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Demystifying the Anesthesia Care Team

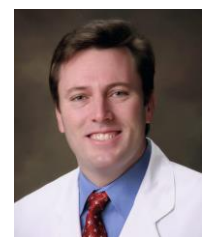
If your daily practice experience is anything like mine, at some point during your day you will find yourself explaining the "anesthesia care team" to a patient. In other fields of medicine, patients are very used to physicians working with nurses and they have become used to the idea of nurse practitioners being involved in their healthcare. Patients assume and expect that a physician is in charge of their care. Such is the case for the delivery of anesthesia. The Anesthesia Care Team (ACT) is no different from any other team approach in healthcare.

For some reason, the interaction between nurse anesthetist and physician anesthesiologist seems to be confusing to some patients, and even to other healthcare providers. When I explain the ACT approach to patients, administrators, and policy makers I often use the comparison to the intensive care units. In those settings, the critical care physician prescribes and directs the care that

the ICU nurse carries out. The ICU physician may be at the patient's bedside only once or twice a day but he or she is updated by nurses for any questions or deviations from expectations. Such is the case in the operating room, although we probably are in our patients' rooms a far greater percentage of time in our compressed care setting. Additionally, we are always immediately available to respond to any emergencies that may develop.

Our responsibility as physician anesthesiologists and leaders of the ACT, is to educate our patients on how their anesthesia care will be delivered. If we are not delivering anesthesia care directly, we expect that while we are not physically present in the operating room, our physician extenders, the nurse anesthetists, are monitoring our patients and notifying us of any questions or deviations from the expected anesthetic and surgical course. In highly functional and efficient

teams such as the ACT, there must be a clear understanding of the roles of the team members, honesty, and very effective communication in all directions. The physician anesthesiologist may be involved in other patients' care and must rely on the expertise of the team members to recognize developments that are important, and to relay those events to the physician anesthesiologist. The anesthesiologist must be responsive to the changes and use diagnostic skills to determine if adjustments or treatment is needed. As with any team there must be a clear leader and in our case it is us, the physician anesthesiologists.



Kraig de Lanzac, MD is President, Louisiana Society of Anesthesiologists & Alternate Director, ASA Board of Directors

Save the Date for the LSA Annual Meeting!

louisiana society of anesthesiologists **2015**
Annual Meeting
November 20-21
Renaissance New Orleans Pere Marquette Hotel
New Orleans, LA



Follow @LSA_HQ on Twitter!

Greetings from the Shreveport District!!



Katherine Stammen, MD is an assistant professor of anesthesiology, LSUHSC-Shreveport

"The only thing constant is change," a quote from Heraclitus from about 500 BC, remains true today. To echo the comments from the previous district highlight, change has been constant in the Shreveport district as well, especially regarding the LSU hospital and Biomedical Research Foundation/ University Health merger two years prior. Changes in funding and administration have led to a streamlining in the department and a reinstatement of anesthesiologists at the forefront of efficiency. As a residency program that recently graduated six residents, three of which chose to continue their education in fellowship positions and three that

have moved on to private practice, we consistently see evolution of our residents from novice interns to consultant anesthesiologists. Our program continues to expand and now accepts eight residents per year.

Recently we hosted our first "Update in Airway and Critical Care Management," which was a combined anesthesiology and head and neck surgery conference, and included nationally recognized guest speakers as well as hands on simulation workshops. We are preparing for our Annual Regional Anesthesia conference in the fall. Our residents have recently started rotating at Willis-

Knighton hospital for more intensive cardiovascular and transplant anesthesia exposure. Our residents also rotate at Shriners Hospital and Overton Brooks VA medical center as well. We have had the opportunity to send our two chief residents to the ASAPAC meeting this past May and they have returned with information that has alerted their co-residents to the importance of advocacy for their chosen profession. We are therefore very proud that for the first time in our department, we have reached 100% resident participation in the ASAPAC! We look forward to seeing everyone at the LSA meeting in November.

"We do anticipate that legislation regarding Sedasys machines may be pushed by J&J during the 2016 general session."

