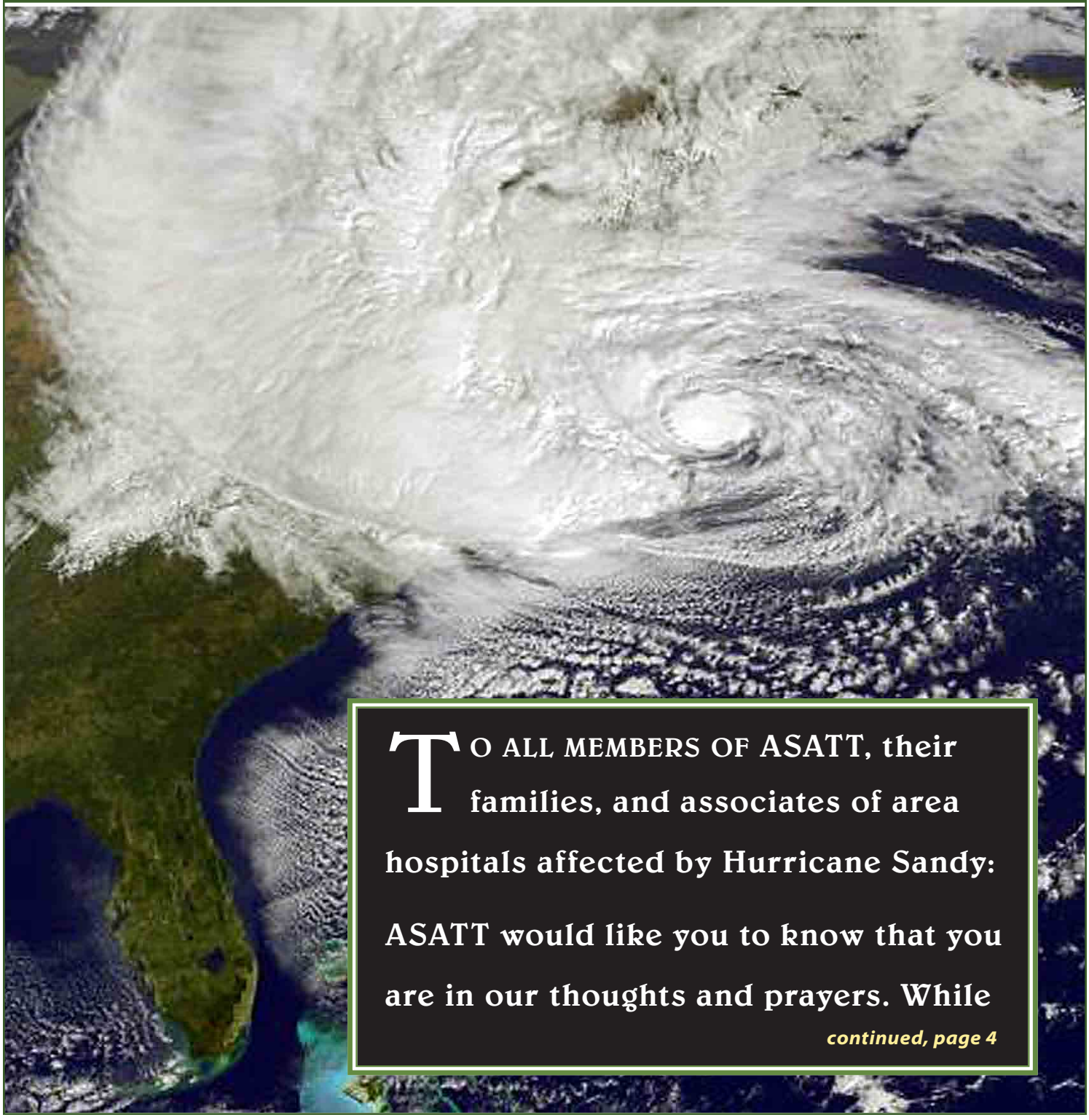
SENSOR ONLINE

THE OFFICIAL PUBLICATION OF THE AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS VOLUME XXII / FALL 2012



TO ALL MEMBERS OF ASATT, their families, and associates of area hospitals affected by Hurricane Sandy:

ASATT would like you to know that you are in our thoughts and prayers. While

continued, page 4

American Red Cross

Your donation provides critical support to those in need.

When disasters like Hurricane Sandy devastate communities, your support helps ensure the American Red Cross is there to provide warm meals, shelter and hope to families when they need it most.

Visit redcross.org or text REDCROSS to 90999 to give $10

10.00 donation to American Red Cross. Charges will appear on your wireless bill, or be deducted from your prepaid balance. All purchases must be authorized by account holder. Must be 18 years of age or have parental permission to participate. Message and Data Rates May Apply. **Text STOP to 90999 to STOP. Text HELP to 90999 for HELP.** Full terms and privacy policy: redcross.org/m

SENSOR

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SENSOR provides its readers with information on anesthesia-related topics, and with a forum for learning and discussion. *The views expressed herein are those of individual authors, and do not necessarily reflect the views or opinions of ASATT.*

All submissions pertinent to the objectives of ASATT will be considered for publication.
Preferred media: CD or via email.
Photos in TIF or JPG formats preferred.
Photographic prints *can* be returned.

ISSUE DEADLINES:

Winter ..... January 1st
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Display ad rates and size specifications can be requested from ASATT at 414/908-4942 ext. 450.

JOEY HERRERA., CER.A.T.T.

PRESIDENT'S *Message*

DEAR COLLEAGUES,

It is an honor and a pleasure to serve the American Society of Anesthesia Technologists and Technicians as President! First of all, I would like to thank our outgoing President, Delbert Macanas, not only for taking such good care of our Society during the past year but also for organizing an exciting meeting in Washington, DC.

Special praise should be heaped upon all of our speakers who presented lectures during our educational conference.

I would like to thank all of the vendors that supported our educational conference and were able to provide our members the latest products out in the market. Your continued support has allowed our organization to accomplish part of its vision in providing the latest technology that will lead to higher standards of services we provide for our providers and our patients. The exhibits bring much value to our members from the ability to identify alternative products and solutions by networking directly with the vendors at our welcome ceremony and throughout the breaks during the educational conference. I also want to say "thank you" for the encouraging support that you have shown for me and I look forward in working with each and every one of you and your company.

"...the past will no longer be accepted as the norm."

Plans are under way for the Annual Meeting in Las Vegas next year, August 8–10. We will do our very best to put together an exciting educational program in the stimulating environment of Las Vegas. You will find the announcement of the meeting, together with some detailed information, in due course on our web page. With the meeting being located in Las Vegas at the Flamingo Hotel, just off the Strip, we hope to have an exciting meeting with active contributions from members and non-members of ASATT.

I would like to start with a short personal view of our Society and its future development with a citation from the German philosopher, Arthur Schopenhauer (1788-1860) who once said about the truth: "All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident." When I started as a certified AT in our area, certification was not a requirement and through the years in my area, as I heard from others at our meeting in DC, it's becoming the norm in most institutions. So as formal educational programs continue to grow and develop great outcomes, our certification will mean more than it ever has in the past. So the past will no longer be accepted as the norm, and our Society will have to continue pushing for more continuing educational opportunities; this is one of our goals for the upcoming year. ASATT already provides the following CEU opportunities:

- Seven Regional Meetings
- Four ***Sensor*** "Science and Technology" articles
- One Annual Educational Conference

MORE

continued from page 3

Thus, in order to further strengthen our visibility and recognition in the community, we need to further increase the visibility of our Society and strengthen our public image by encouraging our colleagues to join our Society and to organize excellent meetings such as those we have held over the last 23 years. In addition, doing excellent "Science and Technology" articles for our Society's newsletter will be another essential requisite for the successful continuation of our Society and its members.

Here are some of the goals for my 2012–2013 term:

- Continue to develop and implement strategies to increase membership and participation in ASATT.
- Promote membership involvement in ASATT.
- Continue to develop and implement effective strategies for increased communication with the membership.
- Support our Regional Directors to continue providing and organizing education meetings in each Region of our country.
- Develop a strong relationship with ASA and AANA through our Liaisons.
- Increase participation in the submission of "Science and Technology" articles for the ***Sensor.***
- Increase participation in poster presentations for our Annual Meeting.
- Promote patient safety initiatives by supporting the development of standards for Anesthesia Technologists and Technicians.

