



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

Visioning for Clinical Practice

July/August 1999

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ASPAN President 1999-2000

As the American Society of PeriAnesthesia Nurses (ASPAN) enters into the next millennium, the vision for clinical practice will be primary to our strategic mission. Our vision, both diverse and multidimensional, will maintain responsiveness to the members' practice needs. This year, the Clinical Practice Committee is charged with the following six exciting and challenging goals: 1) Continue to address timely practice inquiries from our grassroots members; 2) Revise ASPAN Standards of Perianesthesia Nursing Practice; 3) Develop our perianesthesia code of ethics; 4) Develop ASPAN's "Best Practice Awards"; 5) Develop Unlicensed Assistive Personnel educational offerings; and 6) Collaborate with other nursing and medical professional organizations to advance the quality of patient care in all perianesthesia settings.

First and foremost our Clinical Practice Committee will continue to address practice inquiries from our members through written, telephone, and internet correspondence. When key practice concerns are reported, the committee compiles a report, analyzes the trends, and develops position statements to ensure that quality patient care is safeguarded. This year the ASPAN Representative Assembly passed three timely position statements: 1) Fast Tracking, 2) On Call/Worked Hours, and 3) Pain Management. We will petition the National Federation of Specialty Nursing Organizations (NFSNO) for its endorsement of our position statements. After NFSNO's endorsement, we will send these vital position statements to the American Hospital Association and the Joint Commission of Accreditation for Hospital Organizations for their review.

ASPAN as a professional nursing organization is charged with the ethical responsibility to issue current standards of practice. Our Standards and Guidelines (S&G) Committee is the writing arm of ASPAN's Clinical Practice Committee and will be responsible for revising 1998 ASPAN Standards of Perianesthesia Nursing Practice. Kathleen Miller, MSN, RN, CPAN, chair of S&G, will collaborate with the Director of Clinical Practice, Ellen Sullivan, BSN, RN, CPAN, to lead the committee through the review and revision. There will be a new section in the 2000 ASPAN Standards of Perianesthesia Nursing Practice that will address ASPAN's Code of Ethics. When ethical dilemmas occur, these unique perianesthesia ethics of care will guide our specialty nurses for decision making in all settings.

Innovation for successful practice in the perianesthesia setting will be the "cause celebre" for ASPAN's new awards program. This "Best Practice" recognition will be highlighted at the National Conference in Kansas City. Our organization is proud of the successful practices that reflect an operational excellence in all of phases of perianesthesia nursing (Preoperative Assessment, Preanesthesia, Post anesthesia Care Unit (PACU) Phase I, Phase II, and Phase III). Submission guidelines will be available soon.

The ASPAN Board of Directors approved a visioning team for unlicensed assistive personnel (UAP) that is charged with developing a competency based orientation program. Since ASPAN nurses partner with our UAPs in providing care, it is our ethical responsibility to identify the appropriate role delineation, delegated tasks, educational skills, and legal implications for these caregivers. Furthermore, we will explore the possibility of a future membership category.

Finally, ASPAN must continue to collaborate with other nursing and medical professional organizations to advance safe, quality care that we provide to our patients. Two examples of this collaboration involved Fast Tracking and ICU Overflow Patients in PACU Phase I. In April 1999, ASPAN's Representative

Assembly approved the Position Statement on Fast Tracking (see the article “Fast Tracking in the Ambulatory Setting” by Ellen Sullivan on page 5). The American Society of Anesthesiologists (ASA) is interested in promoting quality postanesthesia care and desires to collaborate in safeguarding the appropriate patient selection process for fast tracking, as well as monitoring and reporting patient outcomes. An equally challenging issue encountered today is the PACU Phase I functioning in an ICU overflow status. ASPAN is collaborating with the American Association of Critical Care Nurses (AACN), ASA, and the Society of Critical Care Medicine (SCCM). Our organization is “at the table” in collaborative discussion to ensure that the critically ill patient has comparable level of nursing care with optimum resources regardless of location.

The vision for clinical practice is clear. This vision is pulling us forward as we sail into the next millennium. This vision is ASPAN's commitment for the highest quality of perianesthesia nursing care for the patients we serve.