Capitol View: from Haynie and Associates

The legislature has left Baton Rouge for the summer and are back in their districts campaigning for the October 24th open primary elections. All 144 legislators and all statewide offices including Governor are up for election this year. Unless a candidate gets a majority, the top two vote getters in each race on October 24th, regardless of party, make the November 21st runoff. Once elected, legislators and the Governor will be sworn in early January 2016 and around that same time, we will learn new committee assignments and chairpersons for the next four years. Financial woes continue to plague

Louisiana, with oil prices remaining low, and we anticipate that a special session will be called to find new revenues (taxes) in early 2016 to balance the anticipated budget shortfall. Anesthesia issues most important to the Society have remained quiet at the state legislature, but we do anticipate that legislation regarding Sedasys machines may be pushed by Johnson and Johnson during the 2016 general session, which begins March 14th. The Sedasys issue will need to be reviewed by LSA so we are properly prepared to take a position during the 2016 session. Scope of practice and physician-led

medicine issue will remain our concentration going forward and your participation in the elections are extremely important. LSAPAC contributed to and attended a fundraiser in July to support the Chairman of the House Health Committee Scott Simon. Please consider making a contribution to the LSAPAC, as election time is when your contributions are needed the most. Please don't hesitate to email me at ryan@haynie.com with any questions regarding the elections currently under way, and please consider joining our new **legislative relations sub-committee** to be get further involved!



Ryan K. Haynie is managing partner, and co-owner of the Baton Rouge-based lobbying firm, Haynie and Associates.

Myers, Ericson-Neilsen Know *When Seconds Count*



Joseph Koveleskie, MD is Member-at-Large, LSA Board of Directors and LSA representative to the ASAPAC.

"Each of us have...literally saved [a] life...we do it every day...so it seems routine. To the public, however, it is anything but."

Ochsner residents Thomas TJ Myers and William Ericson-Neilsen took top prizes in a When Seconds Count, Physician Anesthesiologists Save Lives story contest recently. Myers received the First Prize, a 5th edition Morgan & Mikhail's Clinical Anesthesiology textbook. Ericson-Neilsen took Second Prize, a set of Morgan & Mikhail's Clinical Anesthesiology Flashcards. Both prizes were provided and autographed by author and my former attending from L.A. County + University of Southern California Medical Center, Dr. G. Edward Morgan himself.

I was inspired to create the contest for Ochsner's residents by the stories I heard at [ASA's When Seconds Count website](#). Past ASA president Jane

Fitch and others have given powerful and moving accounts of situations where they have intervened to save someone's life in their daily jobs. Each of us as a physician anesthesiologist has many stories where we too intervened to make a real difference in the care that a patient received, and literally have saved their life. We don't think of it that way because we do it every day and so it seems routine. To the public however, it is anything but mundane. The When Seconds Count initiative was created by the ASA to let the public know what we as physician anesthesiologists do and that it does matter.

12 Ochsner residents submitted their personal

stories for the contest. Three independent judges read the stories and chose the top two. Both of these residents wrote memorable and engaging stories by using personal experiences and describing them in enough detail, but without too much jargon, so that a non-anesthesiologist could understand and be drawn in to the drama of the tale. Both of the winning stories will appear in forthcoming newsletters.

Submit your own When Seconds Count, Physician Anesthesiologists Save Lives story here:

<http://www.asahq.org/WhenSecondsCount/submitstory.aspx>

Residents' Perspectives



Zeeshan Malik, DO is an anesthesia resident at LSU-HSC Shreveport

Physicians study for hours and days on end to become specialists in their field. Even after becoming board certified, we are still required to take re-certifications and CMEs to keep our knowledge up to date. This trend of growth and keeping up with the current and cutting edge is also seen, but exponentially so, with technology. We live in a time of thriving technological advances that have broadened our horizons. Every time I step into any tech store, I'm taken aback by new innovations that I did not

even know were plausible. As anesthesiologists and for physicians in general, we must find ways to incorporate these evolving trends to help medicine advance. But how can we do so? We are always working, have little time, and we haven't been trained in computer engineering or C++ coding. Having been raised in a family of physicians, I can recall countless hours sitting with my aunts and uncles, and all we spoke of was medicine- which is good in a way, but it also can become a

bottleneck of knowledge to a certain extent. In order to accomplish this difficult task, we need to go out of our way to sit down with people completely outside the realm of medicine. Converse with a lawyer, an app developer, a software engineer, a teacher, an accountant, or an entrepreneur. Open both their minds and yours to the voids and possibilities! Who knows what can be done with that mindset... next stop Shark Tank?

Monthly Article Highlight – from Gambit

Louisiana Gov. Bobby Jindal signs medical marijuana bill- State prepares for growing and dispensing pot

**By: Alex Woodward
BestofNewOrleans.com | Gambit**

Louisiana may soon be the first state in the South to go green. Medical marijuana — which technically was legal in Louisiana for years without any legal framework — now has the infrastructure for production and distribution in the state.