I would like to thank all of you who attended the 2012 ASATT Annual Educational Conference in Washington. Many participants shared with me their appreciation for all the hard work. The Executive Board and Regional Directors invest their personal time, putting together our Annual Conference, and they were pleased with the lectures presented. We appreciate your feedback as we look to make improvements for next year. Our certified technicians continue to grow as we achieved a six percent increase this past year ... so, *thank you!* We appreciate your support of the Anesthesia Technologists and Technicians profession with every new and renewed certified tech. In addition, we want you to be involved with ASATT. This is your Society. We have opportunities to serve on one of our many committees. Please do not hesitate to contact me if you have questions, concerns, suggestions, or want to become involved.

—Joey Herrera, Cer.A.T.T.
ASATT President

continued from cover

forecasts warned that this storm would have a tremendous impact, no amount of preparation could have averted the devastation that the residents of the mid-Atlantic region experienced. As helpless as you may feel with your current circumstances, your friends at ASATT feel equally helpless.

To help alleviate the stress for those individuals who faced catastrophic losses due to Sandy, ASATT will grant those individuals an extension on their recertification until February 28th, 2013. To lessen the financial impact, the late fees will also be waived.

In order to extend your recertification cycle, please email either ASATT headquarters at certification@asatt.org or Sue Christian at suec598@msn.com. Please use this subject line: "Recertification Extension." In the message area, please type your name and contact information. For those who are permanently displaced, please leave contact information for a reliable individual.

Education and Profession Updates

MANY COMMITTEES WORK TOGETHER with the common goal of advancing educational and professional opportunities for the ASATT membership. The Certification/Recertification, Education and Continuing Education committees would like to share some of those activities with you.

Continuing Education

Standards for independent study programs, e.g. web-based, online or mail, have been written. This will allow programs interested in offering ASATT-approved continuing education a means with which to comply with ASATT standards and the paperwork associated with that process. These documents will be available to programs on the website for easy access, in a clear and concise manner.

Education

ASATT is currently accepting applications and approving entry to practice anesthesia technology programs using *ASATT Standards,* which were written in 2010. This format is similar to that which will be used when we begin accreditation of programs through CAAHEP.

Currently there are seven approved programs with additional programs in the queue. This listing is located by clicking the Education tab on the ASATT website. Current programs require a minimum of an associate degree and certificate in the anesthesia discipline. Students attending approved programs are eligible to take the ASATT technician level exam upon graduation and then the technologist exam after passing the technician level.

A Professional Practice Survey went out to our membership, resulting in almost 300 replies. The results are being written into a report format and will be available soon. This analysis identifies how currently practicing technicians and technologists are working. This information will be used to update and rewrite exams and educational outlines.

There has been a concentrated effort to pursue additional educational opportunities for our membership: As stated above, we are working with manufacturers and other healthcare continuing education providers. State nurse anesthesia and anesthesiologist societies are being contacted at the local level to discuss options for those in the anesthesia technology field. The California Association of Nurse Anesthetists (CANA) invited ASATT members to their recent meeting and will invite members to the upcoming meetings as well. Also, the Tennessee (TANA) and Hawaii (HANA) associations are working with ASATT Board

members to include our membership in their states. The California and Texas Society of Anesthesiologists (CSA and TSA) are working on having courses and pricing that would appeal to ASATT membership.

A website (Anesthesia Tech Pearls), specifically designed for anesthesia technicians, is in the final stages of completion. Developed by CRNAs, these lectures will focus on anesthesia technology and will be in compliance with the recertification guidelines. All lectures will be submitted to the ASATT Continuing Education Committee for prior approval. The website will also compile a transcript record for individuals using the site so that recordkeeping of earned CEs is simplified. The website was due to launch mid-November; however the site was delayed due to the destruction caused by the superstorm Sandy. The website should be ready to launch early January and an email notifying our members of its debut will be sent out by ASATT HQ.

The move to Electronic Health Records: Is your facility ready?

by Sue Christian, Cer.A.T.T.
Nashville, TN

Cut costs." "Increase quality of care." "Focus on patient safety." "Implement evidence-based practice." We've all heard these phrases and thought to ourselves, "Just how do they expect us to do that?" Individuals who entered the healthcare field fifteen or more years ago can testify that they have witnessed an evolution in technology that has set precedents for the future of healthcare. No doubt, institutions that incorporate technology will be better served to remain financially solvent in future years. The entire healthcare system must identify innovative ways to meet the demands that have been placed on the healthcare industry. Increased regulatory standards with the effect of new legislation are of highest concern to many healthcare facilities.

One such concern is the implementation of the electronic health record. **The American Recovery and Reinvestment Act** (**ARRA**) is a piece of legislation that has a tremendous impact on healthcare. Passed by Congress in 2009, the program provides $17 billion in incentives to hospitals and physicians that adopt the use of **health information technology** (**HIT**) and **electronic health records** (**EHRs**). The intent of this legislation was to reduce medical errors and improve the quality of care.

How did we get here?

The term **electronic medical records** (**EMRs**) surfaced in the late '90s when vendors were developing EMRs for ambulatory care settings and physician offices. These systems were based on imaging and the merging of data from stand-alone systems (Green & Bowie, 2009, pg. 110). There were two major issues with this process: Data from different systems was not easily integrated and there was limited networking between the inpatient and outpatient sides. Not long afterward, the **Department of Health and Human Services** (**DHHS**) began using the term "electronic health records" (EHRs). In his 2004 State of the Union address, President George W. Bush made mention of the electronic health record and the impact that it could have on patient safety (reduction of medical errors), improvement of care and reduction in cost (Green & Bowie, 2009, pg. 110). In February 2009, Congress passed the legislation to support the implementation of the EHR.

Using a PIMS workstation, mounted onto an anesthesia machine.

What is an EHR, EMR and PHR?

The ARRA defines it as: "an electronic record of health related information on an individual that:

A. Includes patient demographic and clinical health information (medical history and problem lists); and

B. Has the capacity to:
   1. Provide clinical decision support;
   2. Support physician order entry;
   3. Capture and query information relevant to health care

MORE

continued from page 6

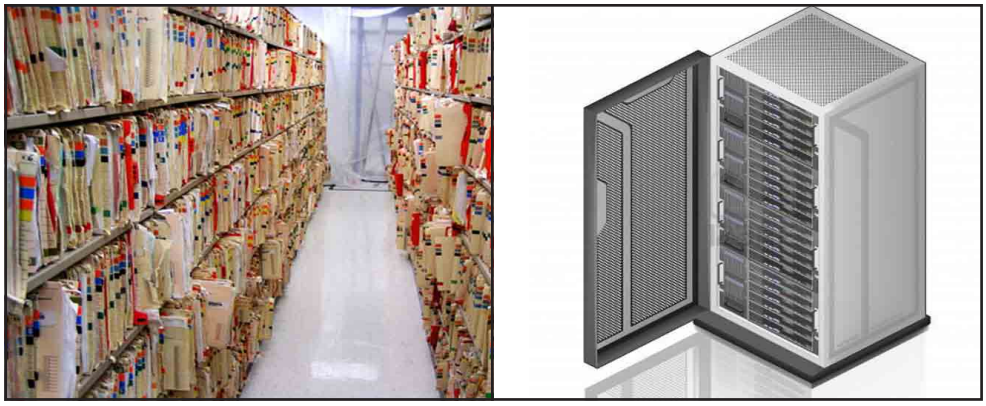
quality; and

4. Exchange electronic health information with and integrate such information from other sources."

It should be noted that while an EHR is often referred to as an EMR, in the IT world, they are not the same. An EMR is a practice management solution that is designed to assist physicians in organizing their patient records. It is an automated system whereby the physician uses a computer and keyboard to complete patient documentation in vendor supported software and does not have the capability to communicate with other entities.

Another term that has begun to be used is the **patient health record (PHR);** this is created by an individual (can be electronic or paper documentation) for their own personal use and should not be confused with the EHR or EMR.

