Is it possible that ASPAN is beginning its 30th year? In 1980, gasoline cost an average of $1.19 per gallon. A first class stamp was only 15 cents. By using the car radio or a compact cassette, we listened to the rock group Blondie. We mourned John Lennon. Home computers were in their infancy and many rushed home to find out: “Who shot JR?” Post-it® Notes debuted. Camcorders and fax machines became popular. Ronald Reagan was elected the 40th President of the United States. Memorably, Mt. Saint Helens erupted.¹

Fast forward…today’s astronomical increases in cost-of-living require no explanation. The world watches as the first African-American presides as the head of the United States. Children born today will be raised in a post 9/11 society. Over the years, technology and cultural influences have changed the face of daily life. More than one billion personal computers have been sold since the mid 1970s.² Communication is instantly initiated through our fingertips, a whisper, and retinal recognition. Computers now fit in our pockets!

Remember perianesthesia life back in 1980s? Patients having ‘routine’ tonsillectomies were admitted to the hospital the day before the procedure and likely stayed several days. Pulse oximetry was a luxury to be shared amongst only the neediest of patients. PACUs were ‘closed units’ and visitors were forbidden. Early laparoscopic procedures often took hours. Fortunately, as perianesthesia nurses, we ride and master the tides of change. Today, the number of outpatient surgery centers nearly equals the number of general hospitals,³ pulse oximetry is a state of common practice, and the PACUs have revolving doors.

Today, ASPAN is no longer managed by outside agencies. Membership has grown to over 13,000. Specialty Practice Groups have multiplied. In the past 30 years, ASPAN has moved from dependence to independence. This year, we celebrate the purchase of a standalone building, a new home for ASPAN, in which its future business will be conducted by an expanding staff. This is truly a milestone worthy of commemoration!

2010: Looking Back
It is with gratitude that I look back at the past 12 months. I was elected as the primary representative and spokesperson for ASPAN. My goal for the term was simple: to explore and create ways to restore balance to the ASPAN ecosystem. Volunteer members were aligned with personal goals for committee involvement. Liaison appointments were evaluated and new liaison connections created to be nourishment for the growing scope of perianesthesia practice. Select ASPAN members hold appointed memberships in the National Association of Clinical Nurse Specialists, the American Society of Pain Management Nurses, the Association of Radiological and Imaging Nurses, the Association of Women’s Health, Obstetric and Neonatal Nurses, and the American Nursing Informatics Association, to name a few.

ASPN has been able to sustain and generate new shoots for growth through ongoing influence among healthcare partners. Its visibility as the premiere organization for perianesthesia nurses was maintained through attendance at associate organizational meetings including the American College of Surgeons, the American Society of Anesthesiologists, the American Association of Nurse Anesthetists, the Nursing Organizations Alliance, the Council on Surgical and Perioperative Safety, and the American Board of
Perianesthesia Nursing Certification. In addition, ASPAN’s voice remains at the table for the Surgical Care Improvement Project and the communication committee of the Post Graduate Assembly of the New York State Society of Anesthesiologists, and it has strong representation with the Americans for Nursing Shortage Relief Alliance.

ASPA’s limbs now branch successfully into international territories. ASPAN was represented by influential leaders at meetings of the British Anaesthetic Recovery Nurses Association, the National Association of PeriAnesthesia Nurses of Canada, and the Irish Anaesthetic and Recovery Nurses Association. The 2009 People to People delegation, a global organization that fosters networking and international goodwill, was led by an ASPAN past president into South Africa. The International Conference Strategic Work Team continues to explore the possibility of an international perianesthesia conference.

ASPA’s three primary mission teams conducted active, productive schedules. Education has provided multiple seminars and amazing National Conference planning. Research continues the process of exploring and identifying the scientific basis for perianesthesia practice. Clinical Practice remains steadfast in the commitment to respond to hundreds of queries each month. Lastly, the components, the basis of our roots and foundation, have been busily supporting ASPAN’s initiatives. Since early fall 2009, there have been 32 component-sponsored meetings and nearly every component was represented at the annual Component Development Institute hosted in coastal Maine.

The advances in perianesthesia practice and the accomplishments of ASPAN have been entirely a result of your ongoing commitment to excellence in perianesthesia patient care and your passion for your professional organization. Bravo.

2010: Looking Forward
I wish to pay tribute to each of you for your support, friendship and examples of what it means to share passion and commitment. Thank you for your many notes of appreciation, words of encouragement, sharing of resources and, most importantly, your time. I am certain that ASPAN’s future promises bright and energetic leaders. With a healthy and solid organization, ASPAN’s core purpose to advance the unique specialty of perianesthesia nursing will be realized.

We have been wise to follow the Advice from a Tree: “Stand tall and proud, sink your roots deeply into the Earth … seek nourishment from the good things in life, simple pleasures, earth, fresh air, light … let your limbs sway and dance in the breezes, be flexible, remember your roots.”

Thank you for a fabulous year!

REFERENCES