps even greater HIPAA challenges than does the use of paper records, however. Data entered on a computer can be copied more easily, more cheaply, more prolifically and even passively. Once unsecured data are moved from the computer on which they are created to other media, manually or wirelessly, controlling the information becomes nearly impossible."

A recent case settled with the Phoenix Cardiac Surgery Center demonstrates the cost of not

“The internet has opened the door to consumer driven health care. Patients can process and store their own data on personal devices and receive diagnosis and treatment from computer based algorithms.”

Operating Room Management

- “Wouldn’t it be great if...”
- “Somebody ought to...”
- Remember, you are on the front line know what needs to be done. If you can’t do it yourself, find somebody who can and get it done.

The Electronic Chalk Board

Case Schedule Display --- HR-MPH:762-0816 AAU-EAM:762-2237 OB-GWL:2301 APMS-GWL:2301 Desk-DONNA & LUANN

Case Display Staff Page Board Messages PACU NewDay Options Help

OR	Surgeons	Anesthesia	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
02	PSL	DAC SJ															
05	ROW	TAD RF															
06	MLB	WCC SL															
07	KDH	MPH RP															
08	MDR	PLD CC															
09	JAR	WCC TM															
10	TCL	KFE KT															
11	TSI	PLD MB															
15	LQS	TKM GL															
16	LAR	KFE SA															
17																	
18	RCM	MPH CH															
20	GJJ	DAC JL															
21																	
22	KDH	MPH EC															
23	MDA	TKM DM															
24	BZS	WEJ DC															
26																	
27	JST	TAD FJ															
3D	RAE	WAS ra															
EP	HC	JJK ws															
GUA	PSL																
MRI																	
OB2	CZB	JJK S/															
XT	NXT	JXC TB															

Tue, 9/18/2012 12:01

Add-on cases:

ALE-1150L MOG/ROS-477

3D 1300 -- 0323619 EGD 43235 COLON Duration: 60

Surgeons: JGM

Anesthesia: WAS ra

Circs/Scrubs:

Other Cmds...