A study of the use of electronic health records in U.S. hospitals by Jha et al. in 2009 showed that "only 1.5% of U.S. hospitals had implemented a comprehensive electronic record system in all of their clinical areas; 7.6% had a basic system (in one or more clinical units) and 17% of hospitals had a computerized provider-entry system for medications. All acute care hospitals that were members of the American Hospital Association (AHA) were surveyed and the response rate to the survey was 63.1%."



Traditional medical records storage (left) will become obsolete, once the EHR is stored on a server (right).

Why the slow adoption rate of the EHR? Several contributing factors have delayed the process for many healthcare entities, especially the smaller and/or rural hospitals. The primary factor is cost relating to the acquisition of equipment, servers and software; integrating all systems into one and the labor for the technical staff needed to perform the installation and maintain the system. Another issue is the training of the staff to use the different programs to input and extract the data.

ARRA requirements

To entice all U.S. hospitals in meeting the deadlines for transition to the EHR, they are offering paid incentives for compliance. Facilities that do not meet the deadlines will incur a financial penalty. Two significant requirements that fall under the Act include the implementation of e-prescribing by physicians and the adoption of the EHR by inpatient hospital services. The deadlines for compliance for each of these are at the end of the calendar year 2012 (e-prescribe) and October 2015 (EHR). While the ARRA includes the revision of the ICD codes, that is a topic for future discussion.

Incentives to comply with the legislation

In order for hospitals to be eligible for the incentives, they must be a "meaningful EHR user." A hospital can receive a $2 million base payment in addition to discharge-related payments that extend over a period of four years. The discharge-related payments are paid for the 1,150 through 23,000 discharges. What this means is that the first 1,149 discharges do not qualify for payment and any discharge over 23,000 will not qualify. They are also based on a percentage; for year one, the amount paid is 100%. At year two, the amount decreases to 75%; year three to 50% and year four to 25%. Year four and subsequent years receive no payment. Payment years started October 1, 2011 and end in October 2015. In the

In the future, paper documentation (left) will be phased out as physicians begin making notations on patients' charts on an electronic notebook (right).

MORE

continued from page 7

event that a hospital is not in compliance by 2015, they will then incur penalties (AARA, Division B, Title IV, Section 4102). The names of hospitals that are considered "meaningful EHR users" will be posted on the CMS website. It should also be noted that physician offices that implement a meaningful EHR will also be paid incentives over a five-year payment schedule.

Meaningful EHR user

What is a meaningful user? The AARA legislation requires users (hospitals and physicians) to use certified EHR documentation that is connected in a manner that provides for the electronic exchange of health information between entities, thereby improving the quality of care. Hospitals and physicians must also submit clinical quality measures from the use of the EHR whose sole purpose is to achieve significant improvements in the administration of healthcare. By passing this legislation, the government's intent is to phase out paper documentation and implement an electronic system that would allow any licensed healthcare provider to easily access the patient's medical record regardless of their location. Put another way: a computer and keyboard will replace pen and paper.

Paper documentation

Anesthesia is a specialized service that is responsible for preoperative (pre-op), intraoperative (intra-op) and postoperative phases of perioperative care. During the pre-op phase, anesthesia's main focus is determining if the patient is healthy enough to endure the stress and associated trauma of undergoing an elective invasive procedure. Based on their evaluation, the anesthesiologist will consult with the surgeon to formulate a plan to minimize any risks that may be associated with the procedure itself as well as the effects that anesthesia may have on the patient's disease processes. This phase requires specific documentation of the patient's past medical history and a focused physical exam. During the intra-op phase, a qualified anesthesia provider documents the patient's vital signs, vent settings, etc., as it relates to the anesthetic/surgical procedure; what medications/anesthetic agents/IV fluids were administered, any significant care events that may have occurred, and the patient's condition at the end of the procedure. The post-op phase primarily focuses on the patient returning to a level of consciousness and physiologic stability near pre-op baseline, identifying and treating any potential complications from the anesthetic or surgery and transitioning the patient from the Post Anesthesia Care Unit (PACU) to the next care location such as a ward floor/home, etc. The patient must be managed appropriately throughout each phase and oftentimes the individual performing the pre-op evaluation is not the same individual who will be anesthetizing the patient. The same can be said of the post-op phase; if complications develop during the recovery period, chances are that the anesthesia provider responding to the call is not the same provider that cared for the patient intraoperatively. Paper documentation of the patient's perioperative care may be limited and therefore not paint a complete picture of the care provided. What some providers consider important may not be documented and vice versa. Valuable time can be lost while another provider tries to piecemeal the events that led to the complication/reaction by referencing three different documents. Another obstacle to paper documentation is the clarity of the provider's penmanship and misuse of abbreviations.

Implementation of the EHR in the OR

The first issue that hospitals face is the acquisition of a computer-based system for use in the perioperative phase. The second issue that must be addressed is the transition from paper documentation to electronic records and the workflow changes that are associated with that process. The major obstacle that all facilities will face with the implementation of the EHR is the migration of numerous software programs and developing a common language that would enable their successful integration into one automated system. In other words, paper documentation is eliminated and replaced with **Perioperative Information Management Systems (PIMS),** encompassing perioperative anesthesia and nursing documentation.

Interfacing physiological monitoring systems with a PIMS allows for data such as blood pressure, pulse, oxygen saturation and EKG to be auto-populated into the patient EHR in real time. Depending on the type of system implemented, other data that can be auto-populated into the patient's EHR are ventilator settings, type and dose of anesthetic agents administered, cardiac output, BIS® monitoring and patient lab results. To capture the data, the facility must determine the infrastructure that will be used to support the PIMS. There are several options available; facilities that have a progressive IT department may opt to house, support and maintain the infrastructure on their premises. Other facilities may choose to connect a monitor to a computer through a serial connector and a multiplexer and either store it on a laptop or a "cloud." "Cloud computing" is an information technology service in which resources are retrieved from the internet through web-based applications rather than connecting directly to a server (Investopedia). Many facilities find it more cost-effective to pay monthly fees to outsource the management of their IT services.

How does it work?

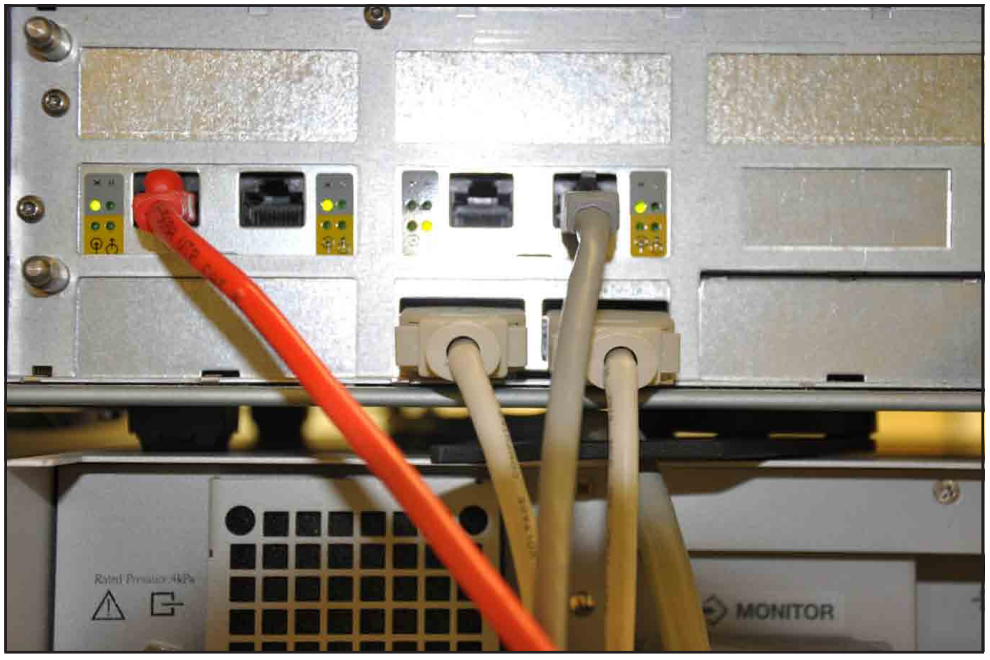
Think of the EHR as a data exchange system; the patient's entire medical history is stored on a server and is retrievable by a unique patient identifier. With a click of the mouse on a selected tab, the clinician has access

MORE

continued from page 8

to test results and/or complications developed from past medical procedures as well as a comprehensive list of prescribed medications and drug allergies. In comparison to paper documentation, the provider needs to leaf through multiple papers to find the required information. Another point to consider is the availability of the patient's paper chart; if this is their first visit to the facility, chances are that their records did not transfer with them. Another challenge that providers face is the timely delivery of patient charts from Medical Records, especially during off hours. Due to space restrictions, this department may be located in the basement or even in another building.

