## Garry Brydges, CRNA, DNP, ACNP-BC, MBA

## 1. What would be your tactic on a nationwide stance regarding the use of AA's?

Although the AANA has not taken a stance on the AA issue, neutrality does not equate to non-action. This past year I donated to the state PACs in Texas, California, South Carolina, Illinois, and Oregon to help these states defeat the 2015 AA Bills presented in each of these states. Furthermore, I provided testimony before the Texas Public Health Committee and Texas Senate in opposition to the AA Licensure Bills in Texas. After testimony before the Senate, Senators and AAs approached to inform me that my testimony was the most damaging to AA licensure in Texas and across the United States. You may watch my testimony on April 7 and 15, 2015 at <a href="http://tlcsenate.granicus.com/MediaPlayer.php?clip\_id=9701">http://tlcsenate.granicus.com/MediaPlayer.php?clip\_id=9701</a> scroll to 02:16:30. Finally, I provided California with 10 years of testimony against AA licensure to help in their successful battle against the California bill this year.

I feel strongly, as a leader, one must represent our members and our profession through action on issues, such as the AA licensure bills. With the utmost sensitivity to restriction of trade, my tactic is to provide states with the resources in battling these challenging legislative bills. We still have more work to complete through federal agencies like CMS, hospital administrators, hospital associations, surgeon professional societies, and nursing organizations (i.e. AORN). Many of these entities and individuals require education on the AA issue, and collaborative efforts will strengthen our message as CRNAs. Through education and collaboration, these entities are crucial to minimize or eliminate AA licensure across the nation. Another entity is education and collaboration with insurance carriers. Identifying high levels of insurance premiums for less educated providers can be a useful tactic to explore from an economic perspective. Another tactic includes formal evaluation of creating a track for current AAs to become CRNAs. Although challenging, effective leadership will identify solutions. Again, I led a team in Texas whom sat with the AAs to explore an opportunity to develop AA-to-CRNA bridge programs, which was received extremely well. With my broad education background and leadership experience, I can turn these tactics into reality.

My vision is to engage every member in developing innovative approaches toward the AA issue. My experience is that many CRNAs are frustrated with the ensuing AA licensure bills, but struggle to verbalize a clear effective strategy in counting AAs. Thus, we must develop our strategy and educate every CRNA on more innovative approaches to the AA issue.

## 2. How will you assure members that the AANA and NBCRNA relationship regarding the new CPC program will stay positive?

Historically, many members (including the NBCRNA) acknowledge the strained relationships between the AANA and NBCRNA. Trust was eroded, and today we are slowly rebuilding that trust over time. I can assure accountability occurs between to two organizations. In fact, I have had that responsibility as the liaison to the NBCRNA for a second term. Fostering positive relationships entails a balance of teamwork and crucial conversations, which enhances trust and respect between the AANA and NBCRNA. A commitment to change, such as the CPC, requires input from all stakeholders. The CPC will undergo a transformation moving forward into the future. My vision is a reunification of a strong trusting relationship, increased transparency, and enhanced engagement from our members. We are witnessing some of these

strategies such as the member elected director to the NBCRNA. Our liaisons to each BOD and CE committee are a positive start to our rebuilding. However, we can continue to enhance our efforts through more membership engagement. We must increase membership participation through leveraging technology, think tanks, and routine participation at our meetings.

## 3. What is your stance with regard to the flawed implementation of resolution 2014-2?

As a leader, I look to molding the future. Moving forward, what can I actually influence or impact. The past, such as the implementation of resolution 2014-2, serves as baseline to learn from and move forward into the future. As outlined by the AANA counsel, the legal interpretation defined the implementation of resolution 2014-2. More importantly, the NBCRNA and the CPC Program – as stated above – is a developing program. All will agree, the program is not perfect. However, enhancing our communication, trust, partnerships, and strategic approach to changes in the recertification process is paramount. My stance is one of market competition. We are witnessing AAs taking job positions typically filled by nurse anesthetists. Therefore, professionally we must focus on strategies to ensure nurse anesthetists are the most cost-effective, highest quality anesthesia provider in the healthcare marketplace. We must hold ourselves to higher standards than anesthesiologists and AAs, which is in part achieved through newer recertification methodologies.

My vision is to move forward and make progress, with maximum membership engagement. My focus is not on the past, but to evaluate the past and utilize those opportunities to enhance the future with respect to the recertification process. For example, the increase in continuing education credits is a concern for some members. If you search my name on the FaceBook page: CRNAs and SRNAs you will find some of my content on 12-Lead ECG interpretations. I have been working with sponsors to offer free continuing education credits to our members, which is focused on mobile platforms and consistent with the directions set forth by the CPC program. The NBCRNA is, in fact, watching the progress of this concept with some interest. This is only one example, which has achieved significant membership engagement, enabling members to determine content consistent with key elements for recertification. Although we all concur with the challenges of our past (i.e. resolution 2014-2 implementation), but I am focused on creating solutions for the future.