Patient: JOHNSON, ALMA X-rays: 0





Tuesday,

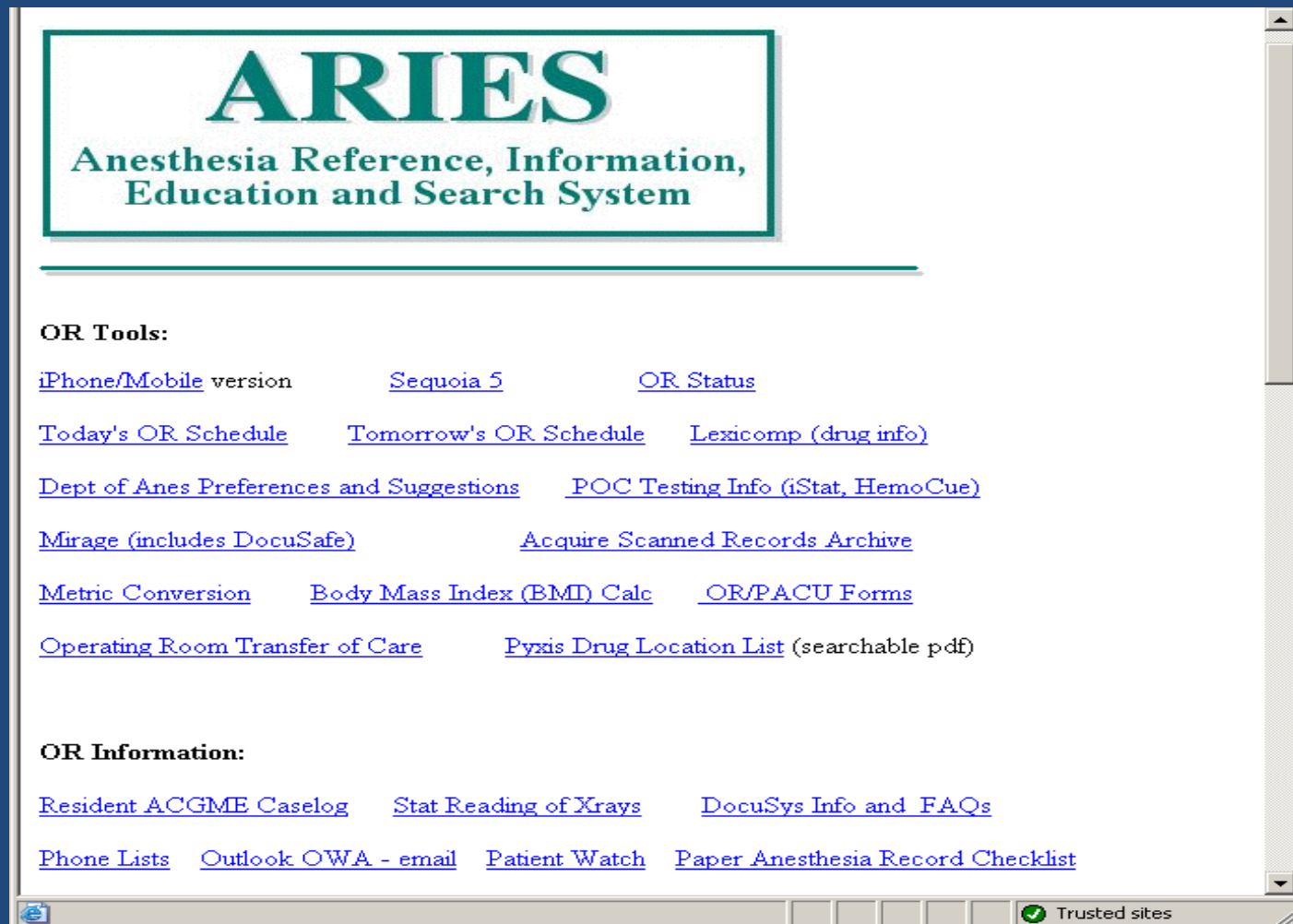
Patients 1460 through 5834

Pt #	OR	Status	Est. Time	Pt #	OR	Status	Est. Time	Pt #	OR
1460	03	Finishing surgery		4868	24	Surgery in progress	0:29		
1490	16	In Post-Op		5118	14	In Recovery			
1686	15	Surgery in progress	0:54	5286	20	In Recovery			
1834	20	Surgery in progress	1:13	5455	07	In Post-Op			
1850	18	In Post-Op		5481	21	Surgery complete			
2371	17	Surgery in progress	0:55	5514	05	In Recovery			
2435	21	In Post-Op		5693	07	In Recovery			
2512	12	In Post-Op		5778	10	Finishing surgery			
2538	02	In Pre-Op Prep, scheduled for 2:12 PM		5834	09	Waiting, scheduled for 2:20 PM			
2618	12	In Post-Op							
2685	27	Surgery in progress	2:25						
2729	15	In Recovery							
2758	08	Surgery in progress	2:03						
2817	04	Scheduled for 6:30 PM							
2974	02	In Recovery							
3176	18	In Recovery							
3345	17	Surgery complete							
3458	15	In Post-Op							
3614	21	Surgery complete							
3702	14	In Pre-Op Prep, scheduled for 2:30 PM							
3810	27	In Recovery							
3974	09	Discharged to Pt Room							
4033	09	Surgery complete							
4116	14	Discharged to Pt Room							
4488	20	In Pre-Op Prep, scheduled for 3:30 PM							
4552	16	In Post-Op							
4627	27	In Post-Op							

Welcome to Scott and White Memorial Hospital
Please enjoy our wireless internet on TimeWarnerAccess

VIZIO

Education / Information



ARIES
**Anesthesia Reference, Information,
Education and Search System**

OR Tools:

[iPhone/Mobile version](#) [Sequoia 5](#) [OR Status](#)

[Today's OR Schedule](#) [Tomorrow's OR Schedule](#) [Lexicomp \(drug info\)](#)

[Dept of Anes Preferences and Suggestions](#) [POC Testing Info \(iStat, HemoCue\)](#)

[Mirage \(includes DocuSafe\)](#) [Acquire Scanned Records Archive](#)

[Metric Conversion](#) [Body Mass Index \(BMI\) Calc](#) [OR/PACU Forms](#)

[Operating Room Transfer of Care](#) [Pyxis Drug Location List \(searchable pdf\)](#)

OR Information:

[Resident ACGME Caselog](#) [Stat Reading of Xrays](#) [DocuSys Info and FAQs](#)

[Phone Lists](#) [Outlook OWA - email](#) [Patient Watch](#) [Paper Anesthesia Record Checklist](#)

Trusted sites



Does your group need a
Dedicated web site?