The PIMS streamlines information between numerous databases and medical devices to give the provider real time information so that rapid diagnosis and treatment can be administered. To accomplish this, there are many possible hardware, network and software configurations available. A computer may be installed in the OR (possibly mounted to the side of the anesthesia machine) and connected to a server through a data port or wireless network. Many of the physiologic monitoring devices currently in use are designed to operate on a network platform (ED, ICU, Cath Lab, etc.) The monitor is connected to a central processing unit (CPU) via a recommended standard 232 (RS232) cable. The RS232 cable is either a 9-pin or 25-pin cable that allows information to be transferred between a computer and external devices. Once the cable is connected it allows data to be transmitted to a server (a second data port is required) which then transmits the data to the PIMS. The CPU typically has several remote ports that will allow the integration of other monitoring devices; however the interoperability of devices from multiple vendors continues to be a significant challenge for an integrated EHR. Most modern day anesthesia ventilators have the capability to transmit ventilator



Above: The RS232 cable attached to the GE Healthcare Aestiva anesthesia machine. Below: data ports and RS232 cables receiving and transmitting data from the CPU.

settings to the PIMS and this is accomplished by connecting a RS232 cable to the ventilator that interfaces with the CPU.

Some vendors offer software for the AIMS that can be customized to the department/facility specifications and even allow for special notifications (lab tests are due) or prevent providers from indicating a chart is complete unless the required documentation has been completed and meets compliance criteria.

Benefits of the EHR

According to Ehrenfeld & Rehman (2011), there are three key areas that would benefit anesthesia departments with the implementation of PIMS: managing the patient, managing the department and managing the practice of anesthesia. Managing the patient encompasses the precise and legible recording of physiological monitoring thereby allowing the clinician to focus on the patient rather

continued from page 9

than on record-keeping which results in a precise recording of the patient's response to anesthesia (Ehrenfeld & Rehman, 2011, pg. 72). The departmental benefits include the ability to ascertain "supply cost for the provider, patient and procedure by providing more accurate billing, timeliness and compliance with regulatory issues" (Ehrenfeld & Rehman, 2011, pg. 72). Lastly, the practice of anesthesia can be monitored for "quality assurance and the tracking of individual provider performance" (Ehrenfeld & Rehman, 2011, pg. 72). Other benefits include the improved ability to conduct research; improved population health, and in the event of legal action, the automated record will provide "precise and unbiased documentation" (Ehrenfeld & Rehman, 2011, pg. 72).

Drawbacks

While there are numerous benefits to the EHR, studies show that there are drawbacks associated with the implementation of the EHR. Three of the biggest concerns are the costs associated with the acquisition and implementation of the EHR; the security/confidentiality/patient privacy issues; and the integration of numerous software programs. Another drawback is the unexpected downtime of the EHR for unplanned maintenance.

Summary

Let's face it ... the landscape of an operating room has undergone a transformation; what was once a room that contained an OR bed, surgical instruments and an anesthesia machine has now become more sophisticated. We employ radio frequency identification technology to track equipment and supplies; robotics to assist the surgical team, smart beds that employ pressure sensors to reduce bedsores, and the adaption to the EHR. What's next?

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Study Finds U.S. Hospitals Extremely Slow to adopt electronic health records, citing cost:

www.hsph.harvard.edu/news/press-releases/2009-releases/us-hospitals-extremely-slow-to-adopt-electronic-health-records.html

MDET: Another piece of the puzzle of the Affordable Care Act

The Medical Device Excise Tax (MDET) is scheduled to become effective on January 1, 2013. Estimated proceeds from the excise tax are estimated to raise $20-$30 billion over a ten-year period that will be used to finance the Affordable Care Act. The excise tax will equate to 2.3% of the sale price for medical devices and surgical instrumentation that is sold in the U.S. by the manufacturer, producer or importer of that device. To determine which devices will be taxed, the Internal Revenue Service refers to section 201(h) of the Federal Food, Drug and Cosmetic Act: "...device means an instrument, apparatus, implement, machine, contrivance, implant, or in vitro reagent that is recognized in the official National Formulary or U.S. Pharmacopeia"; basically any device intended for human use will be taxable with the possible exception of retail items purchased by the general public (eyeglasses, hearing aids, etc.) Devices and supplies that will be affected are:

- Medical equipment – not only purchased equipment, but also equipment that is leased and/or loaned as well as demo equipment.
- Surgical instruments
- Surgical supplies
- Custom packs
- Patient care products
- Procedural kits

The excise tax also applies to supplies and equipment used in clinical and medical research as well as the sales of medical software and IT systems.

While the legislation specifically states that the tax will be paid by the manufacturer, their increased cost of doing business will no doubt be passed on to the purchasers of the supplies/devices in some manner. The Massachusetts Medical Device Industry Council (MassMEDIC) surveyed senior executives of medical device manufacturers in February 2012 with the following results:

- 44% of respondents stated that their companies would pass the cost of the MDET onto the end users.
- 39% responded that they would absorb the cost of the MDET; implementing cost reductions such as reducing their workforce, cut R&D operations and/or outsource manufacturing.

The impact of this legislation on the administration of healthcare in the coming year will be interesting, especially for those manufacturers who intend to pass the MDET onto the consumer. Many hospitals have become part of a Group Purchasing Organization (GPO) to take advantage of discounted pricing. GPOs are typically funded by administrative fees paid by the participating vendors and/or membership fees paid by the participating healthcare entities. The fees are paid by either an annual flat rate, a percentage of the purchase price or a combination of both. The fees that the GPO collects and the rebates received by the participating healthcare entities are also subjected to the MDET.

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Helpful hints for the Recertification cycle ending December 31, 2012

"Membership" and "Recertification" are **not the same!** Membership dues (annual fee) are up for renewal **August 1, 2012.** Recertification fees (bi-annual) are due in **December** of your expired year.

If you are unsure of the process, ask **NOW,** not later.

Specific questions for Recertification must go to the Recertification Committee, not HQ. Email questions to **suec598@msn.com.**

Remember, CEs for use towards recertification must be whole hours.

If you are a member of ASATT and attended an ASATT-sponsored event, your CEs are recorded on the database.* **Do not submit a certificate** in addition to your database information — *there is **no double-dipping** of CEs!*

ASATT members must submit a copy of your database record regardless of whether or not you have earned CEs through ASATT. The Recertification Committee does not have access to your database.

Check your member database to be sure it is up to date. If it is not up to date, contact Alex at HQ: certification@asatt.org or 414/908-4942, ext. 123.

If you need CEs and plan on using the *Sensor* "Science and Technology" quizzes, complete them now so that they may be recorded on your database. This will also help you avoid costly delays in the processing of your recertification application. Quizzes submitted with recertification applications are processed by the Recertification Committee, not ASATT HQ.

If you have the required CEs needed on the ASATT database, you still need to submit a recertification application as well as the appropriate fees.

Individuals submitting CEs for lectures prepared and given must submit the following information: sign-in sheet that contains the names of attendees, your name as presenter, length of the lecture, date of the lecture and be on official hospital letterhead. A copy of the presentation must also be included, unless prior approval was obtained from the ASATT Continuing Education Committee. Remember, only five CEs will be accepted from this category; the majority of CEs earned must come from Category I.

ASATT HQ will begin to accept recertification applications on November 1, 2012. Please do not submit applications prior to this date.

If you are not planning on renewing your ASATT Membership, print off your CE database **NOW! Access to this information expires with your membership!*

There will be significant changes to the Recertification process that will go into effect January 1, 2013. The changes will be posted on the ASATT website and a blast email will be sent out. Be sure that your contact information is up-to-date!

