Promotion of Independent CRNA Practice in Rural Areas

Kenneth Hinkle

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Promotion of Independent CRNA Practice in Rural Areas

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Abstract

Introduction: Certified Registered Nurse Anesthetists (CRNAs) provide the majority of anesthesia care in rural areas across the United States (Seibert, Alexander, & Cromwell, 2010). CRNAs are NOT federally mandated to be supervised, yet some facilities require CRNAs to be supervised by physician anesthesiologists. CRNAs are equally safe to providing anesthesia care as physicians in rural areas (Hinkle, SRNA, BSN, RN, 2010).

Purpose: The purpose of this capstone project was to create a CRNAfacts pamphlet to educate policymakers and hospital administrators to promote support of independent CRNA practice. This pamphlet was sent to Kentucky Association of Nurse Anesthetists (KyANA) board members to solicit input for revisions to pamphlet material.

Methods

- Incorporate pamphlet and format education to enhance promotion of CRNA only practice.
- Provide an anonymous survey to the Kentucky Association of Nurse Anesthetists (KyANA) board members to solicit input for revisions to pamphlet material.
- Distribute facts pamphlet electronically to all KyANA members.
- Provide instruction regarding use of pamphlet at professional meetings to educate other CRNAs, policymakers, and administration staff of the value regarding independent CRNA practice.

Results

Primary feedback from the KyANA survey includes support and plans to incorporate use of the pamphlet to promote awareness and benefits of independent CRNA practice.

Region directors from the KyANA have agreed to email the pamphlet with instructions for its use.

This capstone project ultimately resulted in a change in the manner information is presented to many decision makers regarding CRNA practice.

Implications

- CRNAs equipped with the facts pamphlet will be able to easily share information about cost reduction, improving patient care, and benefits of independent CRNA practice.
- Policymakers and hospital administrators will receive factual education regarding independent CRNA practice.

CRNAs have been practicing for over 150 years!

CRNAs are just as safe as physician anesthesiologists!

CRNAs cost about half that of anesthesiologists!

CRNAs are NOT federally mandated to be supervised!

Comparison

<table>
<thead>
<tr>
<th>Nurse Anesthetist</th>
<th>Anesthesiologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Professionals in the U.S.</td>
<td>36,000</td>
</tr>
<tr>
<td>Average Annual Income</td>
<td>$170,000</td>
</tr>
<tr>
<td>Minimum Education</td>
<td>BA, 1 year acute-care nursing, 2-3 years anesthesia training</td>
</tr>
<tr>
<td>Average Cost of Education</td>
<td>$161,809</td>
</tr>
</tbody>
</table>

CRNA Facts

- Overall anesthesia costs are reduced by having a CRNA only anesthesia practice.
- Patient safety remains the number one priority and is increased by a vigilant CRNA.
- No federal mandate exists which states CRNAs must be supervised, yet some facilities require CRNAs to be supervised by anesthesiologists.
- Surgeons do not have an increased liability when working with independent practicing CRNAs.
- A CRNA only anesthesia practice aligns itself with the healthcare changes outlined in the Affordable Care Act (ACA) and will bring about improved access to healthcare for rural facilities.
- CRNAs are reimbursed by all major insurance companies for their anesthesia care at the same rate as anesthesiologists.
- CRNAs provide the same level of safe anesthesia care as physician anesthesia providers.