Senate Bill 143 by state Sen. Fred Mills, R-New

Iberia, has been named the Alison Neustrom Act, after the daughter of Lafayette Sheriff Mike Neustrom. Alison died in 2014 after a yearlong battle with pancreatic cancer.

On June 29, Gov. Bobby Jindal signed into a law a measure that provides for a state-sanctioned grow site and a permitting process for dispensaries. Louisiana State University and Southern University have right of first refusal on hosting the state's grow site, and the state Department of Agriculture and Forestry will oversee production. The Louisiana Board of Pharmacy is in

charge of licensing dispensaries.

Louisiana will join more than 20 other states where medicinal marijuana is legal, but it won't be an overnight change. Government agencies will spend the next year drafting recommendations and reports for the state Legislature before doctors begin writing prescriptions.

Medical marijuana advocates also are concerned that the measure's language — just one word in the bill — could set it up for failure. The bill refers to "prescriptions" for the drug rather than

"recommendations," splintering from similar legislation in other states and potentially drawing unwanted attention from the Drug Enforcement Agency. Nevertheless, the effect is the same: Patients with a "recommendation" for medically approved pot will be able to receive it from government-approved and licensed dispensaries.

Originally published by BestofNewOrleans.com | Gambit and reprinted with permission.

For the online article, [click here.](#)

Member Highlight: David Broussard, MD



I'm honored to be featured in the Member Highlight section of our newly overhauled LSA Newsletter. It's been really exciting to participate in the grassroots momentum building here in Louisiana over the last couple of years, and this newsletter is an important part of keeping that going!

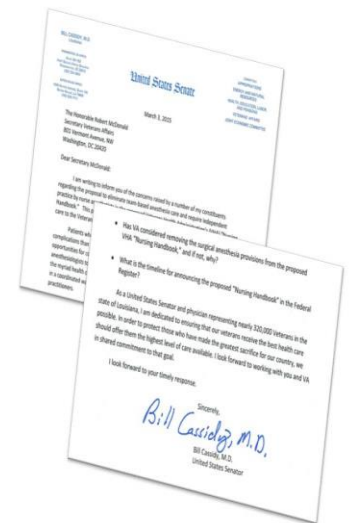
As for me, I attended undergraduate and medical school at LSU and later completed an MBA at Tulane. Following my Anesthesiology training at

Ochsner, I came on staff as a founding member of the Cardiac Anesthesiology specialty team and recently completed a five-year term as Program Director for the Adult Cardiothoracic Anesthesiology Fellowship. In my current role as Vice-Chair of the System Department, I help support the operative practices in the community hospitals and have grown the Interventional Pain group from a low of two physicians three years ago to eleven as of this summer. Outside of work, I enjoy cooking/food and adventure sports like hunting, sailing and flying. I grew up flying planes out of my parents grass strip in the country, and pictured here are my

daughter Amelia and I flying near my parent's home earlier this year!

Now in my second term as ASA Director on the Board from Louisiana, my energies the last several years have appropriately focused on federal activities. I think the most important accomplishment of our LSA team this past year was helping to get Bill Cassidy, MD elected to the United States Senate. Senator Cassidy has already taken a bold step in support of patient safety by writing a letter to the Secretary of the VA promoting safe care in the operating room for our Veterans.

- David Broussard, MD



UPCOMING EVENTS

Louisiana Society of Anesthesiologists
Janna Pecquet,
Executive Director
2420 Athania Pkwy, Suite 101
Metairie, LA 70001

PHONE:
(504) 841-0145

FAX:
(504) 841-0572

E-MAIL:
janna@lsa-online.org

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| LSA Monthly Article Submission Deadline
<i>Email submissions to janna@lsa-online.org</i> | August 15, 2015 |
| ASA Annual Meeting (San Diego)
<i>For more information click here</i> | October 24-28, 2015 |
| LSA Meeting Abstract Submission Deadline
<i>To submit an abstract click here</i> | September 15, 2015 |
| LSA Wine-Tasting Social (New Orleans) <ul style="list-style-type: none">• <i>For more information click here</i>• <i>To pay online click here</i> | November 20, 2015 |
| LSA Annual Meeting (New Orleans) <ul style="list-style-type: none">• <i>For more information click here</i>• <i>Register for the Annual Meeting click here</i> | November 21, 2015 |

We're on the Web!

See us at:

<http://www.lsaHQ.org>



Follow us on Twitter @LSA_HQ!



Like us on Facebook- Louisiana Society of Anesthesiologists!

Have any events to add? Interested in submitting an article for this newsletter? Want to get more involved with the LSA?

Contact:

janna@lsa-online.org