2012 Annual Meeting: Another Huge Success!

Howzit Everyone!!!

We had a great Annual Education Meeting at the Omni Shoreham Hotel in Washington, DC, October 11-14, 2012. I would like to thank everyone who attended the meeting; without your attendance, it would not be a success. The vendor participation was tremendous. I hope that our attendees took advantage of their visit to our nation's capital. We were also blessed with beautiful weather. As you know, being from Hawaii, the temperature does not drop too low and I don't own a lot of clothes to keep me warm. It is not needed.

Robert Clemens led a group from Cincinnati Children's Hospital to present the first poster board in the history of the ASATT. They did a fantastic job creating their poster board, but they standardize the anesthesia carts and saved their facility a lot of money. I hope that we get more poster boards in the years to come. The hard work does have a reward, you get extra CEs. Something to think about!!

Our meeting consisted of a variety of topics. Some of the highlights included: a live ultrasound demonstration that was fed to the big screens by Dr. Thakar for everyone to see. Dr. Chao flew 4,000 miles to bring us current trends in OB Anesthesia. I thought that Patti Carlson did a great job reviewing the purchasing process that many of our facilities must follow, especially in this day and age of GPOs. Dr. Vater covered the problems and evaluation of anesthesia in obese patients. If you attended the meeting you received 13 CEs.

I thought we had a great discussion regarding ways to lower the cost of our meeting. This was an educational piece for everyone. Many of you do not realize how much it costs to hold the meeting. We had many suggestions and they will be discussed amongst the Board of Directors. One suggestion that can not be accomplished, the proposal of having everyone purchase their own food. Whenever a meeting is held, we must purchase a certain dollar amount of food, so we don't get charged for other things, such as the meeting rooms.

My year as President of this growing society has come to an end and I would like to thank those who voted for me to lead ASATT for a year. The society is on the rise and we will encounter growing pains. Everyone must be patient ... the Board is working on many different things. If you have any suggestions please feel free to email or contact any Board members. Also, if you send an email and do not get a reply shortly, please call or send another email. I have luckily found emails in my "spam" folder, but I do not scan this folder consistently. Then, if you don't get a response, it makes it seem like we don't care, but we cannot respond if we are not aware that someone send a query. I hope that I responded to everyone that contacted me. If I didn't, I apologize. This year has been challenging to say the least, but we have persevered and moved forward.

This is the last time that I will be addressing all of you. Thank you very much for having faith that I can help our society move forward. I hope that we have satisfied most of our membership. We must continue to drive our society onward. I humbly thank you for all of your support this past year.

Aloha,

Delbert

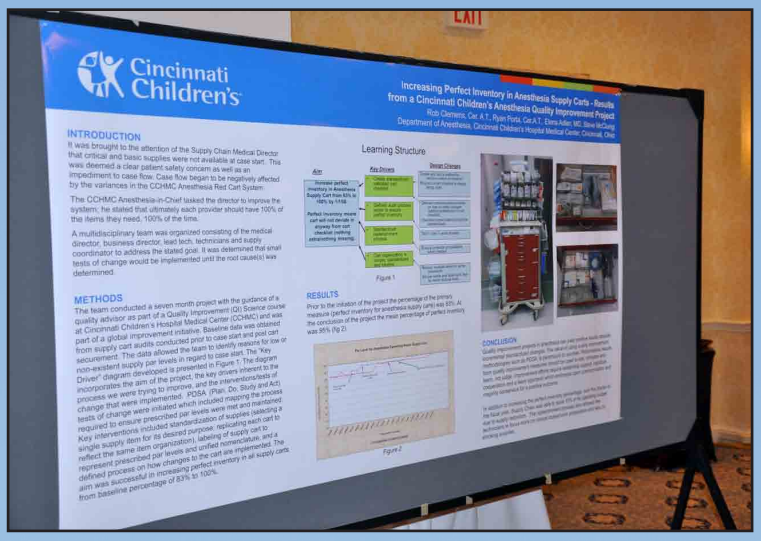
"Change is the law of life. And those who look to the past and present are certain to miss the future."
JOHN F. KENNEDY

"Always remember that the future comes one day at a time."
DEAN ACHESON

23rd Annual ASATT Educational Conference
Washington, D.C. – October 11-13, 2012

Above left: *Outgoing President Delbert Macanas, Cer.A.T., addressing conference attendees.* **Above right:** *Gail Walker, Cer.A.T. and Past-Presdient of ASATT (left), with Julie Anderson from Sharn, accepting the Judy Tomlinson Memorial Award.* **Below:** *Just one example of the breathtaking grounds at the Omni Shoreham Hotel in Washington, DC.*

23rd Annual ASATT Educational Conference



Poster (above left) was presented by (top right) Rob Clemens, Cer.A.T. (left) and Ryan Porta, Cer.A.T.

Members and vendors (above left) network during the day. Later, memberts dine together.

Owls never take their eyes off you at the Washington Zoo.

23rd Annual ASATT Educational Conference

Above: *Joey Herrera, Cer.A.T.T., participating as the live "prop" for Dr. Thaker's demonstration on the benefits of ultrasound.*

Below: *Members networking each other and with vendors at the Annual Meeting.*

2012 ASATT Awards

Regional Educational Awards

Region 1..... **Quentin Letson, Cer.A.T.**

Region 2.....**Charlene Costanzo, Cer.A.T.**

Region 3..... **Shana Branton, Cer.A.T.**

Region 4.....**Doctors Oxygen Service**

Region 5.....**Thomas Ralfs, MD**

ASA Liaison

Region 6.....**Albert Tagle, Cer.A.T.**

Region 7.....**John Rivera BA, MA**

"Science and Technology" Award

$1,500 and a plaque

Charlene Koch, Cer.A.T.

Judy Tomlinson Memorial Award

complimentary registration for 2011 Annual Meeting and $750 prepaid toward hotel expenses

Gail Walker, Cer.A.T.

Student Awards

complimentary registration for certification exam — $275 value

Alejandra Nieto
Pasadena College /
Kaiser Anesthesia Technology Program

Brittany Bakke
Renton Technical College

American Society of Anesthesia Technologists and Technicians

Education Conference
October 11-14, 2012

Washington, D.C.• Omni Shoreham Hotel

In Grateful Appreciation

Corporate Sponsors

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PLATINUM — SHARN INC. ANESTHESIA

BRONZE — Edwards Lifesciences

BRONZE — INTERSURGICAL COMPLETE RESPIRATORY SYSTEMS quality innovation choice

BRONZE — LMA™

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Dynasthetics

Belmont Instrument Corporation

LMA™

Edwards Lifesciences

INTERSURGICAL COMPLETE RESPIRATORY SYSTEMS quality innovation choice

Medtronic

NOVAMEDUSA

SALTER LABS

SHARN INC. ANESTHESIA

Teleflex MEDICAL

Who's Who

Otoniel Castillo, Cer.A.T.T.

ASATT Secretary

What is your current position?

I am currently a Didactic/Clinical Instructor at the Kaiser Permanente Anesthesia Technology Program.

How many years have you been in the anesthesia field?

I have been an anesthesia technician for 24 years.

What do you find the most challenging about your job?

The most challenging aspect of my current job is keeping a handle on the equipment that I am responsible for: 30 fixed anesthetic locations and two roving anesthesia carts.

What secret vice can you confess?

I like to tinker with electronics. Actually, it is a part-time obsession.

What has been your proudest accomplishment so far in life?

Having a family. Marring my wife and having three wonderful daughters. It is all about family for me.

What is your favorite food?

My favorite is a dish from Guatemala. It is called Jocón, it is a chicken soup stew made in a very green sauce. Yum!!

People would be very surprised to know that:

I play four different musical instruments: sax, clarinet, flute and bass.

What is your favorite type of music?

I love jazz and contemporary Christian music.

What is your favorite movie?

Star Trek II: The Wrath of Khan.

What goals, expectations or changes do you foresee being accomplished by ASATT?

The current advancement of our profession through education is one of the best things to have happened in 20 years. It's been long overdue. Indeed, the future looks very bright. I see our profession being licensed and technologist level being the norm in the not-too-distant future.

Your favorite book?

I have to say that my favorite of all time is Don Quixote.

Favorite television/movie character?

