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Outlook for the Advanced Nursing Practice:
A perspective of the CRNAs in the United States

김회숙(Haisook Kim)

RN, B.S.N., M.S. A.P.N., C.R.N.A., Faculty

Nourhwestern Memorial Hospital, Chicago, Illinois

h-kim7@northwestern.edu

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On January 1, 2002, the Illinois Society for APN was launched under the guidance of eleven APNs from all over the state who served as a steering Committee. The birth of such an organization was eagerly anticipated by many APNs in Illinois.

Building on the work of the Steering Committee, the Board of Directors quickly articulated their vision for ISAPN in terms of four priorities:

- 1. Diversified membership base
 - 2. Financial stability
- 3. Legislative/political presence
- 4. Successful marketing campaign

Much of progress has been made towards all four priorities. ISAPN's membership is, indeed, diverse as it encompasses

certified registered nurse anesthetists, certified nurse midwives, certified nurse practitioners, and clinical nurse specialists.

ISAPN rapidly established its legislative and political presence in just one session of the Illinois General Assembly by the passage of an amendment to the School Code that allows APNs to sign school physical forms and the APN license-pending bills.

All of these milestones are evidence of a successful marketing campaign, as will as the offering of a women's health conference in Bloomington and Chicago made possible by co-sponsors Wyeth.

We are celebrating Unity and Diversity.

THE ROLE OF THE ADVANCED PRACTICE NURSE IN THE MANAGEMENT OF RHEUMATIC DISEASE

The role of the Advanced Practice Nurse(APN) is to provide preventative care and treatment and to participate in the management of acute and chronic illnesses using advanced clinical skills, diagnostic reasoning, and advanced therapeutic interventions.

APNs demonstrate a high level of independence and clinical expertise in the management of rheumatic diseases. APNs integrate education, research, management, leadership, and consultation into their clinical roles.

What Does the APN Do?

The APN assesses patients' health status through comprehensive health histories, physical examinations, and interpretation of appropriate diagnostic tests. The APN formulates patient diagnoses and with the patient identifies outcomes in order to manage health problems, maximize functional abilities, prevent or

minimize disabilities, and promote health maintenance. Collaborating with the patient and family, and other health care professionals as needed, the APN develops an appropriate plan of care to attain individualized expected outcomes, prioritizing multiple needs.

The APN prescribes, orders, and implements interventions and treatments identified in the plan of care, including: prescribing pharmacologic and nonpharmacologic interventions, in accordance with state law; providing patient family education and counseling; and initiating referrals to other health care providers.

The APN evaluates and documents patient/family progress toward attainment of expected outcomes and provides consultation to other providers to optimize the plan of care and affect system change. The APN provides comprehensive clinical coordination and case management and acts as an advocate for the patient and family within the health care facility, the community, and the legislative arena.

NURSE ANESTHETISTS AT A GLANCE

Nurse anesthetists have been providing anesthesia care in the United States for over 125 years.

Certified Registered Nurse Anesthetists(CRNAs) administer approximately 65% of the 26 million anesthetics given to patients each year in the United States.

According to a 1999 report from the institute of Medicine, anesthesia care today is nearly 50 times safer than it was 20 years ago.

As advanced practice nurses, CRNAs practice with a high degree of autonomy and professional respect. They carry a heavy load of responsibility and are compensated accordingly; the median annual income for a CRNA in 2001 was approximately \$113,000 based on the AANA membership survey.

CRNAs practice in every setting in which anesthesia is delivered traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, and plastic surgeons; and U.S. Military, Public Health Services and Veterans Administration healthcare facilities.

In some states, CRNAs are the sole providers in nearly 100% of the rural hospitals.

Legislation passed by Congress in 1986 made nurse anesthetists the first nursing specialty to be accorded direct reimbursement rights under the Medicare program.

EDUCATION AND EXPERIENCE REQUIRED TO BECOME A CRNA

- * A Bachelor of Science in Nursing or other appropriate baccalaureate degree.
- * A current license as a registered nurse
- * At least one year of experience as a registered nurse in an acute care setting.
- * Graduation with a master degree from an accredited nurse anesthesia program. Anesthesia programs range from 24-36 months, depending upon university requirements.
- * All programs include clinical training in university-based or large community hospitals
- * Pass a national certification examination following graduation.

STATES THAT REMOVED PHYSICIAN SUPERVISION FOR NURSE ANESTHETISTS; ANESTHESIA SAFETY REMAINS AT ALL-TIME HIGH

Iowa

Monta	ana
Oreg	on
Alasi	ka
Washin	gton
North D	akota
Kans	as
New Mo	exico
New Ham	ıpshire
Minne	sota
Idah	10
Nebra	ska