Dedicated web site

- Communication
 - Email and text
- Education
 - Inform and teach
- Scheduling
- Staff engagement
- Recruiting
- Social



Communication



Department M&M Conference

9/13/12

The next departmental M&M Conference will be this Thursday at the usual place and time.

The following cases are scheduled to be presented.

- 1) Management of postop hypotension in the PACU/DSU -TAD/NAL/DC
- 2) Extubation in the IR suite - GWL/JR
- 3) Postop median nerve neuropathy - GWL

Hope to see you there.

Feel free to contact with any questions or concerns.

Thank you,
Ben Vacula



CRNA Meeting

Thursday August 2nd, 0645
Department Conference Room

We've been bounced the last 2 times we tried to meet....this time we are going to have a meeting. Please plan to attend.

Check the Schedule

Next week is the "overlap" week that appears on both the July and August schedules. As changes are made, sometimes they don't show up on both schedules so they get out of sync. Next week we will go by the AUGUST schedule. Click below to view the latest version of the schedule.

[click here to download August](#)

Education

3D Procedures

IMPORTANT!

There have been some ongoing problems in 3D that the CRNAs can take the lead in correcting. Christe Mossman is the point of contact for 3D and has talked with the head nurse. Please read through the following and talk with Christe if you have questions:

- Your Senior Staff must be present for induction just as they are required to do in the Main OR. If you start out as a MAC and convert to a general anesthetic, the Senior Staff **MUST** be notified in a timely manner
- Paperwork requirements: You must copy the anesthetic record. The original stays with the patient and the copy goes with your packet of papers to the recovery room box. You must sign the green sheet to sign the patient out of recovery and you must document SCIP measures. There is a paper included in the 3D packet that lists SCIP requirements.
- Narcotics are available in the 3D pyxis. You are encouraged to use

Scheduling

November 2012
requests open on July 20th at 9pm

				1 Main HI Children's WI	2 Main HA Children's NE	
4 AM 12 PMOT KR Children's NB	5 Main TM Children's LY	6 Main PA Children's YN	7 Main TM Children's ST	8 Main PA Children's YN	9 Main TB Children's ST	AM 12 PE AM 12 TR PMOT EC Children's PA
11 AM 12 SL PMOT Children's PA	12 Main SL Children's ST	13 Main LX Children's HA	14 Main SL Children's LY	15 Main LX Children's HA	16 Main HI Children's LY	17 AM 12 DA AM 12 AG PMOT JL Children's ST
18 AM 12 TB	19	20	21	22 Main 12 hour day MB	23	24 AM 12 TR

Call Sign-up

Sign-up here

Name
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Call date requested
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Shift requested

Comments

Submit

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Recruiting

Are you a CRNA who is interested in joining a great team at Scott & White?

Name:

* required

email address:

* required

Where are you located?

How many years have you been a CRNA?

When are you available?

Would you like to be contacted by our CRNA recruiter?

***Contact: Mike Walsh, Chief
CRNA***

mwalsh@swmail.sw.org

Tom Davis, CRNA recruiter

tsdavis@swmail.sw.org

***Tara Moore, physician
recruiter***

tmoore@swmail.sw.org

***Scott & White Health System
2401 South 31st St.***

Social



October 13th Book club

Book club info:

We are reading *Unbroken* by Laura Hillenbrand. We will meet Saturday, October 13th at 10:00. See you there!



Open House at Jan VanCleave's House

September 16th 1-5 PM

Check back for details.





**It's Party
Time!**



Happy Birth Day

Reid Anthony LeFrere



Kylie Clare FeFrere



Our Anesthesia Group

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Welcome to our Anesthesia Group web pages. As CRNAs, we are fortunate to work in a high tech environment with an employer who has a stated goal of becoming the most valued name in health care in America. Please browse our pages and learn about who we are and what we do. If you are interested in a great CRNA job working with an exceptional group of Nurse Anesthetists, please check out our [recruiting page](#). If you are a Registered Nurse or student nurse interested in learning more about the profession of Nurse Anesthesia, please check out our ["CRNA for a day"](#) page.

Leading the way

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Now: 92 °F Today: 95 °F



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