Star Trek's Mr. Spock.

What is your favorite genre of movies?

I am a sci-fi aficionado. *Star Wars, Star Trek,* etc.

What is the best vacation you've ever taken?

My favorite family vacation was our trip to Italy last year. It was simply amazing.

What is your idea of fun?

Playing music with my friends.

What is the craziest thing you have ever done?

My daughter and I kissed a stingray in Grand Cayman.

If given a choice, which animal would you want to be?

A hawk.

Why?

I fear heights. If I were a hawk, that fear would not be part of my nature.

What is your most favorite place in this earth?

Venice, Italy.

Paul M. Castaneda, Cer.A.T.

Region 6 Director

What is your current position?

Certified Anesthesia Technician.

How many years have you been in the anesthesia field?

Little over four years.

What has been your proudest accomplishment so far in life?

Obtaining national certification at such a young age.

What is your favorite food?

Menudo.

What is your favorite type of music?

Country, emo, and scream-emo.

What is your favorite movie?

I have several favorites: *Ladder 49, Saving Private Ryan, Old School,* and *Wedding Crashers.*

What goals, expectations or changes do you foresee being accomplished by ASATT?

Goals would be to help in the promotion of anesthesia technology, and push for advancement of scope of practice.

MORE

continued from page 3

continued from page 11

Your favorite book?

Night by Elie Wiesel.

What is your favorite genre of movies?

I watch all types of movies.

What is the best vacation you've ever taken?

My honeymoon to Coronado Island, California.

What is your idea of fun?

My idea of fun is playing with my kids and "getting down on some Xbox."

What is your most favorite place in this earth?

The Pacific Ocean.

David Foster, Cer.A.T.

ASATT Treasurer

What is your current position?

Anesthesia Tech Supervisor.

How many years have you been in the anesthesia field?

Five.

What do you find the most challenging about your job?

Juggling time appropriately between clinical and administrative duties.

What is your favorite food?

Mexican, by far.

People would be very surprised to know that:

I used to train llamas for a living.

What is your favorite type of music?

The Grateful Dead. They definitely qualify as both a band and a genre.

What is your favorite movie?

The Goonies.

What goals, expectations or changes do you foresee being accomplished by ASATT?

The further legitimization of our profession amongst other allied health professional groups.

Your favorite book?

On The Road by Jack Kerouac.

Favorite television/movie character?

Atticus from *To Kill a Mockingbird*.

What is your favorite genre of movies?

Documentaries.

What is the best vacation you've ever taken?

A recent, month long camping/road trip throughout Oregon with my family.

What is your idea of fun?

Good friends, good food, and strong drinks.

What is the crazie st thing you have ever done?

Become a parent. It's simultaneously the most stressful and fulfilling experience I have ever had.

What is your most favorite place in this earth?

San Diego, California.

Randy L. Harris, Cer.A.T.

Region 2 Director

What is your current position?

Lead Anesthesia Technician.

How many years have you been in the anesthesia field?

Seventeen years.

What do you find the most challenging about your job?

Getting everyone to buy in to doing things my way. [smile]

What has been your proudest accomplishment so far in life?

My kids and my Certifications.

What is your favorite food?

Lasagna.

What is your favorite type of music?

R&B.

What goals, expectations or changes do you foresee being accomplished by ASATT?

The education of the technologists and technicians.

What is your favorite genre of movies?

Comedy.

What is the best vacation you've ever taken?

Disney World with my family.

If you could have a luncheon with any three people (real or fictitious, from any time period, dead or alive), which three people would you choose and why?

President Obama and Bill Gates are people I admire for their accomplishments. I would also like to meet Tony Romo, one of my favorite Dallas Cowboy players.

What is your most favorite place in this earth?

Home in my bed.

American Society of Anesthesia Technologists and Technicians

Education Conference

August 8-10, 2013

Las Vegas, NV • Flamingo Hotel

TECHNICIANS PASSING THEIR CERTIFICATION EXAMS

AUGUST 2012

Ryan Andrews, Cer.A.T. ..... Region 6
Jihan Awadallah, Cer.A.T. ..... Region 4
Rachel Blaha, Cer.A.T. ..... Region 5
Terri Butler, Cer.A.T. ..... Region 5
Olivia Duong, Cer.A.T. ..... Region 7
Aneesha Edwards, Cer.A.T. ..... Region 4
Roderick Freeman, Sr., Cer.A.T. ..... Region 1
Eduardo Gonzalez-Godinez, Cer.A.T. .. Region 7
Akiela Hawkins, Cer.A.T. ..... Region 2
Shaun Johnson, Cer.A.T. ..... Region 2
Tammy Kapp, Cer.A.T. ..... Region 2
Jolanta Kras, Cer.A.T. ..... Region 6
Cynthia Leckey, Cer.A.T. ..... Region 3
Wendell Lewis, Cer.A.T. ..... Region 5
Jennifer Lindemann, Cer.A.T. ..... Region 4
Bobbi Oremus, Cer.A.T. ..... Region 7
Douglas Owusu, Cer.A.T. ..... Region 3
Van Phan, Cer.A.T. ..... Region 4
Dustin Rhodes, Cer.A.T. ..... Region 3
James Simpson, Cer.A.T. ..... Region 2
Jaskiran Toor, Cer.A.T. ..... Region 4
Jami Washnock, Cer.A.T. ..... Region 4
Dwight Williams, Cer.A.T. ..... Region 2

SEPTEMBER 2012

Kalanda Adcock, Cer.A.T. ..... Region 7
Javier Chow, Cer.A.T. ..... Region 3
Mary Cridlin, Cer.A.T. ..... Region 3
Casey Culpepper, Cer.A.T. ..... Region 5
Michael Deaton, Cer.A.T. ..... Region 3
Alex Fong, Cer.A.T. ..... Region 7
Nancy Gepraegs, Cer.A.T. ..... Region 7
Miroslaw Gluchowski, Cer.A.T. ..... Region 3
Roberto Gonzalez, Cer.A.T. ..... Region 7
Katie Hinzmann, Cer.A.T. ..... Region 3
Christopher Mahone, Cer.A.T. ..... Region 7
Shane MacDonald, Cer.A.T. ..... Region 7
Monica Montes, Cer.A.T. ..... Region 3
Travis Montgomery, Cer.A.T. ..... Region 4
Louilyn Morris, Cer.A.T. ..... Region 3
Selene Nieto, Cer.A.T. ..... Region 7
William Parker, Cer.A.T. ..... Region 6
Vince Sanders, Cer.A.T. ..... Region 6

SEPTEMBER 2012 *continued*

Jerry Shelby, Cer.A.T. ..... Region 6
David Smith, Cer.A.T. ..... Region 2
Kyle Tran, Cer.A.T. ..... Region 7
Tony Vick, Cer.A.T. ..... Region 3

OCTOBER 2012

Adrienne Baumann, Cer.A.T. ..... Region 6
Vanessa Colon, Cer.A.T. ..... Region 1
Loida Cruz, Cer.A.T. ..... Region 1
Anthony Farmer, Cer.A.T. ..... Region 3
Mary Gardner, Cer.A.T. ..... Region 5
Tia Gentry, Cer.A.T. ..... Region 3
Keona Hall, Cer.A.T. ..... Region 1
Tamicka Jones, Cer.A.T. ..... Region 5
Kyle Koop, Cer.A.T. ..... Region 7
Jerry Logsdon, Cer.A.T. ..... Region 3
Rizalina Manalansan, Cer.A.T. ..... Region 6
Elv sa Marrero, Cer.A.T. ..... Region 2
Samuel Mensah, Cer.A.T. ..... Region 1
Erika Monico, Cer.A.T. ..... Region 6
Paula Quinones, Cer.A.T. ..... Region 1
Anayeisy Riveron, Cer.A.T. ..... Region 1
Grainne Senier, Cer.A.T. ..... Region 6
Chris Shadis, Cer.A.T. ..... Region 1
Nona Steward, Cer.A.T. ..... Region 7
Seyla Tov, Cer.A.T. ..... Region 6
Nicolle Troyano, Cer.A.T. ..... Region 1
Feliciano Villalba, Cer.A.T. ..... Region 3
Lauren Vomero, Cer.A.T. ..... Region 1

TECHNOLOGISTS

AUGUST 2012

Yin Ye, Cer.A.T.T. ..... Region 5

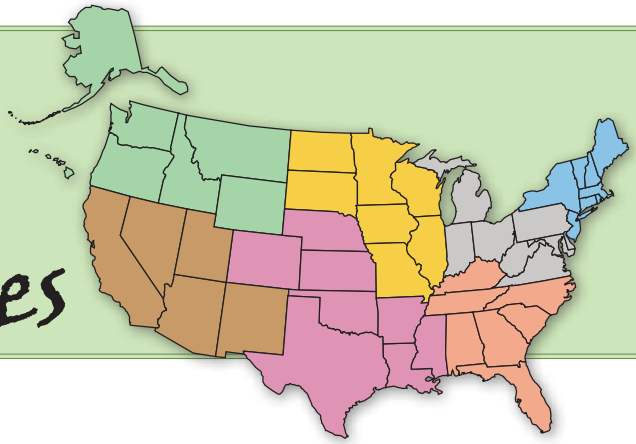
SEPTEMBER 2012

Kimberly Allen, Cer.A.T.T. ..... Region 2
Israel Bautistaminor, Cer.A.T.T. ..... Region 6
Latonya McGowen, Cer.A.T.T. ..... Region 5

OCTOBER 2012

Yacoub Yasin, Cer.A.T. T. ..... Al-Khobar

ASATT Regional Activities



REGION 1

CT–ME–MA–NH–NJ–NY–RI–VT
Director: Jonnalee Burgess, Cer.A.T.
Work: 603/650-6804 or 603/653-6031
Email: region1director@asatt.org

Well, here we are in the midst of the holiday season. As you are all aware, we had a horrific hurricane that hit the Atlantic City, New York, and other areas that are too numerous to mention. I do want our members who are in those areas to know that our thoughts and prayers are with them during this time. If there is anything that ASATT can do for you, please email or call me.

If this is your year to recertify, please do so as soon as you can. If you are late getting the paperwork in there will be late fees incurred. If it does not get to ASATT in a reasonable time, then you also may have to retake the test.

Dodie Krambeck has offered to do a meeting at Berkshire Medical Center, in Pittsfield, Mass. It is looking like the date will be in April; however, we will be posting a more definitive date on the web soon. So start making your plans now.

The Annual Meeting was well attended by Region 1 ... another successful meeting. If you have not heard by now, next year's meeting will be in August in Las Vegas as we will be following the AANA. This is new and exciting as they have been asking us for years to join their meeting. It was financially more advantageous for everyone and it will be a blast!! So start making your travel arrangements now. We will be at the Flamingo Hotel and the date is August 8–10. ***Vegas, here we come!!***

REGION 2

DE–IN–MD–MI–OH–PA–VA–WV
Interim Director: Randy Harris, Cer.A.T.
Work: 443/492-8928
Email: region2director@asatt.org

Hi Region 2 members,

It was so nice to have met so many of you at the Annual Meeting. Please look for upcoming information regarding our Regional Meetings in 2013

REGION 3

AL–FL–GA–KY–NC–SC–TN
Interim Director: Sue Christian, Cer.A.T.T.
Work: 615/343-7077 • **Fax:** 615/343-1966
Email: region3director@asatt.org

Greetings, Region 3 members!

As we go to print, ASATT HQ is in the midst of putting the finishing touches on the completion of our Annual Meeting. If you attended the meeting, please be sure that the credits you earned are reflected on your certification

MORE

SUBMITTING AN ARTICLE FOR SCIENCE & TECHNOLOGY

IN ORDER FOR SUBMISSIONS to be considered for publication as the **Science and Technology** *article, the following criteria must be met:*

- 2,000-word minimum.
- All references must be correctly formatted and cited according to the American Psychological Association (APA). Check out their website for helpful hints:
  http://owl.english.purdue.edu/owl/resource/560/01/
- Three (3) high-resolution images that pertain to the content. (If taken from a website, must have permission to reprint.)
- Minimum of ten (10) quiz questions in multiple-choice format. A combination of multiple-choice and true/false combinations will be accepted.
- Once received, the article will be checked for plagiarism by sophisticated software. If the article is returned with a score report of 5% or higher, the article is considered highly plagiarized and will be returned to the author for a rewrite, If the article is not corrected or if it fails the plagiarism check a second time, the article will be removed from consideration.

Should your article be chosen for publication, you are entitled to claim up to 3 CEs for use toward recertification on Form #3 of the Recertification Application. In addition, your article will qualify for the Science and Technology Award. (The award is decided by an independent committee outside of ASATT.) If chosen, the winner receives not only an award, but a check for $1,500. Articles submitted by sales representatives, CRNAs or MDs do not qualify for the award, should their article be published.

continued from page 14

database. This is especially important for those individuals who are due to recertify by the end of this year. While attendance was down this year, the Annual Meeting was successful in that many members once again had the opportunity to network with their peers as well as review the latest technology available to care for our patients. Our speakers did an excellent job with their presentations and many lectures included current practice and/or updates. I was also pleased that two of our Regional members were present to receive awards: Shana Branton from Hickory, N.C., received the Region 3 Educational Award, and Gail Walker was presented with the first Judy Tomlinson Memorial Award for practicing members. Congratulations to you both for promoting the field of anesthesia technology! If you have the good fortune to work with either of these individuals, please congratulate them as well as thank them for their service to the profession.

We are in the midst of the 2012 recertification cycle — please pay due diligence when completing your paperwork.

During our Regional breakout session in D.C., I was asked to try to hold a meeting in Charlotte, N.C., to capture a larger audience. I am only too happy to oblige, but I need your help in selecting a hospital that is willing to host a meeting. For those techs who look forward to a meeting at Vanderbilt, we will once again offer a seven-CE meeting. Due to the change in venue for the ASATT Annual Meeting (we will be in Las Vegas with the AANA) this year, it is especially important that we plan early. If you are willing to host a meeting, I am only too happy to have ASATT come to your facility.

Lastly, many of our members on the east coast have been through an ordeal with super storm Sandy. In the midst of trying to recover from that storm, they were hit again with a nor'easter. Much of Region 3 experienced heavy rain and strong winds but were fortunate not to experience the extensive damage that members in Regions 1 & 2 incurred. For our members, colleagues and their families that have been affected by these storms, please keep them in your thoughts and prayers, especially during this holiday season.

REGION 4

IL–IA–MN–MO–ND–SD–WI
Director: Cindy Zellner, Cer.A.T.
Work: 715/387-7179 • Fax: 715/387-5890
Email: region4director@asatt.org

Our ASATT Annual Conference in October was a great time had by all in our nation's capital. Luckily, it was held two weeks before Sandy arrived there. (And let's please keep all the affected people in our thoughts and prayers; many lives have been lost or forever changed.) For those of you who missed it, one thing of great note of importance is the conference for 2013. A trial change has been made. We have scheduled it to coincide with the AANA's meeting in 2013 instead of the ASA. So it will be held in Las Vegas instead of San Francisco and will be held August 8–10 instead of October. Watch the ASATT website for further details to register and make your plans early.

One thing I was a little disappointed about at the Annual Meeting was the lack of nominations our Region received for the Education Award; there were only a couple. PLEASE keep speakers from conferences, educators you have at the local level, companies you deal with in your day-to-day careers, and anyone else who has made a difference in furthering your education in the field of anesthesia in mind, and nominate them for this prestigious award. They would be so grateful. The forms are on the website, and we are reminded to get those nominations in.

Our Region 4 ASATT Conference will be held on April 20th in Marshfield, WI. This will be a one-day event with up to seven CEs available. I am in the process of getting speakers and vendors lined up, so if you have any particular presentations you would like, or know of any company reps that I should contact that have some great new technology in anesthesia, please let me know as soon as possible by phone or email.

And we are always seeking out new individuals to serve on the ASATT BOD and on the many committees we have to keep our organization going. New people are always welcome to keep the ideas fresh. Please consider volunteering and serving in any capacity you are able to.

If anyone has any questions, suggestions, or concerns, please feel free to contact me either by phone (715-652-3125) or by email (region4director@asatt.org).

REGION 5

AR–CO–KS–LA–MS–NE–OK–TX
Director: Charlene Koch, Cer.A.T.
Work: 720/777-6207
Email: region5director@asatt.org

Greetings, Region 5 members! I was so pleased with the National Conference in Washington D.C. The education was excellent. Those members who were able to attend were treated to some amazing presentations.

For the members who were unable to attend, the Board of Directors made the announcement that next year the National Conference will be held in Las Vegas in August, in conjunction with the American Association of Nurse Anesthetists. This is an exciting time for ASATT and our growth is really starting to show. Please mark your calendar and save the weekend of August 10th for ASATT!

The Region 5 Educational Seminar will be on April 20, 2013. Come and join us in beautiful Denver, Colorado. Children's Hospital Colorado has graciously offered us their auditorium and conference center. If anyone has specific suggestions of education topics, please email those suggestions to me. This is your educational seminar, your input matters. Please note that because the hospital that

MORE

continued from page 15

is offering to host the seminar is a Children's Hospital, the seminar is not pediatric-specific. The speakers that volunteer to speak come from various hospitals from the Denver area.

The Region 5 members from the Colorado area look forward to having all Region 5 members visit us in the spring. Don't forget to mark your calendars soon!

Renewal time is quickly approaching. Start the gathering of your renewal information now so the time doesn't sneak up on you too quickly. December gets very busy and you don't want to leave something as important as your renewal until the last minute. Check the website to make certain that the CEs that you earned at ASATT conferences are listed now. Verify that there are enough for your renewal. If you need more, don't forget that there are CE's available via the Science and Technology articles in the ***Sensor.*** Also, if you are at teaching facilities, there is often morning education available for residents and fellows. You may be able to get some education through those meetings. The education co-coordinator at your facilities may be able to help you. You will need to get a copy of the PowerPoint and a copy of the attendance sheet to send to the recertification committee. If you plan to go this route though, it would be wise to have a few extra hours available just in case something is not approved. You have time now. Don't waste it. Good luck!

I hope your holidays are filled with warmth and family. Best wishes to each of you and may the end of 2012 be safe and the beginning of 2013 be welcomed with peace.

REGION 6

AZ–CA–NM–NV–UT
Director: Paul Castaneda, Cer.A.T.
Work: 520/360-2055
Email: region6director@asatt.org

Hello! My name is Paul M. Castaneda. I currently work for Carondelet St Mary's Hospital in Tucson, AZ. I have been with Carondelet Health Network since 2007; pursued my career in the anesthesia department in 2009 and achieved certification in 2011. It has been my goal to reach out and be a part of ASATT ... to help others achieve their goals in the ever-growing field of anesthesia. As the Regional Director of Region 6, I gladly accept the opportunity to develop and implement new and more-efficient protocols and procedures, to provide knowledge to anesthesia professionals around the Region. I plan on having a Regional conference in early spring; details to come.

As a certified anesthesia technician and Regional Director, my goals are to become more involved with ASATT, promoting education, and to continue to provide valuable support to our customers, patients and anesthesiologists.

REGION 7

AK–HI–ID–MT–OR–WA–WY
Director: Joleen Bishop, Cer.A.T.
Work: 206/223-2391
Email: region7director@asatt.org

Greeting Region 7!

It has been an incredible year and our Annual Education Conference in Washington D.C. was the final punctuation. In review, we were fortunate enough to have three Regional meetings this past year and participation was good. This coming year looks to offer the same number of meetings for our members and I hope to see a stronger showing. The first meeting will take place in Seattle at Renton Technical College on Saturday April 13th. Stay tuned for more information on our first Regional meeting.

Now, on to the punctuation: At the Annual Conference in DC, Region 7 saw the ever-present and supportive leader Delbert Macanas pass the gavel on to the incoming president, Joey Herrera, and we honored John Rivera for his ongoing years of education service and support.

Also discussed at the Annual Business Meeting portion was a review of financials. This is done every year and this year we found ourselves in a deficit of $19,000. This was attributed to the high cost of the Annual Meeting sites. This reality leads the Board to make some tough decisions. In order to remain solvent, we needed to review all of our options. The parameters we held ourselves to in making the decision for next year's meeting was to find a more cost-effective location for both the organization and the members. This review led the Board to consider alternative locations for our Annual Education Meeting. This upcoming year (2013) we will be meeting in August at the Flamingo in Las Vegas. We will be meeting alongside the AANA, and I want to elicit your thoughts on how we are doing as an organization. Start planning now.

Talking about all of these meetings means there were many opportunities for CE credits and if you are a member and certified, the credits obtained at the Regional and Annual Meetings are tracked by ASATT HQ and make it that much easier to submit renewal paperwork in December. Also, if it is your time to renew your certification this December and you still need a few credits, you can visit the website www.AnesthesiaTechPearls.com (anticipated go live soon, if not already) for approved CE credits. This site was developed and produced by CRNAs with input from anesthesia technologists with an interest in supporting our needs in continued growth and education...so check it out.

Finally, we had a pretty exciting year and I hope as a Region we can remain engaged and interested as our profession and organization continues to grow. I would like you all to give some thought as to how you can be part of ASATT. I have heard from many of you over the past year and know you have great ideas just waiting to be put into action.

Peace and Season's Greetings!


WELCOME
TO Fabulous
ASA TMT
LAS VEGAS
NEVADA
August 8-10, 2013
Please join us next year

CONTINUING EDUCATION QUIZ

To test your knowledge on this issue's **Science and Technology** *article on page 6, provide correct answers to the following questions on the form below; follow the instructions carefully. Submissions for this issue's Quiz expire December 31, 2013. Achieve 80% in this quiz to earn one (1) Continuing Education credit.*

1. **An electronic health care record is documentation that has been composed by an individual for personal use.**
   ☐ True ☐ False
2. **The agency charged with protecting the health of all Americans is:**
   A. GPO C. DHHS
   B. ARRA D. FDA
3. **Specialized electronic forms that collect and store patient data during the perioperative period is:**
   A. AIMS C. HIT
   B. ARRA D. IT
4. **The broad term that is used to describe the use of computers to store, retrieve, transmit and manipulate data is:**
   A. HIT C. IT
   B. CPU D. EMR
5. **The organization responsible for collecting the MDET is the:**
   A. FDA C. GPO
   B. IRS D. All of the above
6. **An area that would benefit from the implementation of the EHR is:**
   A. Management of the patient
   B. Management of the practice of anesthesia
   C. Management of the department
   D. All of the above
7. **Hospitals participating in a GPO will not be subjected to the MDET:**
   ☐ True ☐ False
8. **The RS232 cable is available in two different configurations: a 19-pin and a 25-pin.**
   ☐ True ☐ False
9. **The MDET applies to all of the following except:**
   A. Custom packs
   B. Surgical instruments
   C. Procedural kits
   D. None of the above
10. **Cloud computing is a stand-alone computerized medical record that is local to a specific facility/ physician's office.**
    ☐ True ☐ False

To apply for Continuing Education/ Contact Hours:

(1) Provide all the information requested on this form.

(2) Provide the correct answers to this issue's quiz in the box *(right)*

(3) Mail this form along with $10.00 (check or money order, payable to ASATT) to:

ASATT
7044 South 13th Street
Oak Creek, WI 53154-1429

The answers to the Fall 2012 Continuing Education Quiz are:
(circle correct answers)

1: T F	6: A B C D
2: A B C D	7: T F
3: A B C D	8: T F
4: A B C D	9: A B C D
5: A B C D	10: T F

Name_____ **ASATT Number**_____

Street Address_____ **Phone** _____

City_____ **State** _____ **ZIP Code** _____

Signature_____ **Date** _____

ASATT Calendar

December 2012

2011 Recertification expires ..... December 31

January 2013

$25 Late Fee initiated for Recertification paperwork ..... January 1

Grace period for Recertification ends ..... January 31

March 2013

Anesthesia Tech Day ..... March 31

April 2013

Region 7 Educational Meeting, Renton Technical College, Renton, WA..... April 13

Region 4 Educational Meeting, Marshfield Clinic, Marshfield, WI..... April 20

Region 5 Educational Meeting, Denver, CO..... April 20

American Society of Anesthesia Technologists and Technicians
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